

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2025

_____, 2024.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. ADERHOLT, from the Committee on Appropriations,
submitted the following

R E P O R T

[To accompany H.R. _____]

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, 2025, and for other purposes.

INDEX TO BILL AND REPORT

		<i>Page number</i>	
		<i>Bill</i>	<i>Report</i>
Summary of Estimates and Appropriation			4
General Summary of the Bill			4
Bill Wide Requirements			5
Title I—Department of Labor:			
Employment and Training Administration	2		8
Training and Employment Services	2		9

	<i>Page number</i>	
	<i>Bill</i>	<i>Report</i>
Job Corps	9	13
Community Service Employment for Older Americans	10	14
Federal Unemployment Benefits and Allowances	10	14
State Unemployment Insurance and Employment Service Op- erations	11	14
Advances to the Unemployment Trust Fund and Other Funds Program Administration	18	16
Veterans' Employment and Training	18	16
Veterans' Employment and Training	18	17
Employee Benefits Security Administration	22	18
Pension Benefit Guaranty Corporation	22	18
Office of Workers' Compensation Programs	24	19
Special Benefits	24	19
Energy Employees Occupational Illness Compensation Fund	26	20
Special Benefits for Disabled Coal Miners	27	20
Black Lung Disability Trust Fund	27	20
Wage and Hour Division	28	21
Office of Federal Contract Compliance Programs	28	21
Office of Labor-Management Standards	28	22
Occupational Safety and Health Administration	29	22
Mine Safety and Health Administration	31	22
Bureau of Labor Statistics	33	23
Departmental Management	33	24
Office of Disability Employment Policy	35	28
General Provisions	35	28
Title II—Department of Health and Human Services:		
Health Resources and Services Administration	53	30
Primary Health Care	53	30
Health Workforce	53	34
Maternal and Child Health	57	42
Ryan White HIV/AIDS Program	58	48
Health Systems	58	49
Rural Health	58	50
HRSA-Wide Activities and Program Support	59	54
Vaccine Injury Compensation Program	60	57
Covered Countermeasures Process Fund	60	57
Centers for Disease Control and Prevention	60	57
Immunization and Respiratory Diseases	60	57
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Prevention	61	58
Emerging and Zoonotic Infectious Diseases	61	59
Chronic Disease Prevention and Health Promotion	61	62
Birth Defects, Developmental Disabilities, Disabilities and Health	62	67
Public Health Scientific Services	62	69
Environmental Health	62	70
Injury Prevention and Control	62	71
National Institute for Occupational Safety and Health	62	72
Energy Employees Occupational Illness Compensation Pro- gram	63	73
Global Health	63	74
Public Health Preparedness and Response	63	74
CDC-Wide Activities and Program Support	64	75
Buildings and Facilities	66	79
National Institutes of Health	67	79
National Cancer Institute	67	80
National Institute on Body Systems Research	67	86
National Institute on Neuroscience and Brain Research	68	89
National Institute on Infectious Diseases	68	93
National Institute on the Immune System and Arthritis	68	96

	<i>Page number</i>	
	<i>Bill</i>	<i>Report</i>
National Institute of General Medical Sciences	68	96
National Institute for Disability Related Research	69	98
National Institute on Dementia	69	102
National Institute on Substance Use	69	103
National Institute of Mental Health	69	105
National Institute on Health Sciences Research	70	107
National Institute on Innovation and Advanced Research	70	109
Office of the Director	70	112
Buildings and Facilities	72	124
Substance Abuse and Mental Health Services Administration	73	124
Mental Health	73	127
Substance Abuse Treatment	74	133
Substance Abuse Prevention	75	139
Health Surveillance and Program Support	75	141
Agency for Healthcare Research and Quality	76	141
Centers for Medicare & Medicaid Services	76	141
Grants to States for Medicaid	76	141
Payments to the Health Care Trust Funds	77	142
Program Management	77	142
Health Care Fraud and Abuse Control Account	79	157
Administration for Children and Families	80	158
Payments to States for Child Support Enforcement and Family Support Programs	80	158
Low Income Home Energy Assistance	81	158
Refugee and Entrant Assistance	82	158
Promoting Safe and Stable Families	83	162
Child Care and Development Block Grant	84	162
Social Services Block Grant	85	163
Children and Families Services Programs	85	163
Payments for Foster Care and Permanency	88	168
Administration for Community Living	89	169
Administration for Strategic Preparedness and Response	92	175
Research, Development, and Procurement	92	178
Operations, Preparedness, and Emergency Response	94	183
Office of the Secretary	94	185
General Departmental Management	94	185
Office for Civil Rights	96	200
Office of the National Coordinator for Health Information Technology	97	200
Medicare Hearings and Appeals	97	202
Office of Inspector General	98	202
General Provisions	98	203
Title III—Department of Education:		
Office of Elementary and Secondary Education	126	207
Education for the Disadvantaged	126	207
Impact Aid	127	211
School Improvement Programs	128	212
Safe Schools and Citizenship Education	130	214
Indian Education	130	216
Innovation and Improvement	131	217
Office of English Language Acquisition	132	221
Office of Special Education and Rehabilitative Services	132	221
Special Education	132	221
Rehabilitation Services	136	223
Special Institutions for Persons with Disabilities	137	225
American Printing House for the Blind	137	225
National Technical Institute for the Deaf	137	226
Gallaudet University	137	226
Office of Career, Technical, and Adult Education	138	226

	<i>Page number</i>	
	<i>Bill</i>	<i>Report</i>
Office of Postsecondary Education	138	227
Higher Education	138	227
Howard University	140	234
College Housing and Academic Facilities Loans	140	234
Historically Black College and University Capital Financing Program Account	141	234
Office of Federal Student Aid	141	235
Student Financial Assistance	141	236
Student Aid Administration	142	237
Institute of Education Sciences	143	240
Departmental Management	144	241
General Provisions	145	246
Title IV—Related Agencies:		
Committee for Purchase from People Who Are Blind or Severely Disabled	154	248
Corporation for National and Community Service	155	248
Corporation for Public Broadcasting	250
Federal Mediation and Conciliation Service	159	251
Federal Mine Safety and Health Review Commission	160	251
Institute of Museum and Library Services	160	251
Medicaid and CHIP Payment and Access Commission	160	252
Medicare Payment Advisory Commission	161	253
National Council on Disability	161	253
National Labor Relations Board	161	254
National Mediation Board	162	254
Occupational Safety and Health Review Commission	163	255
Railroad Retirement Board	163	255
Social Security Administration	165	256
Title V—General Provisions	170	260
House of Representatives Report Requirements	262

SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2025, the budget request for fiscal year 2025, and the Committee recommendation for fiscal year 2025 in the accompanying bill.

2025 LABOR, HHS, EDUCATION BILL

[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2025 Committee compared to—	
	2024 Enacted	2025 Budget	2025 Committee	2024 Enacted	2025 Budget
Department of Labor	\$13,695,849	\$14,174,234	\$10,529,223	– 3,166,626	– 3,645,011
Department of Health and Human Services	116,122,958	121,558,671	107,640,959	– 8,481,999	– 13,917,712
Department of Education	79,052,238	82,491,976	67,948,452	– 11,103,786	– 14,543,524
Related Agencies	17,071,955	18,421,516	14,962,530	– 2,119,425	– 3,458,986

GENERAL SUMMARY OF THE BILL

For fiscal year 2025, the Committee recommends a total of \$185,797,000,000 in current year discretionary funding—the 302(b) allocation—and \$201,081,164,000 in overall programmatic funding, including offsets and adjustments. The fiscal year 2025 recommendation is a decrease of \$8,637,000,000 below the fiscal year

2024 enacted level. This amount represents 26 percent of total non-defense spending and 12 percent of total discretionary spending.

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.

Federal government discretionary spending of approximately \$1.7 trillion represents less than half of mandatory entitlement spending of \$3.8 trillion. Mandatory entitlement spending, like Social Security, Medicare, and Medicaid, commands a significant portion of the budget due to automatic funding mechanisms and eligibility criteria set by law. Mandatory spending accounts for more than 70 percent of total Federal outlays. Discretionary spending, on the other hand, accounts for just 28 percent of total Federal outlays. Discretionary spending covers a far broader spectrum of government activities, including the nation's defense, education, roads and bridges, and research infrastructure.

Over the past decade, Federal mandatory spending has exhibited a notable upward trajectory, driven primarily by factors such as demographic shifts, economic conditions, and policy decisions. The rising costs of Federal health care and social insurance programs have shaped the growth of mandatory spending. Just ten years ago, mandatory spending was approximately 12 percent of the U.S. gross domestic product (GDP), and discretionary spending was approximately 8 percent. In one decade, the mandatory amount jumped to nearly 14 percent of GDP and discretionary shrunk to a corresponding 6 percent of GDP. Over the long term, projections suggest that if current policies remain unchanged, the Federal government could face major fiscal imbalances, primarily due to automatic entitlement spending.

BILL WIDE REQUIREMENTS

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

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

Budget Submission.—As part of the President's Budget Request, each Department is directed to provide the Committee in electronic format a table that corresponds with every program line found in the detailed table at the end of this report. Such a table shall include a column for the most recently enacted appropriation, the current year, and the budget year, assuming current law. In addition, the Committee continues to expect delivery of all congress-

sional justifications and budget summary documents no later than the day of the President’s Budget Appendix publication online. The Department is directed to notify the Committee 24 hours in advance of any anticipated delay.

Congressional Reports.—Each department or agency is directed to provide the Committee, within 30 days from the date of enactment of this Act and quarterly thereafter, a summary describing each requested report to the Committee along with related actions completed in the current and prior quarters and planned actions to be completed in future quarters. Such a summary shall be cumulative for all fiscal years for which any report remains outstanding.

Customer Experience.—The Committee continues to support efforts to improve agency customer experience. The Committee urges all agencies funded by this Act to develop standards to improve customer experience and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee requests an update from all agencies funded by this Act to report on their implementation plans regarding this subject in the fiscal year 2026 congressional justification.

Federal Agency Space Utilization.—The Committee notes with concern the lack of Federal employees reporting to in person work. A lack of in office presence is particularly problematic for agencies whose mission involves direct service to the public. No later than 90 days after enactment of this Act, all executive agencies shall establish and maintain on the homepage of the website of that agency, an accounting of all employees (as defined in 5 U.S.C. 2105) physically utilizing Washington, DC-metro area Federal agency space during the previous quarter. Agencies must provide the Committee information detailing what methodology was used to calculate utilization at the time of posting.

Grant Continuation Cost Estimates.—As part of the fiscal year 2026 congressional justification, each department or agency funded in this Act with discretionary budget authority for competitively awarded grants shall include the expected cost of continuation awards for each competitively awarded grant and any amount the department or agency would seek to issue a new competitive funding opportunity announcement for such grant in fiscal year 2026. In addition, the department shall include the anticipated number of awards and average anticipated award for such year.

National Academy of Sciences, Engineering, and Medicine.—The Committee remains concerned with the lack of objective nonpartisan research methods, including inaccurate references to data and removal of panel participants, demonstrated by the National Academy of Sciences, Engineering, and Medicine (NASEM). The Committee urges agencies to use caution when entering into new agreements with NASEM. Agencies are directed to ensure all contracts are executed with the highest standards of scientific rigor in an objective, nonpartisan manner. The full spectrum of scientific views should be represented on a research committee, council, or panel membership without conflict of interest or ideology.

Performance Reporting.—As part of the congressional justification for fiscal year 2026, each department or agency funded by this Act is directed to include the percentage of the Senior Executive Service for each performance level (5—outstanding, 4—exceeds fully successful, 3—fully successful, 2—minimally satisfactory, or

1—unsatisfactory). In addition, the department or agency shall include in such justification the total amount spent on performance awards for the Senior Executive Service for the most recent fiscal year for which data is available.

Questions for the Record.—The Committee notes the inclusion of section 526 of this Act, which requires each Department and agency to provide answers to questions submitted for the record within 45 business days after receipt. The Committee expects each Department and agency to notify the Committees at least 7 days in advance if they do not anticipate meeting this statutory requirement.

Strengthening Data Capacity and Infrastructure.—The Committee notes that the Office of Management and Budget (OMB) has revised the Uniform Grants Guidance to clarify that grant funds may be spent on data, evaluation, and integrated data systems as direct or indirect costs and on community engagement, which can play a critical role in data collection and analysis as well as evaluation. To ensure grantees receive consistent guidance from agencies, the Committee directs the Departments of Education, Labor, Health and Human Services, and related agencies to coordinate with OMB to communicate this new guidance and best practices for implementing it.

Voter Registration.—The Committee notes agencies should remain mission-focused when serving the American public. The Biden Administration’s relentless expansion and mission creep requiring agencies to include voting promotion efforts as part of accessing health care, serving a senior, or helping a student find on campus employment is a direct attack on the primary focus of these agencies and programs. Efforts to expand the President’s voting base with taxpayer dollars is a clear violation of executive responsibility.

Whistleblower Protections.—Whistleblowers play a critical role in the federal government by exposing wrongdoing, fraud, and misconduct. Their willingness to come forward with information helps maintain transparency, accountability, and integrity within government agencies. Offices of Inspectors General (OIGs) are independent entities responsible for investigating whistleblower complaints at their parent agencies. By thoroughly examining whistleblower reports, OIGs contribute to a healthier and more accountable federal environment. Federal law protects federal employees from reprisal for whistleblowing. Additionally, under the National Defense Authorization Act of 2013 (NDAA), it is illegal for employees of Federal contractors, subcontractors, or grantees to face retaliation for making protected whistleblower disclosures. Recently, the Department of Justice OIG found a “chilling effect” on employees hesitant to report wrongdoing due to fear of disciplinary actions. The Committee requests a briefing from each Department within 120 days of enactment, detailing (1) the number of transmitted OIG whistleblower reports over the past five years, including the date of transmittal; (2) actions taken or planned regarding each OIG transmitted report; (3) any evidence of whistleblower retaliation identified by the OIG; and (4) steps taken to prevent retaliation against whistleblowers reporting wrongdoing.

TITLE I—DEPARTMENT OF LABOR

Appropriation, fiscal year 2024	\$13,695,849,000
Budget request, fiscal year 2025	14,172,234,000
Committee Recommendation	10,529,223,000
Change from enacted level	-3,166,626,000
Change from budget request	-3,643,011,000

This bill provides \$10.5 billion in discretionary budget authority for the Department of Labor, a reduction of 23 percent over fiscal year 2024 enacted level. The Department of Labor comprises \$10.5 billion, or 6 percent of the total 302(b) allocation for this subcommittee.

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2024	\$10,381,341,000
Budget request, fiscal year 2025	10,644,060,000
Committee Recommendation	7,790,577,000
Change from enacted level	-2,590,764,000
Change from budget request	-2,853,483,000

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.

Competitive Grantmaking Transparency.—The Committee is concerned by the Department of Labor’s (DOL) lack of transparency in the evaluation and awarding of competitive grants. The Committee directs DOL to provide the Committee with the grant scores for each applicant for competitive funding evaluated, including all aspects of scoring included in the Funding Opportunity Announcement and in DOL’s award of funds.

Prioritizing High Wage Industries.—The Committee is concerned that DOL grant making has been ineffective in targeting high-wage, high-growth occupations to the detriment of workers and job-seekers. The Committee directs DOL to prioritize grant applications in industries and occupations that exceed the average earnings of a high school graduate based on the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics when making competitive grant awards and when not inconsistent with the authorizing statute.

Workforce Development in Innovative Skilled Fields.—The Committee recognizes the growing need for highly-skilled mechanics and technicians in the automotive field to prepare for advances in technology. Therefore, the Committee encourages DOL, in collaboration with the Department of Education, to work with industry partners, workforce groups, and nonprofit experts to better support pathways for mechanics and technicians in innovative automotive fields. Specifically, the Committee encourages the Departments to examine their support for advanced training programs for established career mechanics and to examine needs related to the operation and repair of transportation fleets and motorized equipment.

TRAINING AND EMPLOYMENT SERVICES

Appropriation, fiscal year 2024	\$4,006,421,000
Budget request, fiscal year 2025	3,930,587,000
Committee Recommendation	2,083,457,000
Change from enacted level	-1,922,964,000
Change from budget request	-1,847,130,000

Training and Employment Services provides funding for Federal job training programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA). The Committee recognizes that the House of Representatives has passed bipartisan legislation to reform and improve the workforce development activities authorized under the now expired WIOA, but the legislation has yet to be enacted.

Adult Employment and Training Activities

The Committee provides \$173,649,000 for adult training, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

The Committee has included a provision reducing the funding available for fiscal year 2025 by \$712,000,000.

Youth Employment and Training Activities

The Committee provides no funding for Youth Employment and Training Activities. The Committee notes the absence of evidence that the program improves employment and educational outcomes for program participants and that the Department has failed to implement the program in a manner consistent with the changes enacted in the now expired WIOA. This program is largely duplicative of the Perkins Career and Technical Education, 21st Century Community Learning Centers, and Student Support and Academic Enrichment programs. The Committee further notes that in DOL's FY 2024 operating plan, DOL transferred \$970,000 from youth service activities to support enforcement activities in the Occupational Safety and Health Administration.

Dislocated Worker Employment and Training Activities

For Dislocated Worker Employment and Training Activities, the Committee provides \$1,421,412,000. Of the total provided for Dislocated Worker Employment and Training Activities, \$1,095,553,000 is designated for State grants that provide core and intensive services, training, and supportive services for dislocated workers. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The remaining amount is available for the Dislocated Workers National Reserve (DWNR). DWNR supports national emergency grants, technical assistance, and demonstration projects as authorized by WIOA. The Committee provides \$1,060,000,000 in advanced appropriations for fiscal year 2026.

Within the total for Dislocated Worker Employment and Training Activities, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Dislocated Worker Assistance National Reserve	\$300,859,000	\$325,859,000
Workforce Opportunity for Rural Communities (non-add)	50,000,000	55,000,000
Community College Grants (non-add)	65,000,000	65,000,000

Budget Activity	FY 2024 Enacted	FY 2025 Committee
<i>Cybersecurity Grants (non-add)</i>	10,000,000	25,000,000
<i>Career Pathways for Youth (non-add)</i>	20,000,000	10,000,000

Dislocated Worker National Reserve Grantee Performance Reporting.—Consistent with the requirements of section 116(b)(2)(A)(i) of WIOA (29 U.S.C. 3141), the Committee directs DOL to require that all grantees receiving awards funded through DWRN report on the employment, earnings, and credential attainment outcomes of program participants. The Committee further directs DOL to include program participant outcomes disaggregated by grantee on its website.

Dislocated Worker National Reserve Disaster Response.—To better ensure DOL is positioned to provide support to communities affected by natural disasters and given the availability of dedicated funding for Treatment, Recovery, and Workforce Support within the Substance Abuse and Mental Health Services Administration, the Committee provides no funding for the purposes of Training and Guidance Letter No. 04–18.

Cybersecurity and Software Development Employment Opportunities.—The Committee remains concerned about the high, unmet demand for cybersecurity and software development skills in both the Department of Defense (DOD) and the private sector and DOL’s continued lack of attention to these critical and growing industries. Of the total provided for the DWRN, the Committee directs \$25,000,000 for competitive grants to institutions of higher education as defined in sections 101(a) and 101(b) of the Higher Education Act (20 U.S.C. 1001), State Workforce Agencies, local workforce development boards, and employer associations for the purpose of a targeted highly skilled job training grant to help increase training capacity to meet this demand. For purposes of making awards under this program, DOL is directed to prioritize applicants located in States with the greatest number of Federally recognized Tribes and with preexisting DOD partnerships. DOL is directed to provide the Committee a briefing on this initiative within 120 days of the enactment of this Act.

Career Pathways for Youth.—Multiple career pathways should be available to young people. The Committee continues to recognize the need for early workforce readiness, employment, and training opportunities that help youth develop career-specific skills for employability, such as responsibility, organization, time management, and workplace safety. The Committee provides \$10,000,000 to utilize the demonstration grant authority under DWRN for grants for this program.

Strengthening Community College Training Grants.—From within the amounts provided for DWRN, the Committee provides \$65,000,000 for the Strengthening Community College Training Grants (SCCT). The Committee directs the Secretary to make individual grants to community colleges of at least \$1,500,000, unless grants are awarded in consortia to community colleges and other eligible institutions of higher education as defined in section 101(a) of the Higher Education Act. In making grant awards, the Committee directs the Secretary to ensure geographic diversity among grant recipients, to require a plan for third party evaluations in

each individual grant proposal, and to conduct a national assessment of all grantee proposals once complete. In addition, the Committee directs the Secretary to ensure grantees incorporate a plan for sustainability of funding under the grant proposal. While grants may be awarded to a consortium of institutions of higher education, including public and private, nonprofit 4 year institutions, the Committee directs the Secretary to ensure that the lead grantee in the consortium is a community college. The Committee directs the Secretary to brief the Committees 7 days in advance of issuing the funding opportunity announcement and 7 days in advance of announcing awards.

Degree Apprenticeships.—The Committee encourages DOL to support the integration of academic programming and on-the-job training including paid work experience, related instruction, and industry involvement.

Immersive Technology Education and Training Programs.—The Committee encourages the Department to support the utilization by grantees of immersive technology such as augmented reality, virtual reality, and mixed reality tools. The use of immersive technologies for training can be cost-efficient and has been found to expedite training processes, increase skills retention, and reduce employee turnover. Immersive technologies can also help expand access to remote training opportunities which is particularly beneficial for individuals living in rural areas or individuals with disabilities that have different access needs.

Workforce Opportunity for Rural Communities.—Within the funds provided for DWNR, the Committee provides \$55,000,000 for the Workforce Opportunity for Rural Communities (WORC) program, an increase of \$5,000,000, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. The Committee directs DOL to ensure that this funding increase is used to support multigenerational workforce training pipelines developed in collaboration with institutions of higher education and workforce development system partner agencies in regions with a WORC program.

The WORC program, in coordination with Delta Regional Authority and Appalachian Regional Commission, provides essential worker training to promote economic recovery in the Delta and Appalachian regions. It is important to bolster workforce programs for dislocated workers in these underserved areas. The Committee strongly encourages continued investment in areas with high rates of unemployment and substance use disorder impacted by the loss of employment in the coal, energy, and telecommunications industries. The energy industry has experienced significant employment reductions in the past decade resulting in severe economic hardship concentrated in specific regions, and sustained investment to transition workers to new industries is needed to offset the challenging economic conditions.

Native American Programs

For Native American programs, the Committee provides \$65,000,000, an increase of \$5,000,000, for these programs.

Migrant and Seasonal Farmworkers

The Committee provides \$97,396,000, the same as fiscal year 2024, for this program.

YouthBuild

For the YouthBuild program, the Committee provides \$110,000,000, an increase of \$5,000,000. WIOA reformed the YouthBuild program to prioritize the employment and educational outcomes of program participants. While the Committee recognizes the challenges DOL has had in overseeing grant awards, the Committee notes with concern that in making awards under this program, DOL has prioritized the administrative capacity of new grantees rather than their demonstrated efficacy in securing employment and earnings outcomes for young adults.

Reintegration of Ex-Offenders

The Committee provides \$60,000,000 for training and reintegration activities for individuals with criminal legal histories reentering the community and youth offenders.

The Committee directs DOL 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 record is not a barrier to entry or continued employment. The Committee also directs DOL to consider the needs of communities that have recently experienced significant unrest. The Committee also continues to set aside \$30,000,000 for competitive grants to national and regional intermediaries for activities that prepare for employment young adults with criminal legal histories and youth offenders, with a priority for projects serving high-crime, high-poverty areas. The Committee is aware that reentry programs are an excellent way to help address workforce challenges, including those in the advanced manufacturing sector.

Workforce Data Quality Initiative

The Committee provides \$6,000,000 for the Workforce Data Quality Initiative.

The Committee notes that Congress has made a significant investment in our workforce development, postsecondary, 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.

Apprenticeship Programs

The Committee provides \$150,000,000 for apprenticeship State grants. The Committee remains concerned with the modest increases in the number of apprentices generated by considerable and sustained congressional investment. Of the funding made available, the Committee directs DOL to continue funding State grants at the same level as fiscal year 2024. The Committee further notes that in fiscal year 2024, DOL transferred \$2,850,000 from this program

to support enforcement activities in the Occupational Safety and Health Administration.

No later than 180 days after the enactment of this Act, the Department is directed to publicly disclose on its website grantees receiving funding, the number of apprentices attributable to each grantee, and the respective employment and earnings outcomes of program participants as required under section 116(b)(2)(A)(i) of WIOA. The Committee further directs DOL to provide a briefing on its implementation of this directive within 90 days of the enactment of this Act.

Cyber Workforce.—The Committee encourages DOL to continue to prioritize efforts and grants centered on launching, developing, expanding, and promoting registered apprenticeship programs in cybersecurity, as well as related collaboration with cyber industry and workforce intermediaries.

Parents of Dependent Children.—The Committee encourages DOL to provide grantees guidance related to coordinating with community-based providers of wrap around services to support parents of dependent children enrolled in registered apprenticeship and pre-apprenticeship programs.

Wastewater Apprenticeships.—The Committee directs DOL to make \$20,000,000 in grant funding available to establish, implement, expand, and administer registered apprenticeship programs consistent with the National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists to address nationwide shortages of qualified drinking water and wastewater operators, especially in rural America.

JOB CORPS

Appropriation, fiscal year 2024	\$1,760,155,000
Budget request, fiscal year 2025	1,764,376,000
Committee Recommendation	1,760,155,000
Change from enacted level	— — —
Change from budget request	–4,221,000

Job Corps is a residential education and vocational training program that helps young people ages 16 through 24 improve the quality of their lives through vocational and academic training. The Committee continues to be 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.

Additionally, the Committee has concerns with the oversight of job placement contracts. The DOL Office of Inspector General (OIG) found evidence that contractors helped only 6 percent of the sampled participants find work. The others found jobs on their own, or there was not enough evidence to show the contractors helped them. The OIG estimated that nearly \$71,000,000 went to contractors for services they could not show they provided.

Job Corps Programing.—The Committee is concerned that the relative lack of success is due to instructional content that does not reflect job-site best practices or the jobs of today’s economy. To better ensure a variety of high-quality programs are available to Job Corps students, the Committee directs DOL to limit grants, contracts, or cooperative agreements for purposes of instructional content to no more than \$10,000,000.

Maximizing Employer Partnerships.—The Committee encourages DOL to fully leverage section 158(f) of WIOA to maximize the resources available to campuses to develop these partnerships and meet employers’ needs.

Supporting Continuous Campus Improvement.—The Committee encourages DOL to develop a process involving Job Corps youth service providers for setting achievable campus performance expectations to more effectively drive continuous improvement in student outcomes.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2024	\$405,000,000
Budget request, fiscal year 2025	405,000,000
Committee Recommendation	— — —
Change from enacted level	– 405,000,000
Change from budget request	– 405,000,000

The Committee provides no funding for the Community Service Employment for Older Americans program, also known as the Senior Community Service Employment Program (SCSEP). The Committee notes that the last comprehensive evaluation of SCSEP found that the program led to unsubsidized employment for less than half of program participants available for employment with worse outcomes for participants with a disability, older adults, and participants with lower levels of education. Moreover, the largest recipients of SCSEP grants are organizations based in the Washington, D.C. area rather than direct service providers.

The Committee further notes that DOL transferred \$4,050,000, the most it is legally allowed, from the SCSEP program in fiscal year 2024 to enforcement activities in the Occupational Safety and Health Administration.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriation, fiscal year 2024	\$30,700,000
Budget request, fiscal year 2025	33,900,000
Committee Recommendation	33,900,000
Change from enacted level	+3,200,000
Change from budget request	— — —

The Committee provides no funding for the Trade Adjustment Assistance program in the absence of reauthorization. Funding included under this section is for the administration of benefits to individuals whose petitions were approved before July 1, 2022.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriation, fiscal year 2024	\$4,006,150,000
Budget request, fiscal year 2025	4,325,429,000
Committee Recommendation	3,740,150,000
Change from enacted level	– 266,000,000
Change from budget request	– 585,279,000

The total includes \$3,656,084,000 from the Employment Security Administration Account in the Unemployment Trust Fund and \$84,066,000 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

In addition, the Committee provides contingency funding for increased workloads that States may face in the administration of unemployment insurance (UI). The Committee includes bill language so that, during fiscal year 2025, for every 100,000 increase in the total average weekly insured unemployment (AWIU) above 2,124,000, an additional \$28,600,000 is made available to States from the Unemployment Trust Fund.

If additional funds are provided to States under the AWIU contingency authority, the Department is directed to provide notification to the Committee 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. If additional funds are provided on a quarterly basis, the Department is directed to provide this information to the Committee on a quarterly basis.

The Committee provides \$116,000,000 funding for the Reemployment Services and Eligibility Assessments (RESEA) program. The Committee supports the intent of the program to provide more intensive services to individuals most likely to use all their unemployment insurance benefits; however, the Committee is concerned that the program has not achieved the cost savings projected by the Congressional Budget Office (CBO) and does not provide additional funding pursuant to the Balanced Budget and Emergency Deficit Control Act. While CBO once estimated that such funding generates reductions in UI benefit exhaustion, the Committee notes that single State evaluations of the program prior to it being made permanent in 2018 produced mixed results with some States successfully assisting job seekers to work and others failing to do so. While a worthy policy objective, the absence of a limitation on State administrative expenses and inability to effectively target services to individuals in greatest need of assistance have undermined the ability to achieve the programmatic savings CBO misguidedly predicted.

Unemployment Insurance Integrity Center of Excellence

The Committee provides \$9,000,000 for the continued support of Unemployment Insurance Integrity Center of Excellence.

Unemployment Insurance National Activities

The Committee provides \$18,000,000 for UI national activities. This funding is intended to help modernize information technology systems and support States in administering the UI program.

Employment Service

The Committee provides \$675,052,000 for the Employment Service allotment to States. The Committee also provides \$25,000,000 for Employment Service National Activities.

Disability Employment.—The Committee notes the continued underemployment of individuals with disabilities and encourages the Department, in consultation with the Social Security Administration, to provide State agencies responsible for reviewing Work Opportunity Tax Credit certification requests additional information regarding the Ticket to Work program.

Foreign Labor Certification

The Committee provides \$60,528,000 for the Federal administration of the Foreign Labor Certification program and \$23,282,000 for grants to States.

De Minimis Exemption from Adverse Effect Wage Rate.—The Committee recognizes that the House of Representatives Agriculture Committee’s bipartisan Ag Labor Working Group unanimously supported this change in the wage calculation. The Committee notes that current law requires the highest wage rate to be paid for all work regardless of how much time a worker may spend doing the higher rate labor. This overly strict calculation is driving up costs in the H–2A program and acting as a barrier to entry to this critical program for employers and employees. As such, the Committee recommends that DOL adopt a *de minimis* exemption that recognizes the real-world realities of agriculture labor.

U.S. Defense Industrial Base.—The Committee notes that DOL has not updated the Schedule A Shortage Occupation list to include more than two occupations since 2005. The Committee encourages DOL to revise the H–1B program to better prioritize occupations that are critical to the U.S. defense industrial base.

One-Stop Career Centers/Labor Market Information

The Committee provides \$62,653,000 for One-Stop Career Centers and Labor Market Information.

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 2024	\$172,915,000
Budget request, fiscal year 2025	184,668,000
Committee Recommendation	172,915,000
Change from enacted level	— —
Change from budget request	– 11,753,000

The Committee provides \$118,900,000 from the General Fund of the Treasury and \$54,015,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Application and Approval Transparency.—The Committee directs DOL, within 180 days of enactment of this Act, to publicly release a report on the number of Registered Apprenticeship program applicants, approvals, and the average time between application submittal and approval. The Committee further directs DOL to disaggregate this data by applicant industry classification; whether a sponsoring organization is an employer, employer-association, or an alternative intermediary; and, in the event an application was not approved, the reason for DOL’s decision.

Office of Apprenticeship.—The Committee notes that for purposes of performance reporting, DOL attributes the total number of Registered Apprenticeships to the Apprenticeship Grants program. The Committee has concerns regarding the expediency and consistency of the Office of Apprenticeship’s review of program applications and

that Registered Apprenticeships DOL has attributed to the grant program are due to private sector investment.

Unemployment Insurance Fraud Detection.—For more than 20 years, the DOL’s Office of Inspector General has reported on DOL’s challenge to reduce improper payments in the UI program, which has experienced some of the highest improper payment rates across the Federal government. The Committee is concerned that ETA currently does not have direct access to State UI claims data, nor does it have the capability to analyze such data, which would allow it to better identify fraud and other improper payments as well as other trends or emerging issues, such as timeliness. The Committee notes a report (Report No. 19–23–012–03–315), issued on September 25, 2023, by the OIG, that recommended the Assistant Secretary of ETA expedite OIG-related amendments to 20 C.F.R. 603.6(a) to make ongoing disclosures of UI information to DOL—OIG mandatory by expressly adding OIG (including its agents and contractors) to the list of required disclosures that are necessary for the proper oversight of the UI program without distinction as to purpose (e.g., audits vs. investigations). The Committee directs DOL to take such measures as necessary to make ongoing disclosures of UI information available to OIG for purposes of audit or investigation. The Committee directs DOL to provide a briefing on its implementation of this directive within 90 days of enactment of this Act.

VETERANS’ EMPLOYMENT AND TRAINING SERVICE

Appropriation, fiscal year 2024	\$335,341,000
Budget request, fiscal year 2025	337,301,000
Committee Recommendation	335,341,000
Change from enacted level	— —
Change from budget request	–1,960,000

The Committee provides \$65,500,000 from the General Fund of the Treasury and \$269,841,000 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 2024 Enacted	FY 2025 Committee
Jobs for Veterans State Grants	\$185,000,000	\$185,000,000
Transition Assistance Program	34,379,000	34,379,000
Federal Administration	47,048,000	47,048,000
Veterans Employment and Training Institute	3,414,000	3,414,000
Homeless Veterans Reintegration Program	65,500,000	65,500,000

The Transition Assistance Program (TAP) for separating service members and their spouses provides a mandatory one-day employment workshop, as well as two 2-day career track workshops on employment preparation and vocational training, as part of TAP to assist service members’ transition to civilian employment. TAP Employment Workshops are provided on military installations, both domestically and abroad.

The Committee includes new bill language to allow the Jobs for Veterans State Grants program to serve the surviving spouses of individuals who died while members of the Armed Forces or as a result of a service-connected disability.

The Committee provides \$500,000 to support the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017 (HIRE Vets) Medallion program.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$191,100,000
Budget request, fiscal year 2025	205,663,000
Committee Recommendation	181,100,000
Change from enacted level	- 10,000,000
Change from budget request	- 24,563,000

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

No Surprises Act Implementation.—The Committee encourages DOL, in collaboration with the Departments of Health and Human Services and Treasury, to continue conducting random audits of insurers’ qualifying payment amount calculations as mandated by the No Surprises Act. Additionally, the Committee is concerned about delays in payment following Independent Dispute Resolution determinations, despite the No Surprises Act requiring that these payments be made within 30 days of the payment determination. The Committee directs DOL to ensure that Independent Dispute Resolution entities, payers, and providers provide and receive the appropriate information to complete payments within the required timeframe. The Committee also urges DOL to use all appropriate existing authorities to achieve timely payment.

Open Investigations.—The Committee is concerned that prolonged investigations conducted by EBSA have placed tremendous strain on retirement plan sponsors and have negatively impacted amounts available for employee benefits. In May 2021, the Government Accountability Office (GAO) found that 17 percent of all investigations opened in 2017 were still open four years later. Within 180 days of enactment of this Act, the Committee directs DOL to publicly release a report on the number of investigations older than 48 months outstanding and the measures taken by DOL to expediently address any violations uncovered by these investigations.

PENSION BENEFIT GUARANTY CORPORATION

PENSION BENEFIT GUARANTY CORPORATION FUND

Appropriation, fiscal year 2024	\$512,900,000
Budget request, fiscal year 2025	514,063,000
Committee Recommendation	514,063,000
Change from enacted level	+1,163,000
Change from budget request	— — —

Congress established the Pension Benefit Guaranty Corporation (PBGC) to insure Americans’ defined-benefit pension plans. It operates a single-employer program and a multiemployer insurance program, financed through premiums, investment income, and assets from terminated plans.

Delphi Salaried Plan Employees.—In 2009, the PBGC terminated certain Delphi pension plans, including the Delphi Retirement Program for Salaried Employees. The Committee notes that some participants of the Delphi salaried pension plan received less than their full benefit. PBGC paid benefits are subject to statutory limitations. The Committee also notes ongoing legislative efforts to restore full benefits to the affected participants.

OFFICE OF WORKERS’ COMPENSATION PROGRAMS
SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$122,705,000
Budget request, fiscal year 2025	130,545,000
Committee Recommendation	115,705,000
Change from enacted level	– 7,000,000
Change from budget request	– 14,840,000

The Office of Workers’ Compensation Programs (OWCP) administers the Federal Employees’ Compensation Act, the Longshore and Harbor Workers’ Compensation Act, the Energy Employees Occupational 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 provides \$113,500,000 in General Funds from the Treasury and \$2,205,000 from the Special Fund established by the Longshore and Harbor Workers’ Compensation Act.

The Committee remains concerned that OWCP has not done enough to ensure it paid the best price for prescription drugs in the Federal Employees’ Compensation Act (FECA) program. The Committee notes a report (Report No. 03–23–001–04–431) issued on March 31, 2023, by the DOL–OIG that recommended OWCP implement a process to ensure competitive prices for the FECA program by regularly evaluating alternate pricing methodologies and other sources—including publicly available benchmark price lists, State fee schedules, market research, and comparable payers—and updating its pricing methodology as appropriate. The Committee urges that all DOL–OIG recommendations be sufficiently addressed to mitigate recurrence of the issues identified and directs DOL to provide a briefing on agency efforts to implement these recommendations within 90 days of enactment of this Act.

SPECIAL BENEFITS

Appropriation, fiscal year 2024	\$700,000,000
Budget request, fiscal year 2025	726,670,000
Committee Recommendation	726,670,000
Change from enacted level	+26,670,000
Change from budget request	– – –

These funds provide mandatory benefits under the Federal Employees’ Compensation Act and the Longshore and Harbor Workers’ Compensation Act.

The Committee is aware that OWCP has a backlog in reimbursing insurance providers for claims under the War Hazards Compensation Act dating back to 2017. Within 180 days of enactment of this Act, the Committee directs DOL to provide a briefing on its

work to address the backlog while ensuring only qualified claims are reimbursed.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL
ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2024	\$66,532,000
Budget request, fiscal year 2025	66,966,000
Committee Recommendation	66,966,000
Change from enacted level	+434,000
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 because of their work in producing or testing nuclear weapons; and uranium workers covered under the Radiation Exposure Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2024	\$29,890,000
Budget request, fiscal year 2025	30,367,000
Committee Recommendation	30,367,000
Change from enacted level	+477,000
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 provides \$6,000,000 as an advance appropriation for the first quarter of fiscal year 2026. These funds ensure uninterrupted payments to beneficiaries.

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2024	\$452,511,000
Budget request, fiscal year 2025	485,350,000
Committee Recommendation	485,350,000
Change from enacted level	+32,839,000
Change from budget request	-- --

The Black Lung Disability Trust Fund 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 U.S. 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 Department has not yet identified the liable mine operator or the liable 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 directs DOL to provide a quarterly report on the Department’s efforts to improve the speed and quality of black lung claims processing.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$260,000,000
Budget request, fiscal year 2025	294,901,000
Committee Recommendation	235,000,000
Change from enacted level	-25,000,000
Change from budget request	-59,901,000

The Wage and Hour Division (WHD) enforces Federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act. 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 funding level provided by the Committee reflects the significant economic threat posed by aggressive WHD rulemakings which will adversely affect the ability of workers to provide for their families.

Federal Contractors.—The Committee is concerned that the “Minimum Wage for Federal Contracts” notice published by the Department of Labor in the Federal Register on September 30, 2022 (87 Fed. Reg. 59468) disproportionately affects entities operating seasonal recreational services and equipment rental to the public on Federal property or lands.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$110,976,000
Budget request, fiscal year 2025	116,132,000
Committee Recommendation	99,976,000
Change from enacted level	-11,000,000
Change from budget request	-16,156,000

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.

The Committee notes that 48 C.F.R. 22.101–1 requires that Federal agencies remain impartial concerning labor management disputes and to not undertake the conciliation, mediation, or arbitration of any such dispute. The Committee has concerns that the Presidential Memorandum Strengthening Support for Federal Contract Labor Practices (M–23–08) proposes that Federal agencies take a proactive role, consistent with the stated objective of the White House Task Force on Worker Organizing and Empowerment, to unbalance labor-management relations in order to promote union organizing. The Committee recommendation for OFCCP reflects the Committee’s concerns that the office is promoting and encouraging activities inconsistent with Federal contracting requirements.

Individuals with Disabilities.—The Committee supports adherence to section 503 of the Rehabilitation Act of 1973, which is dedicated to promoting and advancing the employment of qualified individuals with disabilities.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$48,515,000
Budget request, fiscal year 2025	50,845,000
Committee Recommendation	48,515,000
Change from enacted level	— — —
Change from budget request	– 2,330,000

The Office of Labor Management Standards administers the Labor-Management Reporting and Disclosure Act, 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.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$632,309,000
Budget request, fiscal year 2025	655,463,000
Committee Recommendation	557,772,000
Change from enacted level	– 74,537,000
Change from budget request	– 97,691,000

The Occupational Safety and Health Administration (OSHA) administers the Occupational Safety and Health Act of 1970, by setting and enforcing health and safety standards for workplaces and conducting training, outreach, education, and compliance assistance.

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

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Safety and Health Standards	\$21,000,000	\$21,000,000
Federal Enforcement	243,000,000	182,250,000
Whistleblower Programs	22,500,000	22,500,000
State Programs	120,000,000	120,000,000
Technical Support	26,000,000	26,000,000
Federal Compliance Assistance	78,262,000	78,262,000
State Consultation Grants	63,160,000	63,160,000
Training Grants	12,787,000	— — —
Safety and Health Statistics	35,500,000	35,500,000
Executive Direction and Administration	10,100,000	9,100,000

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$387,816,000
Budget request, fiscal year 2025	406,538,000
Committee Recommendation	367,816,000
Change from enacted level	– 20,000,000
Change from budget request	– 38,772,000

The Mine Safety and Health Administration (MSHA) enforces the Federal Mine Safety and Health Act of 1977 and the Mine Improvement and New Emergency Response Act of 2006 in underground and surface coalmines and metal/non-metal mines.

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

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Mine Safety and Health Enforcement	\$265,774,000	\$245,774,000
Standards and Regulations Development	5,000,000	5,000,000
Assessments	7,191,000	7,191,000
Educational Policy and Development	39,820,000	39,820,000
Technical Support	36,041,000	36,041,000
Program Evaluation and Information Resources	17,990,000	17,990,000
Program Administration	16,000,000	16,000,000

Resources and Activities.—The Committee notes significant worker dislocations and mine closures because of economic conditions throughout the mining industry, and particularly in coal mining. 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 2024	\$697,952,000
Budget request, fiscal year 2025	712,786,000
Committee Recommendation	697,952,000
Change from enacted level	—
Change from budget request	– 14,834,000

The Bureau of Labor Statistics 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 \$629,952,000 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 for BLS, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Employment and Unemployment Statistics	\$243,952,000	\$247,952,000
Labor Market Information	68,000,000	68,000,000
Prices and Cost of Living	246,000,000	241,000,000
Compensation and Working Conditions	91,000,000	91,000,000
Productivity and Technology	12,000,000	12,500,000
Executive Direction and Staff Services	37,000,000	37,500,000

Declining Statistical Survey Response Rates.—The Committee notes a report (Report No. 17–24–001–11–001) issued on October 26, 2023, by the OIG that describes how the BLS addresses challenges posed by declining statistical survey response rates, and the

impact of the declining response rates on the reliability and costs of economic information developed by BLS. The OIG recommended, among other things, that BLS, based on the nonresponse bias study or imputation assessment, establish, as applicable, a threshold at which the Consumer Price Index and Import and Export Price Index must publicly disclose the number of imputations used. The OIG also recommended that BLS update program policies and procedures to include the established threshold, and document how to publicly disclose when the threshold is met. The Committee remains concerned that BLS may not have guidelines that require a sufficient degree of transparency and urges that all DOL–OIG recommendations be sufficiently addressed.

Disaggregating Wage Data.—The Committee encourages BLS to improve its collection and release of data on wages and earnings by industry of occupation, worker characteristics, and unemployment at the Federal and State levels disaggregated by subpopulations.

Military Spouse Employment.—The Committee recognizes the need for comprehensive data measuring employment among military spouses over time. The Committee encourages BLS, in collaboration with DOD, to assess the potential for measuring labor market outcomes and characteristics of military spouses with existing survey data and explore options for modifying such surveys to capture this population.

Nonprofit Data.—BLS is directed to include in the fiscal year 2026 congressional justification an estimate related to the incorporation of nonprofit workforce data into the Quarterly Census of Employment and Wages program.

Survey on Employer Provided Training.—The Committee directs BLS to include, as part of the fiscal year 2026 congressional justification, a cost estimate of a survey to better understand the incidence and nature of training provided to employees by employers.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$388,197,000
Budget request, fiscal year 2025	465,601,000
Committee Recommendation	178,072,000
Change from enacted level	– 210,125,000
Change from budget request	– 287,529,000

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

The Committee recommendation includes \$177,764,000 from the General Fund of the Treasury 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 2024 Enacted	FY 2025 Committee
Program Direction and Support	\$32,658,000	\$25,658,000
Departmental Evaluation	4,281,000	3,281,000
Legal Services	131,062,000	86,062,000

Budget Activity	FY 2024 Enacted	FY 2025 Committee
International Labor Affairs	116,125,000	---
Administration and Management	30,804,000	20,804,000
Adjudication	37,000,000	30,000,000
Women's Bureau	23,000,000	---
Civil Rights Activities	7,586,000	6,586,000
Chief Financial Officer	5,681,000	5,681,000

Annual Appropriations.—The Committee notes that the appropriations process is an annual process. The Committee believes if the Administration is unable to obligate all annual funding for salary and expense accounts, funding should be reduced, not made available for multiple years. The Committee has repeatedly rejected such requests for extended periods of availability and requests information in the fiscal year 2026 congressional justification explaining why funding increases are needed, if the Administration also continues to request annual salaries be available for multiple fiscal years.

Bill Wide Requirements.—The Committee notes the inclusion of a bill wide requirements section of this report. This section contains requirements which apply to all agencies funded by this Act.

Bureau of International Labor Affairs.—The Committee provides no funding for the Bureau of International Labor Affairs.

Coronavirus Aid, Relief, and Economic Security Act Program Implementation.—The Committee continues to be concerned that DOL and States struggled to implement the three key Coronavirus Aid, Relief, and Economic Security Act UI programs (Pandemic Unemployment Assistance, Pandemic Emergency Unemployment Compensation, and Federal Pandemic Unemployment Compensation), which received a total of \$392 billion as of January 2, 2021. A report (Report No. 19–21–004–03–315) issued on May 28, 2021, by OIG, found that DOL's guidance and oversight did not ensure States implemented the programs and paid benefits promptly; performed required and recommended improper payment detection and recovery activities; and reported accurate and complete program activities. OIG recommended, among other things, that DOL continue to work with States to develop, operate, and maintain a modular set of technological capabilities to modernize the delivery of UI benefits that is sufficient to manage and process sudden spikes in claims volume during emergencies or high unemployment. The Committee encourages that all OIG recommendations be sufficiently addressed to mitigate recurrence of the issues identified.

Chief Evaluation Officer.—The Committee notes with concern the lack of program evaluations performed by the Chief Evaluation Officer that evaluate programs based on the employment and labor market outcomes of program participants.

Collaborations Between Manufacturers and Educational Institutions.—The Committee continues to urge the Department to develop pilot programs that facilitate education and training programs in the field of advanced manufacturing.

Employee Stock Ownership Plans.—The Committee is concerned about the Department's implementation of the SECURE 2.0 Act of 2022 (26 U.S.C. 1042), specifically a key provision related to employee stock ownership plans (ESOPs). The law directs DOL to

issue formal guidance on the adequate consideration exemption, as defined in section 407(d)(6) of the Employee Retirement Income Security Act (ERISA). The Committee is aware that this critical regulatory guidance for ESOPs has been neglected since ERISA's passage in 1974, causing both significant enforcement and investigation issues for decades and a deleterious effect on ESOP formation. The Committee encourages the Department to prioritize a timely, formal notice and comment rulemaking on the adequate consideration exemption that ensures taxpayers benefit from stakeholder input and experience.

Excess Personal Property.—The Committee directs DOL to include in the fiscal year 2026 congressional justification information the value and recipient of excess personal property provided to apprenticeship programs under section 112 of this Act.

Health Care Professions.—The Committee encourages DOL to support efforts that connect unemployed workers with credentials in health care with employers that have acute workforce needs.

Interstate and Locality Paid Leave Requirements.—The Committee recognizes that the patchwork of State and local paid leave requirements creates difficulty for employers and employees navigating mandatory paid family and medical leave programs with varying characteristics and requirements. The Committee directs DOL to produce and publicly release a report detailing these paid leave programs, including whether and how they coordinate with employer-provided leave; the actuarial value of such programs and employer provided leave, accounting for differences in programmatic features such as eligibility of employees, wage replacement rate, maximum benefit amount, and duration of benefits; and the comparative equivalence of such programs by jurisdiction. The Committee directs DOL to provide such report within 180 days of the enactment of this Act.

Investments in Impoverished Areas.—The Committee directs DOL to update the report provided to the Committee in response to a House Report 117–403 directive to include persistent poverty percentages for competitions in fiscal year 2023 once those data are available.

Return to Work.—Excessive abuse of telework across the Federal government must end. For the average American showing up to work every day is a fact of life; they deserve a government that reflects that reality. Approvals for remote work should be made on an individual case by case basis and done only to serve the best interests of the program and the American public. The agency is directed to provide to the Committee within 60 days of enactment of this Act a report detailing the number of full-time employees by subcomponent who are receiving the Washington D.C. area locality pay but have not reported to an in person office in the DC area more than one day a week for the past year. Considering the remote work abuse seen at several agencies, administrative funding for the Secretary has been reduced accordingly. The Committee urges the Secretary to bring Federal employees back to the workplace to fulfill the mission of serving the American public.

Skilled Trades Workforce Development Outreach Coordination.—The Committee encourages DOL to support the development of coordinated State and regional outreach plans to educate young

Americans about the earning potential, career pathways, benefits, and accessibility of careers in the skilled trades.

Workforce Impacts Related to Vehicles From Foreign Entities of Concern.—The Committee is concerned about the potential impacts on U.S. workers from highly subsidized electric vehicles and parts built by automakers from foreign entities of concern. The Committee is also concerned by potential trade practices inconsistent with the requirements of U.S.-Mexico-Canada Agreement by these entities. Therefore, within 180 days of enactment of this Act, the Committee directs the Department to submit a report analyzing the potential risks to U.S. workers of highly-subsidized electric vehicles and parts manufactured by automakers from foreign entities of concern.

IT MODERNIZATION

Appropriation, fiscal year 2024	\$29,269,000
Budget request, fiscal year 2025	35,286,000
Committee Recommendation	29,269,000
Change from enacted level	— —
Change from budget request	- 6,017,000

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 2024	\$97,028,000
Budget request, fiscal year 2025	106,237,000
Committee Recommendation	99,028,000
Change from enacted level	+2,000,000
Change from budget request	- 7,209,000

The Office of Inspector General conducts audits of Department programs and operations 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 \$93,187,000 from the General Fund of the Treasury and \$5,841,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Fraud Reduction.—The Committee continues to recognize the outstanding UI program oversight work performed by the OIG. The DOL–OIG has shown that access to UI data is vital to hold fraudsters accountable and perform oversight audits to ensure efficient program operation and the preservation of precious taxpayer dollars. Between April 1, 2020, and March 31, 2024, the OIG’s efforts to combat UI fraud resulted in more than 1,700 indictments/initial charges; 1,150 convictions; 26,000 months of incarceration ordered; and \$1,000,000,000 in investigative monetary results. Further, OIG’s audit work resulted in the issuance of 50 audit reports including 150 recommendations, more than \$75,000,000,000 in funds put to better use, and more than \$277,000,000 in questioned costs related to DOL’s pandemic-related programs and operations. The committee directs DOL to ensure that the OIG has timely access to UI claim and wage data, including access to wage records, for any authorized purpose under the Inspector General Act of 1978. The Committee directs DOL to report to Congress no later than 180 days after enactment of this Act, on the steps it has taken

to ensure that OIG has access to UI and wage records for all oversight activities authorized by the Inspector General Act of 1978.

OFFICE OF DISABILITY EMPLOYMENT POLICY
SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$43,000,000
Budget request, fiscal year 2025	44,876,000
Committee Recommendation	43,000,000
Change from enacted level	--
Change from budget request	-1,876,000

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

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 more than 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 more than Executive Level II.

(TRANSFER OF FUNDS)

Sec. 106. The Committee modifies 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 modifies 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 the Fair Labor Standards Act and certain insurance personnel conducting post-disaster activity.

Sec. 109. The Committee continues a provision relating to flexibility of H-2B nonimmigrant crossings.

Sec. 110. The Committee continues a provision related to the prevailing wage in the H-2B program.

Sec. 111. The Committee continues a provision related to workers in the H-2B program.

Sec. 112. The Committee modifies a provision relating to surplus property and apprenticeship programs.

Sec. 113. The Committee modifies a provision relating to the Secretary’s security detail.

Sec. 114. The Committee continues a provision relating to the Treasure Island and Gary Job Corps Centers.

Sec. 115. The Committee continues a provision relating to Job Corps Civilian Conservation Centers.

(RESCISSION)

Sec. 116. The Committee includes a provision rescinding balances made available from section 286 of the Immigration and Nationality Act.

Sec. 117. The Committee includes new a provision extending the statute of limitations for pandemic UI fraud.

Sec. 118. The Committee includes new a provision related to Adverse Effect Wage Rate determination.

Sec. 119. The Committee includes new a provision related to H-2A rulemaking.

Sec. 120. The Committee includes a new prohibition related to final rules entitled “Employee or Independent Contractor Classification Under the Fair Labor Standards Act,” and “Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Outside Sales, and Computer Employees.”

Sec. 121. The Committee includes a new prohibition related to final rules, “Prudence and Loyalty in Selecting Plan Investments and Exercising Shareholder Rights,” “Retirement Security Rules: Definition on an Investment Advice Fiduciary,” “Amendment to Prohibited Transaction Exemption 2020-02,” “Amendment to Prohibited Transaction Exemption 84-24,” and “Amendment to Prohibited Transaction Exemptions 75-1, 77-4, 80-83, 83-1, and 86-128.”

Sec. 122. The Committee includes a new provision related to the proposed rule “National Apprenticeship System Enhancements.”

Sec. 123. The Committee includes a new provision related to the final rule “Lowering Miners’ Exposure to Respirable Crystalline Silica and Improving Respiratory Protection.”

Sec. 124. The Committee includes a new provision related to the final rule “Worker Walkaround Representative Designation Process.”

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Appropriation, fiscal year 2024	\$116,122,958,000
Budget request, fiscal year 2025	121,548,671,000
Committee Recommendation	107,640,959,000
Change from enacted level	- 8,481,999,000
Change from budget request	- 13,907,712,000

The Department of Health and Human Services (HHS) anticipates exceeding \$1.8 trillion in total spending, constituting over 6 percent of the U.S.’ gross domestic product. Over 90 percent of this expenditure is mandatory, with discretionary funding, overseen by the Committee on Appropriations, comprising only 9 percent. Since 2010, the percentage spent on discretionary programs has actually

decreased, while mandatory program spending has more than doubled. The escalating pace of mandatory entitlement driven spending remains the primary cost driver within the agency.

This bill provides just over \$107 billion in discretionary budget authority for HHS, a reduction of 7 percent over fiscal year 2024 enacted level. HHS comprises 58 percent of the total 302(b) allocation for this subcommittee.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2024	\$9,171,787,000
Budget request, fiscal year 2025	8,530,564,000
Committee Recommendation	7,638,837,000
Change from enacted level	-1,532,950,000
Change from budget request	-891,727,000

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 \$7,372,110,000 in discretionary budget authority and \$266,727,000 in mandatory funding.

PRIMARY HEALTH CARE

Appropriation, fiscal year 2024	\$1,858,772,000
Budget request, fiscal year 2025	1,858,772,000
Committee Recommendation	1,858,772,000
Change from enacted level	---
Change from budget request	---

Health Centers

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, and public housing health service grants.

The Committee includes bill language providing up to \$120,000,000 for the Federal Tort Claims Act program, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

Within the total provided for the Health Centers program, the Committee provides not less than the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Addressing Intimate Partner Violence and Project Catalyst	\$2,000,000	\$2,000,000
Alcee L. Hastings Program for Advancing Cancer Screening	10,000,000	10,000,000
Early Childhood Development	30,000,000	30,000,000
Native Hawaiian Health Care	27,000,000	27,000,000
<i>Papa Ola Lokahi (non-add)</i>	10,000,000	10,000,000
School Based Health Centers	55,000,000	55,000,000
Technical Assistance	2,500,000	2,500,000

Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.—The Committee commends the work of

HRSA in effectively implementing the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities. This innovative program focuses on HRSA-funded health centers to leverage Cancer Center trained and supervised outreach specialists and patient navigators to conduct patient outreach, patient education, case management, and other patient support services in underserved communities served by health centers to promote early detection and prevention of cancer, connect patients to screening services, and provide direct assistance with accessing high quality cancer care and treatment as needed. This program is progressing as intended with health centers reporting progress toward stated goals. The grant funding has made it possible for health centers to improve access to and affordability of cancer screening, referral for care, and treatment; to enhance patient experience; and to recruit, train, and engage cancer-focused professionals. Within the total for health centers, the Committee provides robust funding to continue supporting screening initiatives in breast, cervical, colorectal, and lung cancer; prioritize new grantees in States where the total number of estimated new cancer cases and deaths due to cancer are highest; and to support grantees that can expand existing projects that embrace additional cancers, and that also work to secure appropriate follow up screening and access to care for individuals with abnormal screening results.

Base Grant Adjustments.—The Committee recognizes that Health Center costs have increased significantly and that it has been nearly a decade since the last base grant adjustment. The Committee encourages HRSA to consider the needs of existing health centers in relation to their current base grants when allocating increased health center funding.

Expanded Service Grants for Individuals with an Intellectual or Developmental Disability.—The Committee supports efforts to expand service grants to health centers for the planning and delivery of services to individuals with an intellectual or developmental disability, including for innovative programs that provide outreach and comprehensive primary health services and additional health services as defined in section 330(b) of the Public Health Service (PHS) Act (42 U.S.C. 254b), including dental care.

Federally Qualified Health Center Look Alike Participation.—The Committee is concerned that certain health centers—and in turn, certain groups of patients—throughout the country are unable to realize the benefits of federal funding for high-quality primary care services due to Federally Qualified Health Center Look Alike (FQHC LALs) ineligibility to apply for supplemental funding awards. In many geographic regions, FQHC LALs are ideal candidates for supplemental funding opportunities but are ineligible to apply for them. Given the access to care issues many communities currently face, widespread healthcare workforce challenges, and the ability of many FQHC LALs to help meet the country's current unmet health care needs, the Committee requests that HRSA provide an update to the committees of jurisdiction on the impacts of allowing FQHC LALs to apply for Supplemental Funding opportunities under section 330(d) of the PHS Act (42 U.S.C. 254b) within 180 days of enactment of this Act.

Additionally, the Committee requests that HRSA provide a report to the House and Senate Committees on Appropriations; the

House Committee on Energy and Commerce; and the Senate Committee on Health, Education, Labor and Pensions on the ways in which FQHC LALs could be better utilized as a pipeline into the Section 330 Health Center program.

Native Hawaiian Health Care.—The Committee continues \$27,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including expanded research and surveillance related to the health status of Native Hawaiians and strengthening the capacity of the Native Hawaiian Health Care Systems.

Parental Consent.—The Committee directs HRSA to ensure grantees comply with all Federal and State laws for parental and legal guardian approval for medical decisions involving minors. Grantees should not provide materials encouraging health care providers to hide a minor patient's perceived sexual orientation or any effort that deviates from the patient's biological sex from the patient's parent or guardian. Technical assistance and guidance documentation should be consistent with all Federal and State law regarding parental consent. Moreover, grantees should not be providing any guidance to health care practitioners for ways to bypass parental consent or how to keep medically relevant information from a patient's medical record.

School-Based Health Centers.—The Committee continues funding for school based health centers authorized under section 330 of the PHS Act (42 U.S.C. 254b).

Sleep Disorders.—The Committee notes delays in diagnosis for some affected by sleep disorders. Advancements in screening continue to create meaningful opportunities to recognize conditions and link patients to care, and to mitigate the negative outcomes that occur when patients, particularly children, endure undiagnosed and sometimes easily treatable conditions. The Committee supports efforts to explore opportunities to enhance sleep screening and related awareness tools among frontline health providers and to otherwise work with stakeholders to advance efforts that quickly recognize sleep disorders and link patients to appropriate care.

Tardive Dyskinesia.—The Committee supports efforts for screening, diagnosing, and treating Tardive Dyskinesia (TD), a persistent, irreversible, and potentially disabling neurological condition that is associated with prolonged exposure to antipsychotics and other dopamine receptor blocking agents. The estimated prevalence of TD has increased from 500,000 to 600,000 people in the U.S., with only an estimated 35 percent of people living with this little-known and challenging movement disorder being diagnosed to date. The Committee supports HRSA's goal of integrating behavioral health and primary care.

Testing for Hepatitis C.—The Committee recognizes the value of point of care testing for the hepatitis C virus and supports efforts by HRSA to adopt practices and policies to test for the hepatitis C virus. The Committee further encourages HRSA to ensure that health centers have access to and utilize available point of care diagnostic tests to adequately test the populations they serve.

Type 1 Diabetes.—Health centers remain a major source of primary health care for millions of Americans. Therefore, the Committee supports ways to increase type 1 diabetes screenings at health centers, particularly among high-risk populations. HHS has reported increased incidents of diabetic ketoacidosis (DKA) at diagnosis, with rates over 40 percent among youth in some years. Further, misdiagnosis with type 2 diabetes is a leading risk factor for adults entering DKA at diagnosis. A 2020 study from Diabetes Care showed that charges associated with DKA admissions totaled over \$6,700,000,000 in 2017. HRSA is directed to provide a report to the Committee 180 days after the enactment of this Act addressing the steps needed to increase screening efforts for type 1 diabetes at health centers and to make such report available on the agency’s website. The report should include the feasibility and cost estimate of expanding screening efforts among targeted populations as well as a plan and timeline to implement such efforts. When developing the report, HRSA should consult with the National Institute of Digestive and Kidney Diseases, patient advocacy organizations, and other type 1 diabetes stakeholders.

Vaccination.—The Committee encourages HRSA to redouble efforts to support health center grantees to adopt the necessary practices and policies to comply with the November 2021 Advisory Committee on Immunization Practices recommendation that all adults between 19 and 59 be vaccinated and the March 2023 CDC recommendation that all adults in the U.S. be screened for hepatitis B. The Committee further encourages HRSA to provide guidance to health centers about screening and immunization for patients in the 19–59 age cohort.

Voting Registrations.—Health centers provide an accessible option for primary health care to millions of people across the country. However, the Committee is concerned with health centers allocating taxpayer funds for uses outside their intended purpose. HRSA guidance states that, “Health Center Program grant funding made available to provide health services to medically underserved populations under section 330 of the PHS Act cannot be used to support voter registration efforts.” While the guidance does allow discretion for health centers to participate in such activities outside the Health Center program, the Committee is concerned that health centers’ focus on voter registration activities has grown to such an extent that it impairs the purpose of the program. The Committee requests that the Department include an update in the fiscal year 2026 congressional justification on implementation of Executive Order 14019 entitled, “Promoting Access to Voting”, the use of health center funding for voter registration, and whether such use violates requirements laid out in statute or program guidance.

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 2024 enacted level and the fiscal year 2025 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 2024	\$1,404,376,000
Budget request, fiscal year 2025	1,467,376,000
Committee Recommendation	1,342,011,000
Change from enacted level	-62,365,000
Change from budget request	-125,365,000

The Bureau of Health Workforce supports several health care workforce programs by providing grants, scholarships, and loan repayment to help communities recruit and retain health care providers.

Community Based Clinical Rotations.—An estimated 80 percent of patient care is now provided in a range of community-based settings rather than the academic hospital where clinical training has traditionally occurred. Research shows that providing outpatient training opportunities in underserved areas—either in conjunction with or outside of inpatient training programs—encourages long-term, sustainable physician practice in high-need areas. The Committee recognizes that prioritizing community-based clinical training in rural and underserved areas leads to more physicians staying to practice in these communities. The Committee urges HRSA to work with medical schools to partner with health centers, rural health clinics, or other healthcare facilities located in medically underserved communities to increase medical school clinical rotations in rural and underserved areas.

Health Professional Shortage Areas in Non-Contiguous States.—The Committee recognizes the significant geographical and transportation challenges faced by patients and health professionals in non-contiguous States, which lead to difficulties in recruiting and retaining health professionals. The Committee recognizes that according to HRSA's Report to the Committee pursuant to the joint explanatory statement which accompanied the Consolidated Appropriations Act, 2021 (P.L. 116-260), HRSA awarded only 83 new National Health Service Corps (NHSC) Loan Repayment Program Awards to clinicians completing an NHSC service obligation in non-contiguous States, out of 16,229 nationally. The Committee notes that the current health professional shortage areas designation criteria may not adequately account for the unique challenges faced by non-contiguous States.

Health Professions Workforce Enhancement Initiative.—The Committee notes that over the last 30 years, the U.S. has introduced several programs and initiatives designed to enhance the academic success of historically underrepresented groups and students from underserved areas matriculating into health professions education programs. The Committee acknowledges the matriculation challenges from these underserved areas demonstrate that no single solution is sufficient and encourages the development of a comprehensive strategy that identifies, prepares, and trains students in underserved areas or from historically underrepresented groups for academic success in health professions education programs.

Interstate Licensure.—The Committee recognizes that almost 100 million Americans live in a primary care health professional shortage area and over 156 million—almost half of the U.S. population—live in a mental health care health professional shortage area. While efforts continue to support the recruitment and retention of the healthcare workforce, optimizing the existing workforce is crit-

ical. The Interstate Medical Licensure Compact, created under the Licensure Portability Grant Program, is a voluntary, expedited pathway to licensure for qualified health care professionals, including psychologists, to practice in multiple States. Since 2015, the compact has grown from 7 member States to 37 member States, as well as Washington, D.C. and Guam. The Committee encourages HRSA to expand public awareness of these compacts to encourage robust provider participation.

Natural Procreative Technology Education and Training.—Natural Procreative Technology (NaProTECHNOLOGY), a female specific approach to health, monitors and maintains a woman's reproductive and gynecological health. The laparoscopic surgical approach of NaProTECHNOLOGY requires specialization in the form of gynecologic surgery. The primary aim of the surgery is to reconstruct the uterus, fallopian tubes, ovaries, and other organ structures so that endometriosis can be eliminated. The excision of endometriosis can alleviate pain and increase the preservation of fertility. At least 7 million women in the U.S. struggle with endometriosis, and there are only about 22 surgeons adequately trained in NaProTECHNOLOGY. Medical training in NaProTECHNOLOGY requires an extra fellowship year for surgeons. Addressing this gap in care is crucial, given the rising number of endometriosis diagnoses. The Committee encourages HRSA to explore scholarship and loan opportunities for medical students and professionals interested in pursuing this specialty.

Nutrition Education.—The Committee is aware that in the U.S. today, 42 percent of adults are living with obesity, and 1.5 million Americans die annually from diet-related diseases such as cardiovascular disease, cancer, and diabetes. Despite this, the average medical school provides only 19 hours of nutrition education throughout a student's four years in medical school, and nutrition-related competencies are limited or absent from most medical specialties in graduate medical education. Therefore, the Committee encourages the Department to pursue all opportunities to encourage medical accrediting bodies such as the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, the American Association of Continuing Medical Education (CME), and State CME organizations, to incorporate nutrition competencies into their training requirements. The Committee requests an update on this topic in the fiscal year 2026 congressional justification.

Real Time Data to Improve U.S. Healthcare Workforce.—The Committee supports efforts to develop a data dashboard for all graduate medical education training position participants to include real-time information on residency applications, interviewee demographics, and residency fulfillment rates. The National Center for Health Workforce Analysis has projected shortages across a wide range of health care occupations, particularly in rural areas. As a result, HRSA has increased its focus on rural residency training, including through the Rural Residency Planning and Development program. The Committee recognizes the benefit of using real-time information to assess whether such programs are leading to improved physician supply in medically underserved areas.

State Based Nursing Workforce Centers.—The Committee notes interest in State-based nursing workforce centers. Such centers can

collect local workforce research data, conduct strategic nursing workforce planning and program development, support programs to decrease workplace violence against nurses, develop programs to increase the recruitment and retention of nurses, and coordinate nurse leadership development programs. The Committee requests an update on the status of State-based nursing workforce centers in the fiscal year 2026 congressional justification.

National Health Service Corps

The Committee includes \$130,000,000, which is \$1,400,000 above the fiscal year 2024 enacted level and \$4,400,000 above the fiscal year 2025 budget request, for the National Health Service Corps (NHSC) to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and Tribal areas.

State Loan Repayment Program.—The Committee appreciates that the State Loan Repayment Program (SLRP) program allows States to determine how to address healthcare provider shortages. However, the Committee is concerned that many States are not focusing on the full range of healthcare providers in shortage, including in nursing, pharmacy, dentistry, and behavioral healthcare. The Committee directs HRSA to include in the fiscal year 2026 congressional justification information regarding the process for how States determine which health professions benefit from the SLRP with recommendations to improve SLRP access to all professions in shortage in the States.

Tribal Set Aside.—The Committee also includes a set aside of 15 percent within the discretionary total provided for NHSC to support awards to participating individuals that provide health services in Indian Health Service facilities, Tribally-operated health programs, and Urban Indian Health programs.

Health Professions Education and Training

The Committee recommends \$459,882,000 for the health professions education and training programs authorized under title VII of the PHS Act, which is \$60,422,000 below the fiscal year 2024 enacted level and \$115,922,000 below the fiscal year 2025 budget request.

Centers of Excellence and Health Careers Opportunity Program

The Committee does not include funding for these programs.

Faculty Loan Repayment

The Committee includes \$2,310,000 for Faculty Loan Repayment, equal to the fiscal year 2024 enacted level and the fiscal year 2025 budget request. This program provides loan repayment to health professions graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

Scholarships for Disadvantaged Students

The Committee includes \$55,014,000 for Scholarships for Disadvantaged Students (SDS), equal to the fiscal year 2024 enacted level and the fiscal year 2025 budget request. The SDS program provides grants to health professions and nursing schools to provide scholarships to students from disadvantaged backgrounds who

have financial need. The Committee notes the success of the program and encourages HRSA to prioritize institutions with a proven record of both training diverse practitioners and placing their practitioners in low-income communities.

Set Aside for Midwifery Training.—Within the total for SDS, the Committee includes \$5,000,000, the same as the fiscal year 2024 enacted level, to continue grants awarded for the purpose of educating midwives to address the national shortage of maternity care providers. The Committee supports HRSA awarding robust funding in grants to invest in the maternal and perinatal health nursing workforce by increasing and diversifying the number of Certified Nurse Midwives, particularly in rural and underserved communities.

Primary Care Training and Enhancement

The Committee includes \$49,924,000, which is the same as the fiscal year 2024 level and the fiscal year 2025 budget request, for Primary Care Training and Enhancement programs. These programs address the primary care workforce by supporting enhanced training for future primary care clinicians and faculty and promoting primary care practice, particularly in rural and underserved areas.

Oral Health Training

The Committee includes \$43,673,000 for Oral Health Training, \$1,000,000 above the fiscal year 2024 enacted level and the fiscal year 2025 budget request. The Oral Health Training programs increase access to high-quality dental health services in rural and other underserved communities by increasing the number of oral health care providers working in underserved areas and improving training programs for these providers.

Within the funds provided, the Committee includes not less than \$13,500,000 for general dentistry programs and not less than \$13,500,000 for pediatric dentistry programs, and not less than \$15,000,000 for State oral health workforce grants. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants, predoctoral dental grants, and dental faculty loan repayment grants.

Interdisciplinary Community-Based Linkages

Area Health Education Centers

The Committee includes \$47,000,000 for the Area Health Education Centers program, equal to the fiscal year 2024 enacted level and equal to the fiscal year 2025 budget request. This program links university health science centers with community health service delivery systems to provide education and training networks.

Geriatrics Workforce Enhancement Programs

The Committee includes \$48,245,000 for Geriatrics Workforce Enhancement programs, equal to the fiscal year 2024 level and \$1,000,000 above the fiscal year 2025 budget request. These programs support training to integrate geriatrics into primary care delivery and develop academic-primary care-community based partnerships to address gaps in health care for older adults.

Mental and Behavioral Health Programs

The Committee adopts the budget request to consolidate activities funded under Mental and Behavioral Health programs into Behavioral Health Workforce Education and Training.

Behavioral Health Workforce Education and Training

The Committee includes \$158,053,000 for the Behavioral Health Workforce Education and Training (BHWET) program, \$1,000,000 above the comparable fiscal year 2024 enacted level and \$95,500,000 below the fiscal year 2025 budget request. This program establishes and expands internships or field placement programs in behavioral health, serving populations in rural and medically underserved areas.

Within the total for BHWET, the Committee recommends not less than the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Graduate Psychology Education	\$25,000,000	\$25,000,000
Mental and Substance Use Disorder Workforce Training Demonstration	34,700,000	34,700,000
<i>Addiction Medicine Fellowship (non-add)</i>	25,000,000	25,000,000
Peer Support Specialists	14,000,000	15,000,000

Crisis Service Models.—Crisis service models present opportunities for cost savings and more effective use of the behavioral health workforce. By stabilizing individuals experiencing behavioral health crises in settings that are less intensive and less costly than traditional acute care, these models align the level of intervention needed by a client to address a crisis with the level of training and credentials of a provider. The Committee encourages HRSA to include crisis workforce development, as appropriate, in the BHWET programs.

Graduate Psychology Education.—The interprofessional Graduate Psychology Education program increases the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. The Committee notes new data from CDC demonstrating a rise in mental health issues for youth and adolescents and urges HRSA to strengthen investments in the training of health service psychologists to help address this population.

Mental and Substance Use Disorder Workforce Training Demonstration.—This program makes grants to institutions, including but not limited to medical schools and Federally qualified health centers, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide substance use disorder (SUD) treatment in underserved communities. Within the total included for this activity, the Committee directs HRSA to use no less than 50 percent of the total funds to award grants to expand the number of nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and social workers trained to provide mental health and substance use disorder services in underserved and rural community-based settings, including such settings that serve pediatric populations, as authorized under section 760 of the PHS Act.

The Addiction Medicine Fellowship program provides fellowships to train addiction medicine physicians and addiction psychiatrists who work in underserved, community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services. One major cause of the existing treatment gap is that physicians in traditional medical settings lack the necessary training and overall confidence to provide comprehensive assessments of adolescents with SUD and subsequent evidence-based treatment. The fellowship opportunities funded by this program provide advanced training opportunities to a wide range of specialists, including those in family medicine, internal medicine, psychiatry, and emergency medicine.

Peer Support Specialists.—The Committee supports community based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals. The Committee includes a \$1,000,000 increase for this activity.

Youth Behavioral Health Workforce.—The Committee recognizes the access limitations for child and youth behavioral health services. Some children are impacted by socioeconomic or geographic factors. The Committee requests an update in the fiscal year 2026 congressional justification outlining funding available for child and adolescent behavioral health workforce development. The update should note the type of child and adolescent behavioral health professionals being trained with HHS funding and the number of individuals being trained in each type.

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program

The Committee includes \$40,000,000 for this program, the same as the fiscal year 2024 enacted level. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health HPSA or a county where the overdose death rate exceeds the national average.

National Center for Health Workforce Analysis

The Committee includes \$5,663,000 for this program, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request. The National Center for Health Workforce Analysis (NCHWA) is the primary Federal entity that collects, analyzes, and reports on data and information regarding the U.S. health workforce. NCHWA also evaluates the effectiveness of HRSA's workforce investment programs.

Public Health and Preventive Medicine Training Programs

The Committee does not include funding for these programs.

Nursing Workforce Development

The Committee recommends \$287,129,000 for the Nursing Workforce Development programs authorized under title VIII of the PHS Act, \$18,343,000 below the fiscal year 2024 enacted level and \$33,343,000 below the fiscal year 2025 budget request.

Nursing Workforce Programs.—The Committee recognizes the important role of hospital-based schools of nursing in preparing a highly skilled nursing workforce with the clinical experience to meet the growing demand for nurses to provide care at the bedside. The Committee encourages HRSA to identify opportunities to increase participation from hospital-based schools of nursing in HRSA workforce programs.

Advanced Nursing Education

The Committee includes \$89,581,000 for Advanced Nursing Education, equal to the fiscal year 2024 enacted level. This program supports traineeships and faculty and curriculum development to increase the number of qualified nurses in the primary care workforce.

Certified Nurse Midwives.—The Committee continues \$8,000,000 for Certified Nurse Midwives within Advanced Nursing Education.

Sexual Assault Nurse Examiners.—The Committee continues \$15,000,000 for this activity. HRSA is encouraged to prioritize rural, Tribal, and underserved communities, and urban areas without full-time coverage for this program. This program shall provide training and supervision to nurses with the purpose of increasing sexual assault forensic nurse capacity in rural areas, and in support of population-specific programs and hospitals including, but not limited to, underserved or historically underfunded communities. Entities receiving these funds shall promote best practices in forensic nursing throughout a region, while continuing to research and develop the highest standards of care.

Nursing Education, Practice, Quality, and Retention

The Committee includes \$69,413,000 for the Nursing Education, Practice, Quality, and Retention (NEPQR) programs, an increase of \$5,000,000 above the fiscal year 2024 enacted level and equal to the fiscal year 2025 budget request. These programs support academic, service, and continuing education projects to enhance nursing education, improve the quality of care, increase nurse retention, and strengthen the nursing workforce.

Community Colleges.—The Committee recognizes the important role that community colleges play in the education of our health workforce, including in nursing. The Committee provides an increase of \$5,000,000 above the fiscal year 2024 enacted level to further support community college participation within NEPQR. The Committee directs HRSA to give priority to applications from community colleges or eligible partnerships that include a community college with this additional funding.

Experiential Learning.—Nursing schools are facing unprecedented challenges in delivering high quality clinical experiences necessary for training practice-ready nurses. In-person labs and clinical rotations have been limited, making it challenging to ensure students gain clinical reasoning skills through realistic interactions. And there continues to be a shortage of clinical practice sites, so use of experiential learning can help alleviate the capacity shortages and enable nursing schools to scale programs. Nursing schools are eligible to apply for HRSA simulation education training grants and use of simulations will increase the practice readiness of nurses, which can improve retention once nurses enter clin-

ical practice and reduce stress and burnout. Within the total for NEPQR, the Committee continues \$10,750,000 for grants to enhance nurse education through the expansion of experiential learning opportunities. The grants shall include as an allowable use the purchase of simulation training equipment.

Nursing Workforce Shortages.—The U.S. Bureau of Labor Statistics projects 203,200 openings for nurses in the U.S. each year through 2031. With an aging population with greater health care needs, an aging clinical and faculty workforce, and a decline in the number of students in entry-level nursing programs, the Committee believes action must be taken to alleviate this crisis and ensure an ample, well-trained nursing workforce for the future. The Committee supports efforts to expand the nursing workforce at all levels to meet the growing health needs of our population. The Committee encourages efforts to greatly expand the number of nursing faculty and clinical preceptor sites to educate students at all levels.

Nurse Practitioner Optional Fellowship Program

The Committee provides \$7,000,000, which is \$1,000,000 above the fiscal year 2024 enacted level. This program supports grants to establish or expand community-based nurse practitioner residency and fellowship training programs for practicing postgraduate nurse practitioners in primary care or behavioral health.

Nursing Workforce Diversity

The Committee does not include funding for this program.

Nurse Corps Scholarship and Loan Repayment

The Committee includes \$92,635,000 for Nurse Corps, equal to the fiscal year 2024 enacted level and the fiscal year 2025 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.

Nursing Faculty Loan Program

The Committee includes \$28,500,000 for the Nursing Faculty Loan Program, the same as the fiscal year 2024 enacted level and the fiscal year 2025 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.

Nursing School Faculty Shortage Assessment.—The Committee urges HRSA to make available, to the extent practicable, data on nursing school teaching faculty and educators in the U.S.

Children's Hospitals Graduate Medical Education

The Committee includes \$395,000,000 for the Children's Hospitals Graduate Medical Education (GME) program, which is \$5,000,000 above the fiscal year 2024 enacted level and \$10,000,000 above the fiscal year 2025 budget request. This program helps eligible hospitals maintain GME 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 \$70,000,000, which is \$10,000,000 above the fiscal year 2024 enacted level to support colleges of medicine at public universities located in the top quartile 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 Specialty Loan Repayment Program

The Committee includes \$10,000,000, equal to the fiscal year 2024 enacted level and the fiscal year 2025 budget request, for the pediatric specialty loan repayment program authorized by section 775 of the PHS Act.

The Committee is concerned that once again the 2024 application process does not adequately reflect the way pediatric specialty care is provided nor the Committee’s feedback from the fiscal year 2024 joint explanatory statement. The Committee remains concerned that pediatric medical specialists, pediatric surgical specialists, and child and adolescent psychiatrists, were underrepresented in the initial awards of the program despite the intent of the program. The Committee strongly urges HRSA to work with stakeholders to ensure that the program’s application process includes clinical hour requirements and site eligibility criteria that are consistent with pediatric specialty practice and reflects the regionalization of pediatric specialty care.

National Practitioner Data Bank

The Committee includes \$18,814,000 for the National Practitioner Data Bank (NPDB), the same as the fiscal year 2024 enacted level and the fiscal year 2025 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 2024	\$1,170,430,000
Budget request, fiscal year 2025	1,234,944,000
Committee Recommendation	1,018,582,000
Change from enacted level	- 151,848,000
Change from budget request	- 216,362,000

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

Nutrition.—The U.S. continues to experience higher rates of maternal morbidity and mortality relative to other nations. Poor nutrition combined with chronic health conditions threatens the health and wellbeing of mothers and infants alike. The Committee supports efforts by HRSA to work with community-based organizations to develop interventions for maternal populations at risk of poor health outcomes due to poor nutrition and other health related risk factors. Such efforts could target maternal populations in low in-

come and underserved urban and rural areas and demonstrate improvements in fruit and vegetable intake; health outcomes, such as gestational weight gain; overall physical and mental health; and wellbeing for a cohort of pregnant women, as well as positive birth outcomes.

Maternal and Child Health Services Block Grant

The Committee recommends \$608,584,000 for the maternal and child health (MCH) services block grant, which is \$5,000,000 above the fiscal year 2024 enacted level and the fiscal year 2025 budget request. States use these funds 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.

Community Integrated Service Systems.—The Committee recommends \$10,276,000 for community integrated service system, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request. These grants help States and communities build a comprehensive, integrated system of care to improve access and outcomes for all children, including children with special health care needs.

Congenital Cytomegalovirus.—Congenital Cytomegalovirus (CCMV) is the most common viral infection infants are born with in the U.S. and the leading non-genetic cause of hearing loss. One-in-five of those infected will have serious health complications such as epilepsy, visual impairment, or developmental delays. Emerging research has shown that early intervention treatments, such as anti-viral drugs, may prevent or lessen the severity of hearing loss in infants born with CCMV. The Committee urges HRSA to expand efforts to provide CCMV education during pregnancy, ensure infants born with CCMV are identified and provided with opportunities for treatment, hearing screening, and early intervention, and increase screening and testing for CCMV during pregnancy.

Self-Measured Blood Pressure Monitoring.—The Committee notes the promise of the Healthy Start blood pressure monitoring pilot, including the distribution of cuff kits to 15 sites in 12 States. The Committee would like to see more States benefit from this project and urges continued support and expansion of this effort to the extent practicable. The self-measured blood pressure monitoring pilot works to identify preeclampsia at an earlier stage in high-risk communities by distributing blood pressure cuffs and patient information. Preeclampsia, the most dangerous form of hypertension, is a pregnancy complication that affects as many as 1 in 12 pregnancies and can be easily monitored.

MCH Block Grant Special Projects of Regional and National Significance

The Committee recommends \$194,268,000 for the special projects of regional and national significance (SPRANS), which is \$15,848,000 below the fiscal year 2024 enacted level and \$33,862,000 below the fiscal year 2025 budget request. The Committee continues bill language identifying a specific amount for SPRANS. The Committee provides not less than the following within SPRANS:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Early Childhood Development Grants	\$10,000,000	\$10,000,000
Fetal Alcohol Syndrome	1,000,000	1,000,000
Fetal Infant and Child Death Review	5,000,000	5,000,000
Infant-Toddler Court Teams	18,000,000	20,000,000
Minority Serving Institutions	10,000,000	10,000,000
Oral Health	5,250,000	5,250,000
Regional Pediatric Pandemic Network	25,000,000	25,000,000
Sickle Cell Disease	7,000,000	7,000,000
State Maternal Health Innovation Grants	55,000,000	55,000,000

Infant Toddler Court Teams.—The Committee includes an increase of \$2,000,000 for research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families. The Committee directs HRSA to allocate funding to ensure continuation of existing grantees, technical assistance, and support other expansion activities.

Oral Health and Primary Care Integration.—Within the total from oral health withing SPRANS, the Committee includes \$250,000 to continue demonstration projects to increase the implementation of oral health and primary care practice integration. 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 strongly urges the Chief Dental Officer to continue to direct the design, monitoring, oversight, and implementation of these projects.

Regional Pediatric Pandemic Network.—The pediatric pandemic network is made up of 10 children’s hospitals that coordinate the development and dissemination of the best evidence and practices to pediatric communities across the country. The Network’s major functions are focused on preparation and mobilization for future pandemics, other global threats, and other disasters. Preparation includes emergency preparedness, training, and surveillance in advance of a pandemic. Mobilization includes response, detection, testing, tracking and recovery planning during a pandemic. Robust research, innovation, and technology transformation—including telemedicine—are critical to helping close knowledge and performance gaps.

The Committee does not include funding for the Doula Workforce or the Addressing Emerging Issues and Social Determinants of Maternal Health as proposed in the fiscal year 2025 budget request.

Sickle Cell Disease Treatment Demonstration Program

The Committee includes \$8,205,000 for this program, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request. The sickle cell disease treatment demonstration program helps individuals with sickle cell disease (SCD) access quality, coordinated, comprehensive care by building comprehensive sickle cell disease care teams that extend specialty care from centrally based SCD experts in hospitals, clinics, or university health centers to the communities where people live.

Autism and Other Developmental Disabilities

The Committee recommends \$57,344,000 for autism and other developmental disabilities programs, which is \$1,000,000 above the

fiscal year 2024 enacted level and the fiscal year 2025 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.—The Committee provides not less than \$38,245,000, the same as the fiscal year 2024 enacted level, for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program to allow the existing 60 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. The LEND program is essential to increasing the number of professionals with advanced interdisciplinary training in a broad array of professional disciplines to train professionals to improve the evaluation, diagnosis, and treatment of people with autism and other developmental disabilities. The funding provides the LENDs with support needed to address the critical shortage of professionals, increase the number of trainees, serve underrepresented communities, and fulfill the expanded statutory mandate to serve persons with autism and developmental disabilities across the lifespan.

Heritable Disorders in Newborns and Children

The Committee provides \$21,383,000 for the Heritable Disorders program, which is \$500,000 above the fiscal year 2024 enacted level and the fiscal year 2025 budget request. This program assists States to improve and expand their newborn screening programs and to promote parental and provider education. HRSA also supports the work of the Advisory Committee on Heritable Disorders in Newborns and Children, which provides States with a Recommended Uniform Screening Panel (RUSP) to help ensure every infant is screened for conditions that have a recognized treatment.

Advisory Committee on Heritable Disorders in Newborns and Children.—The Committee recognizes the authority of Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) to recommend conditions for inclusion in the RUSP. In March 2023, Duchenne Muscular Dystrophy (DMD) was nominated for review, but not recommended to be added to the RUSP by ACHDNC due to concerns with the characteristics of the screening test, clinical utility, and the diagnostic process. In August 2023, ACHDNC voted to reconsider DMD and undertake a full evidence review. As of January 2024, ACHDNC is conducting another literature review to consider DMD as an included condition. With emerging gene therapies regarding treatment of DMD, newborn screening may be more impactful regarding early diagnosis and treatment of DMD. The Committee is encouraged by ACHDNC's choice to review DMD as a qualifying condition for the RUSP and encourages a swift and full review of evidence gaps and other barriers to issuing guidance.

Severe Combined Immune Deficiency.—Within the total amount for Heritable Disorders, the Committee provides \$4,500,000, which is \$500,000 above the fiscal year 2024 enacted level, to support wider implementation, education, and awareness of newborn

screening and follow-up for Severe Combined Immune Deficiency and other newborn screening disorders.

Healthy Start

The Committee does not recommend funding for this program. Funding for these activities is provided by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, also administered by HRSA. For fiscal year 2025, the MIECHV program received a mandatory appropriation of \$600,000,000.

Early Hearing Detection and Intervention

The Committee includes \$18,818,000 for the early hearing detection and intervention program, the same as the fiscal year 2024 enacted level and the fiscal year 2025 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 \$24,834,000 for emergency medical services for children, an increase of \$500,000 from the fiscal year 2024 enacted level and the fiscal year 2025 budget request. Funding is available to every State's 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 Mental Health and Substance Use Disorders

The Committee provides \$11,500,000, which is \$500,000 above the fiscal year 2024 enacted level and \$4,000,000 below the fiscal year 2025 budget request for the Screening and Treatment for Maternal Mental Health and Substance Use Disorder (MMHSUD) program. The program helps expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal mental health and substance use disorders.

The Committee continues to support MMHSUD. According to Maternal Mortality Review Committee data reported to the Centers for Disease Control and Prevention, suicide and overdose are the leading causes of maternal mortality, accounting for 22 percent of maternal deaths. Maternal mental health conditions impact 1 in 5 pregnant or postpartum women, including as many as 1 in 3 in high-risk populations including military service members, costing the U.S. economy \$14 billion annually. MMHSUD trains health care providers to screen, assess, and treat MMH conditions and provides specialized psychiatric consultation to health care providers. The Committee encourages HRSA to reduce the administrative burden on current grantees and work to create uniform evaluation metrics across all States with perinatal psychiatric access programs. The Committee urges HRSA to provide guidance for the MMHSUD and Pediatric Mental Health Care Access program State grantees to foster collaboration and promote cost efficiencies by integrating the States' maternal and child psychiatric consultation lines, if applicable. The Committee supports HRSA providing technical assistance to support States that desire to increase collaboration between maternal and child health consultation lines. The

Committee requests a report within 180 days after the enactment of this Act detailing the technical assistance HRSA has provided to States to promote collaboration between maternal and child health psychiatric consultation lines; such report shall be made available on the agency's website.

Pediatric Mental Health Care Access

The Committee includes \$13,000,000 for the pediatric mental health care access program, which is equal to the fiscal year 2024 enacted level and the fiscal year 2025 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.

Innovation for Maternal Health

The Committee includes \$15,300,000 for the Innovation for Maternal Health program, which is the same as the fiscal year 2024 enacted level and \$15,000,000 below the fiscal year 2025 budget request. The Innovation for Maternal Health program authorizes the establishment or continuation of a program to identify, develop, or disseminate best practices to improve maternal health care quality and outcomes, improve maternal and infant health, and eliminate preventable maternal mortality and severe maternal morbidity, among other activities.

Maternal Mental Health Hotline

The Committee includes \$7,500,000 for the Maternal Mental Health Hotline, which is \$500,000 above the fiscal year 2024 enacted level and the fiscal year 2025 budget request. This program provides 24/7 free, confidential emotional support, information, and referrals for pregnant or postpartum women and their families.

The Committee continues to support the Maternal Mental Health Hotline. Maternal mental health conditions impact 1 in 5 pregnant and postpartum women and 1 in 3 female servicemembers and military spouses. The hotline provides 24-hour voice and text maternal mental health support services for pregnant and postpartum mothers and their families in English and Spanish. Since its launch on Mother's Day 2022, the hotline has served more than 30,000 women and families with average response times of less than 30 seconds. The average amount of time hotline operators spend on text conversations is 32 minutes and the average time on the phone is 17 minutes. The Committee directs HRSA to coordinate with the Department of Veterans Affairs and DOD to increase awareness and utilization of the hotline by servicemembers, veterans, and military spouses, including promotion at military treatment facilities, hospitals, lactation spaces, and locations frequented by servicemembers and veterans. The Committee requests a report within 180 days after the enactment of this Act detailing current data on hotline usage, caller demographics to include active duty or veteran status, and the most common reasons for calling the hotline; such report shall be made available on the agency's website.

Poison Control Centers

The Committee includes \$27,846,000 for Poison Control Centers, which is \$1,000,000 above the fiscal year 2024 enacted level and the fiscal year 2025 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.

Integrated Services for Pregnant and Postpartum Women

The Committee includes \$10,000,000 for integrated services for pregnant and postpartum women, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request. The Integrated Services for Pregnant and Postpartum Women program helps States, Indian Tribes, and Tribal organizations establish or operate innovative programs to effectively deliver care for pregnant and postpartum women while considering their social, behavioral, and health care needs.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2024	\$2,571,041,000
Budget request, fiscal year 2025	2,581,041,000
Committee Recommendation	2,381,041,000
Change from enacted level	- 190,000,000
Change from budget request	- 200,000,000

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 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 2024 Enacted	FY 2025 Committee
Emergency Assistance	\$680,752,000	\$680,752,000
Comprehensive Care Programs	1,364,878,000	1,364,878,000
<i>AIDS Drug Assistance Program (non-add)</i>	<i>900,313,000</i>	<i>900,313,000</i>
Early Intervention Program	208,970,000	208,970,000
Children, Youth, Women, and Families	77,935,000	77,935,000
AIDS Dental Services	13,620,000	13,620,000
Education and Training Centers	34,886,000	34,886,000
Special Projects of National Significance	25,000,000	---
Ending the HIV/AIDS Epidemic	165,000,000	---

Ryan White Formula Funding.—The Committee is concerned that the Ryan White Part A funding formula, which is calculated based on jurisdiction of diagnosis, disadvantages jurisdictions that experience increasing population sizes due to incoming new residents. When HRSA last studied this issue in 2019, it found jurisdictions were over- and under-represented in the funding formula by up to 50 percent. The Committee urges HRSA to renew its anal-

ysis on discrepancies between where Ryan White patients are diagnosed and where they currently reside. The Committee requests an update in the fiscal year 2026 congressional justification on these findings and potential courses of action and considerations for a residence-based formula.

HEALTH SYSTEMS

Appropriation, fiscal year 2024	\$122,009,000
Budget request, fiscal year 2025	135,009,000
Committee Recommendation	126,009,000
Change from enacted level	+4,000,000
Change from budget request	-9,000,000

The Health 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; and maintaining a national system for the recruitment of bone marrow donors.

Organ Transplantation

The Committee includes \$58,049,000 for the Organ Transplantation program, which is \$4,000,000 above fiscal year 2024 enacted level and \$9,000,000 below the fiscal year 2025 budget request.

Human Cell and Tissue Product Transplant Public Awareness Campaign.—The Committee includes \$1,000,000 for a new program to develop and disseminate educational materials to inform health care professionals and other appropriate stakeholders about organ, tissue, and eye donation, the availability of any donor screening tests, and other relevant aspects of organ donation.

Living Organ Donation Reimbursement Program.—The Committee includes an increase of \$1,000,000 for the living organ donation reimbursement program. This program reduces financial disincentives to living organ donation by providing reimbursement to living organ donors up to \$6,000 for many expenses related to donating an organ (e.g., travel, lost wages, and child care). Research suggests that many of these donors could not have donated without this program. However, current restrictions (largely due to funding constraints) severely limit this program’s impact, which in turn limits the number of donors who can afford to donate a lifesaving organ. The increase in funding will enable the program to significantly expand income eligibility and total reimbursement levels to allow more donors to qualify.

Modernization Initiative.—The Committee includes an increase of \$2,000,000 above the fiscal year 2024 enacted level to support the modernization initiative. The Committee encourages HRSA to promote competition for the Organ Procurement and Transplantation Network contracts, in line with the Securing the U.S. Organ Procurement and Transplantation Network Act of 2023 (P.L. 118–14). HRSA is directed to include an update on this effort in the fiscal year 2026 congressional justification.

National Cord Blood Inventory

The Committee includes \$19,266,000 for the national cord blood inventory (NCBI) program, the same as the fiscal year 2024 enacted level and the same as the fiscal year 2025 budget request.

The NCBI program supports cord blood banks to build a genetically and ethnically diverse inventory of the highest quality cord blood units for transplantation.

C.W. Bill Young Cell Transplantation

The Committee includes \$33,009,000 for the C.W. Bill Young Cell Transplantation program, the same as the fiscal year 2024 enacted level and the same as the fiscal year 2025 budget request. This program supports coordinating the procurement of bone marrow and umbilical cord blood units for transplantation.

Hansen’s Disease Program

The Committee includes \$13,706,000 for the Hansen’s disease program, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request. The Committee also includes \$122,000 for Hansen’s disease buildings and facilities and \$1,857,000 for payments to Hawaii for treatment of Hansen’s disease, both of which are the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

These programs support outpatient and short-term residential care, as well as outreach and education, and research in Baton Rouge, Louisiana; 11 outpatient clinic programs in the continental U.S. and Puerto Rico; facility-related expenses for the buildings of the Gillis W. Long Hansen’s Disease Center; and medical care and treatment of persons with Hansen’s disease throughout the Hawaiian Islands.

RURAL HEALTH

Appropriation, fiscal year 2024	\$364,607,000
Budget request, fiscal year 2025	352,407,000
Committee Recommendation	400,907,000
Change from enacted level	+36,300,000
Change from budget request	+48,500,000

The Federal Office of Rural Health Policy’s (FORHP) 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; and for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments.

Cancer Mobile Screening.—Early detection of cancer has been shown to significantly reduce cancer mortality, especially with lung cancer, making treatments more timely, effective, and cost-efficient. Mobile screening units can increase access to preventive care and significantly reduce disparities in health care access. Mobile units play a crucial role in reaching populations that are traditionally underserved, thereby enhancing outcomes in communities often neglected in healthcare. The Committee supports efforts by HRSA to include cancer mobile screening as appropriate in the rural health program portfolio. The Committee requests an update on implementation in the 2026 congressional justification.

Rural Healthcare.—While current spending for all rural health discretionary programs is relatively small, it plays a critical role in solidifying the fragile healthcare infrastructure in rural commu-

nities. The Committee supports programs seeking to address the severe health care crisis escalating in rural America and preventing any additional rural hospitals from closing. Health care workforce shortages continue to plague rural communities, and, while health care innovations, such as telehealth technologies, show promise in rural areas, the Committee believes that action needs to be taken to address the workforce shortages in rural communities. The Committee continues to support HHS' efforts to implement programs and policies to improve rural health outcomes, strengthen care delivery, and address the immediate issues facing rural communities.

Trauma Care in Rural Areas.—The Committee notes the access challenges to trauma care in rural areas. The Committee supports efforts by HRSA to address this access gap and requests an update on this topic in the fiscal year 2026 congressional justification.

Rural Health Outreach Programs

The Committee includes \$108,975,000 for rural health outreach programs, an increase of \$8,000,000 above the fiscal year 2024 enacted level and \$16,000,000 above the fiscal year 2025 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.

Delta States.—The Delta States region consists of Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. The Committee includes an increase of \$2,000,000 to support the Delta States program. The Committee includes no more than \$12,000,000 for the Delta States Rural Development Network Grant program and not less than \$15,000,000 for the Delta Region Community Health Systems Development program. Within the total for Delta States, the Committee includes no less than the amount provided in fiscal year 2024 for the following activities: community health systems development technical assistance program, rural health workforce training program, health systems implementation program, and the maternal program.

Rural Maternity and Obstetrics Management Strategies.—The Committee includes no less than \$14,000,000 for rural maternity and obstetrics management strategies (RMOMS), an increase of \$2,000,000 above the fiscal year 2024 enacted level. 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, which is \$500,000 above the fiscal year 2024 enacted level and the fiscal year 2025 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.

The Rural Health Research Center Program funds publicly available and policy relevant research on rural health to assist pro-

viders and Federal, State, and local governments in addressing challenges faced by rural communities. Access to health services in rural areas is under extreme stress with patients forced to travel extended distances for even basic health care, while more than 30 percent of rural hospitals are at risk of closing. Additional research is needed on the significant and pervasive challenges faced by rural Americans in accessing health care related to mental health, drug and alcohol use, nutrition and healthy eating, and chronic health management, among other critical needs. This results in a need for additional policy research capacity to inform solutions to these important issues. The Committee provides an increase for FORHP to fund additional core research centers to increase the number of studies on rural health and support policy solutions that improve access to health care, health outcomes, and population health.

Rural Hospital Flexibility Grants

The Committee includes \$74,277,000 for Rural Health Flexibility Grants, \$10,000,000 above the fiscal year 2024 enacted level and \$10,000,000 above the fiscal year 2025 budget request. These programs help States to assist small and critical access rural hospitals to remain economically viable and to provide high-quality care.

Within this total, the Committee includes no less than \$5,000,000 for the Rural Emergency Hospitals Technical Assistance Program and up to \$25,942,000 for the Small Rural Hospital Improvement Program.

Rare Disease Education.—The Committee is keenly aware of the significant challenges facing emergency care for rare and chronic disease patients in rural America. Rural emergency medical service providers have gaps in education that can lead to disparate outcomes for rural rare and chronic disease patients based on delays in proper care, administration of emergency prescription medications, or unforeseen side effects or drug interactions occurring during medical interventions. Without closing these care gaps, rare and chronic disease patients face risks to their health and lives in the event of an emergency, solely because they live in rural America. Therefore, the Committee urges HRSA to support efforts to provide education for the administration of patient-held drugs for rural rare and chronic disease patients for rural emergency medical services personnel as an eligible use of funding from the Emergency Services Supplement of the Medicare Rural Hospital Flexibility Grant Program.

State Offices of Rural Health

The Committee includes \$13,000,000 for State Offices of Rural Health, \$500,000 above the fiscal year 2024 enacted level and the fiscal year 2025 budget request. HRSA supports the establishment and operation of State offices of rural health to strengthen the rural health care delivery system.

Black Lung Clinics

The Committee includes \$12,190,000 for Black Lung Clinics, equal to the fiscal year 2024 enacted level and the same as the fiscal year 2025 budget request. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal min-

ers, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments.

Radiation Exposure Screening and Education Program

The Committee includes \$1,889,000 for the radiation exposure screening and education program, equal to the fiscal year 2024 enacted level and the fiscal year 2025 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.

Rural Communities Overdose Response Program

The Committee includes \$145,000,000, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request, for this program. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by P.L. 115–245 and continued through P.L. 117–328. The Committee recognizes the success of the three Centers in reducing substance use disorders within rural communities, through various evidence-based treatment and recovery models. The Committee supports HRSA’s continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities.

Rural Residency Planning and Development

The Committee includes \$14,000,000 for the rural residency planning and development program, an increase of \$1,300,000 above the fiscal year 2024 enacted level and \$1,500,000 above the fiscal year 2025 budget request. This program funds physician residency training programs that support physician workforce expansion in rural areas.

The Committee commends FORHP for their efforts to expand the physician workforce in rural areas and supports the continuation and expansion of the program to develop new rural residency programs.

Financial and Community Sustainability for At Risk Hospitals

The Committee includes \$5,000,000 for this activity as proposed in the fiscal year 2024 budget request. First proposed in fiscal year 2024, this program will target technical assistance to rural hospitals severely at-risk for imminent closure and struggling to maintain health care services.

Small rural hospitals are often the only health care available in rural counties, and populations most affected by hospital closings tend to be poor, minorities, and elderly patients with chronic health conditions. There have been 143 rural hospital closures from 2010 through January 2023, peaking with a high of 19 in 2020 just as the pandemic hit. Closures are happening more often in communities of color. Historically, about half of the closures result in a complete loss of services at those facilities.

Rural Hospital Stabilization Program

The Committee includes \$15,000,000, which is an increase of \$11,000,000 above the fiscal year 2024 enacted level and

\$15,000,000 above the fiscal year 2025 budget request for this program. Launched in fiscal year 2024, this program provides support to at-risk rural hospitals to enhance or expand service lines to retain health care services locally and increase service volume and revenue that will enhance hospitals’ financial viability.

FAMILY PLANNING

Appropriation, fiscal year 2024	\$286,479,000
Budget request, fiscal year 2025	390,000,000
Committee Recommendation	— — —
Change from enacted level	– 286,479,000
Change from budget request	– 390,000,000

The Committee does not recommend funding for the Family Planning program. The Family Planning program administers Title X of the PHS Act.

The Committee continues to note its disappointment with the Department’s suspension and termination of Title X grants to projects serving rural and low-income individuals based on the project’s refusal to refer or counsel for abortion, thereby limiting access to services provided by such projects. Instead of putting political constituencies first, the Committee urges the Department to work with the previous grantees to resolve such suspensions and terminations, in accordance with all applicable Federal law to ensure Title X services are accessible and that no project is discriminated against for refusing to refer or counsel for abortion. The Committee directs the Department to provide an update on this effort in the fiscal year 2026 congressional justification.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2024	\$1,110,376,000
Budget request, fiscal year 2025	214,088,000
Committee Recommendation	222,088,000
Change from enacted level	– 888,288,000
Change from budget request	+8,000,000

This account supports telehealth programs, operation of the 340B drug pricing program and the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA.

Addressing Health Disparities with Faith-Based and Community-Based Organizations.—The Committee notes the impact of ongoing efforts and local partnerships focused on addressing health disparities HRSA is encouraged to support these promising partnerships to preserve innovative access through houses of worship and community organizations.

Digital Innovation for Rural Healthcare.—The Committee supports efforts to develop digital innovation for rural healthcare. Such efforts could foster the development and improvement of technologies including telehealth and remote monitoring to bridge the health access gap and ensure access to quality, affordable healthcare, regardless of location.

HRSA Chief Dental Officer.—The Committee notes with strong concern that despite its directive to have HRSA ensure that the Chief Dental Officer (CDO) is functioning at an executive level with resources and staff to lead oral health programs and initiatives across HRSA, such authority has not been delegated. The Committee urges HRSA to restore this position with authority and resources to oversee and lead oral health dental programs and initia-

tives 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.

Oral Health Literacy.—The Committee includes \$300,000, the same as the fiscal year 2024 enacted level, to continue the development of an oral health awareness and education campaign across relevant HRSA bureaus, including Health Centers, 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 encourages 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 requests an update to the report under this heading in House Report 117–403.

Tribal Engagement.—HRSA’s core mission is to improve health outcomes and build the health workforce. HRSA historically has had lower participation by Indian Tribes in several core program areas, despite the great Tribal need in all of HRSA’s mission areas. Within 180 days of enactment of this Act, HRSA shall provide to the Committee a detailed description of funding provided to Tribal entities, grants Tribal entities are eligible to apply for, and an action plan by HRSA on how it will provide technical assistance to improve Tribal participation in HRSA programs. Such report shall be made available on the agency’s website.

Uninsured Program.—The Committee notes the uninsured program stopped accepting new claims in March and April of 2022 due to the conclusion of funding provided by supplemental appropriations. The Committee is aware of successfully submitted claims for payment for COVID-related medical care that were not paid, including claims submitted for care prior to the suspension of the program. The Committee directs HRSA to provide a report to the committees of jurisdiction no later than 180 days after enactment of this Act that details the number of unpaid claims that were successfully submitted for payment for COVID-related medical services provided prior to suspension of the program. In addition, such report should include data detailing any funds returned or recovered as a result of fraudulent claims or improper payments through this and other HRSA pandemic relief accounts. Such report shall be made available on the agency’s website.

Office of Pharmacy Affairs

The Committee includes \$12,238,000 for the Office of Pharmacy Affairs, equal to the fiscal year 2024 enacted level. This office administers the 340B drug discount program, which was designed to enable health care providers that serve low-income and uninsured patients to purchase drugs at lower costs.

This office 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 program lowers the cost of outpatient drugs to health clinics and nonprofit and

public hospitals that serve a disproportionate share of low-income and rural patients. The Committee recognizes that 340B is a critical lifeline to safety-net providers, including children's hospitals, Ryan White HIV/AIDS clinics, safety-net hospitals, health centers, and other providers. These covered entities reinvest 340B savings to reach more patients and provide more services.

The Committee is concerned with some manufacturers who may not be in full compliance with the 340B statute. Several manufacturers have implemented limits on access to 340B pricing, limiting the ability of covered entities to access these drugs. The Committee is pleased that HRSA continues to take steps to enforce the 340B statute, to refer violations of the statute to the HHS Office of Inspector General, and to appeal litigation in these matters. The Committee encourages HRSA to continue to use its authority and other appropriate measures to implement the program consistent with Federal law.

Office for the Advancement of Telehealth

The Committee includes \$44,550,000 for the Office for the Advancement of Telehealth, an increase of \$2,500,000 above the fiscal year 2024 enacted level and \$6,500,000 above the fiscal year 2025 budget request. Funds for the Office for the Advancement of Telehealth promote 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.—Within the funds provided for Telehealth, the Committee provides \$9,000,000 for Telehealth Centers of Excellence, an increase of \$500,000 above the fiscal year 2024 enacted level. These Centers identify best practices, serve as national training resources, and test the efficacy of different telehealth clinical applications. These Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols and by providing a comprehensive template for states to integrate telehealth into their state health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced by rural America.

Telehealth Technology Enabled Learning.—The Committee recognizes the significance of telementoring in transforming healthcare training, education, and delivery. Specifically, the Committee encourages HRSA to integrate and implement a robust telementoring initiative at an academic medical center with existing Federal support and expertise in the field. This should include technology enabled delivery of evidence-based curricula, offering of practice-based, culturally responsive care, advancing the skill set of health care workers, facilitating task shifting, increasing access to specialized care, including for adolescent behavioral health. The Committee further encourages this initiative to increase community level health literacy that will lead to healthier behaviors and prepare for this telementoring service to be used during public health emergencies. Telementoring, in partnership with community-based organizations, can be rapidly deployed to deliver support and training across a broad cross-section of clinical and non-clinical disciplines. The Committee includes a \$2,000,000 increase for this effort.

VACCINE INJURY COMPENSATION PROGRAM

Appropriation, fiscal year 2024	\$15,200,000
Budget request, fiscal year 2025	20,200,000
Committee Recommendation	15,700,000
Change from enacted level	+500,000
Change from budget request	-4,500,000

The Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. The Committee also includes \$266,727,000 in mandatory funding, the same as the fiscal year 2025 budget request for claims.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, fiscal year 2024	\$7,000,000
Budget request, fiscal year 2025	10,000,000
Committee Recommendation	7,000,000
Change from enacted level	---
Change from budget request	-3,000,000

The countermeasures injury compensation program provides benefits to individuals who are seriously injured because 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 2024	\$9,222,090,000
Budget request, fiscal year 2025	9,738,690,000
Committee Recommendation	7,446,058,000
Change from enacted level	-1,776,032,000
Change from budget request	-2,292,632,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes \$6,204,500,000 in discretionary budget authority, \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act, and \$1,186,200,000 in transfers from the Prevention and Public Health Fund (PPHF).

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2024	\$919,291,000
Budget request, fiscal year 2025	969,291,000
Committee Recommendation	919,291,000
Change from enacted level	---
Change from budget request	-50,000,000

The Committee recommendation includes \$237,358,000 in discretionary budget authority and \$681,933,000 in transfers from PPHF.

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 2024 Enacted	FY 2025 Committee
Immunization and Other Respiratory Diseases	\$681,933,000	\$681,933,000
<i>Budget Authority</i>	262,583,000	---
<i>PPHF</i>	419,350,000	681,933,000
Acute Flaccid Myelitis	6,000,000	6,000,000
Influenza Planning and Response	\$231,358,000	\$231,358,000

Decline of Routine Immunizations.—The Committee is concerned about recent data which shows a significant decline in the rates of routine and seasonal childhood and adult immunizations. Seasonal influenza vaccination declined for the third year in a row and kindergarten vaccinations continue to decline. These declines have already had a measurable impact on public health as demonstrated by recent outbreaks of measles in Ohio, Illinois, and Pennsylvania. Therefore, the Committee directs CDC, in consultation with FDA, ASPR, and NIH, to develop and include in the fiscal year 2026 congressional justification, a comprehensive research agenda to better understand the decline in routine vaccine uptake and confidence among Americans and develop a comprehensive strategy to educate physicians regarding the safety and efficacy of routine vaccines and how best to communicate with patients and to identify and engage partners/stakeholders needed to implement the strategies related to routine vaccinations.

Immunization During Pregnancy.—To increase access to recommended immunizations, the Committee encourages CDC to increase its efforts to educate health care providers about the importance of immunization during pregnancy, which can provide protection for children from 0–6 months from diseases such as flu, pertussis (whooping cough), and respiratory syncytial virus, when the children are at their most vulnerable. The Committee also encourages CDC to work with Federal partners to improve awareness and coordination among Federal partners to increase immunization during pregnancy.

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

Appropriation, fiscal year 2024	\$1,391,056,000
Budget request, fiscal year 2025	1,391,056,000
Committee Recommendation	1,177,135,000
Change from enacted level	– 213,921,000
Change from budget request	– 213,921,000

CDC provides national leadership and support for HIV/AIDS prevention research and the development, implementation, and evaluation of evidence-based HIV prevention programs serving persons affected by, or at risk for, HIV infection. 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 the National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Domestic HIV/AIDS Prevention and Research	\$1,013,712,000	\$793,712,000

Budget Activity	FY 2024 Enacted	FY 2025 Committee
<i>HIV Prevention by Health Department</i>	755,631,000	755,631,000
<i>School Health—HIV BA</i>	38,081,000	38,081,000
<i>Ending HIV/HIV Initiative</i>	220,000,000	--
Viral Hepatitis	43,000,000	53,000,000
Sexually Transmitted Infections	174,310,000	164,310,000
Tuberculosis (TB)	137,034,000	137,034,000
Infectious Diseases and Opioids	23,000,000	29,079,000

Sexually Transmitted Infections.—The Sexually Transmitted Infections programs included \$10,000,000 in both fiscal years 2023 and 2024 to advance the grant period. For fiscal year 2025, the Committee provides \$164,310,000, which will allow the program to operate at the same fiscal level and grant year as provided for fiscal year 2024.

Viral Hepatitis.—The Committee provides \$53,000,000 for Viral Hepatitis, an increase of \$10,000,000 from fiscal year 2024. This increase will support health departments conducting viral hepatitis outbreak response and surveillance, support viral hepatitis elimination planning and implementation in target jurisdictions, and work with health clinics and community organizations to promote awareness and uptake of updated national viral hepatitis testing and vaccination recommendations.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2024	\$760,272,000
Budget request, fiscal year 2025	780,772,000
Committee Recommendation	780,772,000
Change from enacted level	+20,500,000
Change from budget request	--

The Committee recommendation includes \$728,772,000 in discretionary appropriations and \$52,000,000 in transfers from PPHF.

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 2024 Enacted	FY 2025 Committee
Antimicrobial Resistance Initiative	\$197,000,000	\$197,000,000
Vector-Borne Diseases	63,603,000	63,603,000
Lyme Disease	27,000,000	27,000,000
Prion Disease	8,000,000	8,500,000
Chronic Fatigue Syndrome	5,400,000	5,400,000
Emerging Infectious Diseases	213,997,000	228,997,000
Harmful Algal Blooms	3,500,000	3,500,000
Food Safety	72,000,000	72,000,000
National Healthcare Safety Network	24,000,000	24,000,000
Quarantine	53,772,000	58,772,000
Advanced Molecular Detection	40,000,000	40,000,000
Epidemiology and Lab Capacity program (PPHF)	40,000,000	40,000,000
Healthcare-Associated Infections (PPHF)	12,000,000	12,000,000

Alpha-Gal Syndrome.—The Committee directs CDC, within 180 days of enactment of this Act, to develop a two-year plan (fiscal years 2025 through 2026) for conducting evaluation reviews of the information on its website for tickborne diseases (TBDs), including

any TBD overviews and information on individual TBDs, including alpha-gal syndrome, the non-infectious allergic disease related to a tick bite that is less understood than other allergic conditions, and for developing educational materials for clinicians and the public for each TBD and tickborne condition, with priority based on disease burden, determined by prevalence and level of disability.

The CDC is further directed, within 180 days of the enactment of this Act, to publicly release a report on alpha-gal syndrome, including prevalence, etiology, treatment, outcomes, and prognosis.

Antimicrobial and Antibiotic Resistance.—The Committee notes the complexities in conducting surveillance of antimicrobial resistance (AMR) and providing treatments across healthcare, veterinary medicine, and agriculture. In addition to detection, prevention, and control initiatives used to combat the spread of AMR, expanded capacity for monitoring resistance is critical for combating AMR and preventing the spread of infections. As such, of the amounts allocated for the CDC's Antimicrobial Resistance Initiative, the Committee encourages CDC to incorporate AMR monitoring into its response efforts.

Chronic Fatigue Syndrome.—The Committee supports CDC's work related to provider education and public awareness for postural orthostatic tachycardia syndrome (POTS) and similar forms of dysautonomia, common chronic conditions that impact millions of Americans and cause severe disability. The Committee is concerned that 28 States do not have a board-certified autonomic specialist resulting in POTS patients facing on average a 5-year diagnostic delay and encourages the CDC to work with patient advocates, clinicians, and researchers to develop an education program for health care providers to increase access to care for POTS and similar dysautonomia patients.

Epidemiology and Laboratory Capacity.—The Committee recognizes the importance of the Epidemiology and Laboratory Capacity (ELC) program, which provides flexibility to State, territorial, and local health departments to address gaps not funded by the disease specific sections of the ELC cooperative agreement. The ELC program provides critical foundational support for these health departments to fund epidemiology, surveillance, laboratory, and data science staff positions that provide the backbone for public health programs. This funding will allow public health departments to build their foundational public health workforce and infrastructure and will better prepare them to respond to emerging infectious disease threats more quickly.

Harmful Algal Blooms.—The Committee notes that harmful algal blooms (HABs) are on the rise globally, particularly across the Great Lakes region, and encourages CDC to study the health effects of exposure to cyanotoxins in the air and water, including, but not limited to, the Great Lakes region. CDC has a unique role in better understanding the intersection of public health and environmental impacts of HABs. The Committee encourages CDC to continue building interagency cooperation surrounding health effects of HABs. The scope of future research may expand to include improving laboratory methods for identifying and quantifying HAB-related toxins in biological specimens, clinical diagnostic methods to identify HAB-related symptoms and illnesses, optimizing emer-

gency response capacities, and identifying and addressing the impacts of harmful algal toxins to humans.

Lyme Disease—Lyme disease can be found in at least 80 countries around the globe and is endemic in many regions. In the U.S., Lyme disease is the most common disease transmitted from animals to humans. After years of uncertainty, CDC continues to note the number of reported Lyme disease cases in the U.S. is likely far below the estimated number of actual cases that are diagnosed and treated annually. According to CDC, in 2022, approximately 63,000 cases of the disease were reported, compared to estimates showing that more than 475,000 may be diagnosed and treated with Lyme disease annually in the U.S. The Committee continues to support CDC's efforts to improve testing and treatment related to Lyme and other vector-borne diseases and encourages CDC to consider expanding activities related to the development of more accurate diagnostic tools and tests for Lyme disease and steps to educate high risk workers and their employers regarding the occupational risks of tickborne diseases.

Maternal Fetal Transmission of Lyme Disease.—Within 180 days of the enactment of this Act, the Committee directs CDC to provide a report on its plans to better understand maternal-fetal transmission of Lyme disease and gestational Lyme disease and plans to improve education for the public and for healthcare providers about the risks of Lyme disease during pregnancy and adverse birth outcomes. CDC is encouraged to identify resources required and potential obstacles to progress.

Mycotic Diseases.—The Committee provides an increase of \$15,000,000 in Emerging Infectious Diseases for mycotic diseases, including, 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 continues to support the CDC's collaboration with the Valley Fever Institute and the Cocci Study Group. The Committee requests an update in the fiscal year 2026 congressional justification on how this funding is being utilized.

Novel Emerging and Dangerous Pathogens.—The Committee commends CDC for advancing research in the critical area of lethal bacteria, viruses, and other special pathogens. However, the Committee remains concerned about the increasingly dangerous threat to public health of emerging and dangerous bacterial and viral pathogens that can be difficult or impossible to grow in laboratory settings. Further research is required in advanced DNA sequencing to speed the development of diagnostics, therapeutics, and vaccines. Therefore, the Committee encourages CDC to prioritize advanced DNA sequencing and detection of novel emerging and dangerous pathogens.

Prion Disease.—The Committee is concerned that Chronic wasting disease (CWD), a fatal condition in cervids (deer, elk, and moose) caused by misfolded prions, has been detected in over 30 States and all four regions of the country. Monitoring the prevalence of prion diseases, including determining a disease's incidence and whether it was acquired from animals or other humans, is critical. In light of scientific observations regarding the nationwide spread of CWD and concerns about the potential for cross-species transmissions to humans and food production animals, the Com-

mittee includes \$8,500,000 for surveillance efforts of human prion diseases, including Creutzfeldt-Jakob Disease, through the National Prion Disease Pathology Surveillance Center and CDC.

Quarantine.—The Committee provides \$58,772,000, an increase of \$5,000,000, to support the Traveler-Based Genomic Surveillance (TGS) program. The Committee is aware of the expansion of the TGS program to include over 4 core pathogens collected through air, aircraft wastewater, and nasal swabs from travelers arriving at 9 U.S.-based international airports and recommends the continuation of these activities through resources made available in this bill and from previous appropriations balances. This capability has been effective in advancing the nation’s pathogen surveillance capabilities to provide early warning for detection, characterization, migratory disease origin, and if needed, medical countermeasure research and development.

Southern Tick Associated Rash Illness.—The Committee directs CDC to publicly release a report on Southern Tick Associated Rash Illness (STARI) including its prevalence, the tick-vector or vectors causing STARI, and the progress in identifying the causative pathogen of STARI or any suspected non-infectious disease-causing mechanism. The Committee directs CDC to provide a briefing to the Committee on this topic within 180 days of the enactment of this Act.

Tick Borne Diseases External Engagement.—The Committee strongly encourages CDC to establish a panel of expert outside stakeholders to evaluate and review the Lyme disease information on its website for its inclusion of a balance of scientifically valid perspectives, primarily regarding the state of the science for diagnostics and treatments. The stated goals and purposes of the review and the identity of review participants, including the balanced panel of experts, including experienced TBD clinicians, researchers, and educators, should be fully transparent.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2024	\$1,433,914,000
Budget request, fiscal year 2025	1,559,414,000
Committee Recommendation	1,154,153,000
Change from enacted level	– 279,761,000
Change from budget request	– 405,261,000

The Committee recommendation includes \$912,886,000 in discretionary appropriations and \$241,267,000 in transfers from PPHF. 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 provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Tobacco	\$246,500,000	---
<i>Tobacco</i>	<i>120,650,000</i>	---
<i>Tobacco (PPHF)</i>	<i>125,850,000</i>	---
Nutrition, Physical Activity, and Obesity	58,420,000	\$58,420,000
<i>High Obesity Rate Countries (non-add)</i>	<i>16,500,000</i>	<i>16,500,000</i>
School Health	19,400,000	---
<i>Food Allergies (non-add)</i>	<i>2,000,000</i>	---

Budget Activity	FY 2024 Enacted	FY 2025 Committee
<i>Farm-to-School (non-add)</i>	2,000,000	— — —
Health Promotion	64,100,000	66,200,000
<i>Vision and Eye Health</i>	6,500,000	6,500,000
<i>Alzheimer's Disease</i>	39,500,000	39,500,000
<i>Inflammatory Bowel Disease</i>	2,000,000	3,000,000
<i>Interstitial Cystitis</i>	1,100,000	1,200,000
<i>Excessive Alcohol Use</i>	6,000,000	6,000,000
<i>Chronic Kidney Disease</i>	4,500,000	5,500,000
<i>Chronic Disease Education and Awareness</i>	4,500,000	4,500,000
Prevention Research Centers	28,961,000	— — —
Heart Disease and Stroke	155,105,000	155,105,000
<i>Heart Disease and Stroke (BA)</i>	125,850,000	44,346,000
<i>Heart Disease and Stroke (PPHF)</i>	29,255,000	110,759,000
Diabetes	156,129,000	156,129,000
<i>Diabetes (BA)</i>	89,717,000	45,371,000
<i>Diabetes (PPHF)</i>	66,412,000	110,758,000
National Diabetes Prevention Program	37,300,000	37,300,000
Cancer Prevention and Control	410,049,000	417,049,000
Oral Health	20,250,000	22,250,000
Safe Motherhood/Infant Health	110,500,000	110,500,000
Arthritis and Other Chronic Diseases	32,500,000	42,500,000
<i>Arthritis/Other</i>	11,000,000	11,000,000
<i>Epilepsy</i>	11,500,000	11,500,000
<i>National Lupus Registry</i>	10,000,000	20,000,000
Community Grants	68,950,000	68,950,000
<i>Racial and Ethnic Approaches to Community Health</i>	44,950,000	38,950,000
<i>Good Health and Wellness in Indian Country</i>	24,000,000	30,000,000
Social Determinants of Health Pilot Program	6,000,000	— — —
Million Hearts (PPHF)	5,000,000	5,000,000
Healthy Weight Task Force Obesity Activities/Early Child Care Collaboration (PPHF)	5,000,000	5,000,000
Hospitals Promoting Breastfeeding (PPHF)	9,750,000	9,750,000

Breast and Cervical Cancer.—The Committee is concerned with the decline in screening rates, and the increase in diagnosis of advanced cervical cancers, especially in rural and underserved communities. Provided within the increase, the Committee encourages the National Breast and Cervical Cancer Early Detection Program to build on existing programs by finding new and innovative outreach and education strategies to engage women to increase early screening rates. The use of navigators has proven especially successful in reaching women with low rates of screening. The Committee requests CDC publicly release a report on these activities within 180 days of enactment of this Act.

The committee recognizes findings that African American women have twice the odds of being diagnosed with Triple-Negative Breast Cancers (TNBCs). The Committee therefore directs CDC to issue a report to the Committee on current and planned future efforts to promote awareness of TNBC diagnosis and treatment, including any findings of best practices for the use of educational or related tools to increase the uptake of awareness and treatment no later than 180 days after enactment of this Act.

Cancer Prevention and Control.—The Committee provides \$417,049,000 for CDC cancer prevention and control activities, a \$7,000,000 increase from the fiscal year 2024 enacted level. The Committee directs CDC to fund the following activities at not less than the fiscal year 2024 enacted level: breast and cervical cancer including WISEWOMEN, breast cancer awareness for young women, cancer registries, colorectal cancer, comprehensive cancer control, Johanna's Law, ovarian cancer, prostate cancer, skin cancer, and the cancer survivorship resource center. In addition, under

this heading in the fiscal year 2026 congressional justification, CDC is directed to include a discussion of planned efforts for each of the areas identified in the preceding sentence. Within the amounts provided, the Committee includes increases of \$2,000,000 for Breast and Cervical Cancer programs, \$500,000 for Ovarian Cancer programs, and \$500,000 for Johanna's Law programs.

Chronic Disease Education and Awareness Program.—The Committee notes the progress and opportunities facilitated by the Chronic Disease Education and Awareness program and has provided \$4,500,000 for fiscal year 2025 to support grants for chronic health conditions, including rare diseases, that lack a specific funding line within the CDC's budget.

Chronic Kidney Disease.—Chronic kidney disease (CKD) affects more than 35 million adults in the U.S., with an additional 80 million Americans at risk of developing CKD due to diabetes, cardiovascular disease, or family history. Approximately 25 percent of Medicare's annual budget is spent on care for CKD patients, however, CKD is not detected early enough to initiate treatment regimens to reduce death and disability. A public health approach would contribute toward earlier detection to allow more time for interventions targeted to improve outcomes. The Committee encourages investments to educate the public about their risk for kidney disease, educate clinical professionals, and spur innovation by entities serving the kidney disease community. By improving surveillance, early detection, and treatment, the progression of kidney disease can be slowed, and complications can be reduced which will dramatically improve the quality of life of patients.

Diabetes.—According to CDC's 2021 data from the National Diabetes Statistics Report, approximately 2 million Americans have type 1 diabetes (T1D), with 304,000 of these individuals under the age of 20. The incidence of T1D has increased significantly over the past 20 years. Millions of individuals are at an increased risk of developing T1D because they have a first-degree relative with the condition, and a subset of these individuals are in the early stages of T1D. Screening can help improve outcomes for people at risk of developing T1D, including delaying progression, preventing complications, and reducing the incidence of diabetic ketoacidosis (DKA) at diagnosis. All of these outcomes pose increased morbidity and mortality risk in the short and long term. The Committee is concerned that CDC has not adequately focused education and awareness efforts on T1D possible risk factors, screening, and potential avenues to delay onset, including available treatments and clinical trials. The Committee directs CDC to update its website to include comprehensive information about screening, risks of DKA at diagnosis, and information about accessing possible treatments and clinical trials to delay the onset of T1D. CDC is encouraged to include information targeting physicians, school health workers, parents, and adults regarding screenings; provide information about populations that should be prioritized for screening; and direct patients to appropriate resources if their screening results indicate that they are at increased risk of developing T1D. CDC is further encouraged to enact a process to review the scientific literature on screening for T1D and update information on its website to reflect new information in a more timely manner.

Early Child Care Collaboratives.—The Committee includes \$5,000,000 to enable training of early care and education providers in the implementation of healthy eating and physical activity best practices. The Committee is concerned that consolidation in resource management within the Division of Nutrition, Physical Activity, and Obesity has resulted in less on-the-ground support for health promotion efforts. The Committee directs that such funds not only support activities currently funded by the Division but also support States not currently funded by the Division.

Epilepsy.—The Committee commends CDC for its ongoing leadership of this successful program and effective community collaborations, and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with epilepsy to health and community services. The Committee recognizes the importance of data to accurately understand the incidence, prevalence, and mortality rate of epilepsies, along with individual and social risk factors that influence health outcomes. The Committee appreciates CDC's ongoing epilepsy-related surveillance and funding of epidemiologic studies on epilepsy. The Committee encourages CDC to enhance surveillance and epidemiologic studies of epilepsies to generate data that can guide interventions to improve outcomes for people with epilepsy.

Heart Disease and Stroke.—The Committee continues to support heart valve disease education and awareness, encourages CDC to support the implementation of the Cardiovascular Advances in Research and Opportunities Legacy Act, and encourages CDC to increase the programmatic emphasis on heart valve disease education and awareness.

High Obesity Rate Counties.—The Committee recognizes the cost associated with diet-related disease and its comorbidities to the U.S. taxpayer and overall healthcare system and directs that within the amount provided, no less than \$5,000,000 is directed to remain available for public institutions with expertise in the fields of obesity, diabetes, and related chronic diseases in an effort to support the national strategy on nutrition and reducing diet-related diseases.

CDC grantees work with State and local public health departments and other partners to support measurable outcomes through community and population-level, evidenced-based obesity intervention and prevention programs. Projects integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. The Committee encourages CDC to consider including high childhood obesity rates in its eligibility criteria for the High Obesity Program as well as the preponderance of obesity by State based on the CDC Behavioral Risk Factor Surveillance System.

Inflammatory Bowel Diseases.—The Committee provides \$3,000,000, an increase of \$1,000,000, to support CDC's work to improve the public health response to Inflammatory Bowel Disease (IBD). The Committee commends CDC's ongoing efforts to continue epidemiological studies on Crohn's disease and ulcerative colitis, known collectively as IBD, and to establish awareness and education activities for patients and healthcare professionals to improve time to diagnosis and disease management, including in medically underserved populations.

National Lupus Registry.—Guided by the National Public Health Agenda for Lupus, CDC funds population registries and cohort studies to increase public health knowledge about lupus as well as supporting activities to improve awareness of the signs and symptoms of Lupus. The Committee provides \$20,000,000 for CDC's Lupus activities, an increase of \$10,000,000, to support both research and awareness activities.

Oral Health.—The Committee understands the importance of CDC's Division of Oral Health and its role in reducing oral disease rates among vulnerable populations. Therefore, the Committee provides \$22,250,000, an increase of \$2,000,000, for the Division of Oral Health. Within the increase for the Division of Oral Health, the Committee provides funding to evaluate and enhance the nation's surveillance systems to better identify oral health burden at the national, State, and local levels. Such enhancements will make data available more quickly, enable exploration and evaluation of methods to track adherence to infection prevention, provide information for dental settings to support educational efforts, and increase awareness of the importance of oral health to overall health.

Prostate Cancer.—The Committee is aware of the continued rise in prostate cancer deaths and supports the CDC's work to increase public awareness of prostate cancer risks, screening and treatment in high-risk populations.

Psoriatic Disease.—The Committee commends CDC for supporting the development of a national health indicator report on the burden of psoriasis and psoriatic arthritis in the U.S. This report noted that approximately 8 million Americans are affected by psoriatic disease and that the systemic inflammation that characterizes psoriatic disease also leads to comorbidities including heart disease, diabetes, and depression. The Committee also recognizes CDC for piloting activities to demonstrate the success of public health interventions to reduce this burden, particularly among rural populations and those that are underdiagnosed. The Committee encourages CDC to leverage these evidence-based learnings into outcomes by partnering with stakeholders to implement promising interventions.

Safe Motherhood and Infant Health.—The Committee includes a total of \$110,500,000 for this portfolio of programs to improve the health of pregnant and postpartum women and their infants. The Committee directs CDC to use the funding increase to support Maternal Mortality Review Committees (MMRCs), Perinatal Quality Collaboratives, and other programs including the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry. The Committee encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to ensure accuracy and completeness in data collection, analysis, and reporting across State MMRCs. This investment is necessary to provide accurate statistics on U.S. maternal mortality rates and inform data-driven actions to prevent these deaths.

The Committee directs CDC to provide a briefing to the Committees within 180 days of enactment of this Act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs.

Vision and Eye Health.—The Committee provides \$6,500,000 for activities related to vision and eye health including glaucoma, the

same as fiscal year 2024 enacted level. The Committee supports national-level surveillance on the prevalence and risk of vision loss and eye disease in the Vision and Eye Health Surveillance System. Data on risk of vision loss and existence of vision loss in the U.S. is necessary to inform State and community partnerships that emphasize early detection and intervention and to address challenges in access to eye care that can prevent eye disease from progressing to permanent vision loss.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND
HEALTH

Appropriation, fiscal year 2024	\$206,060,000
Budget request, fiscal year 2025	205,560,000
Committee Recommendation	206,060,000
Change from enacted level	— — —
Change from budget request	+500,000

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 2024 Enacted	FY 2025 Committee
Child Health and Development BA	\$71,300,000	\$71,300,000
<i>Birth Defects</i>	19,000,000	19,000,000
<i>Fetal Death</i>	900,000	900,000
<i>Fetal Alcohol Syndrome</i>	11,500,000	11,500,000
<i>Folic Acid</i>	3,150,000	3,150,000
<i>Infant Health</i>	8,650,000	8,650,000
<i>Autism</i>	28,100,000	28,100,000
Health and Development with Disabilities BA	86,410,000	86,410,000
<i>Special Olympics</i>	19,500,000	19,500,000
<i>Tourette Syndrome</i>	2,500,000	2,500,000
<i>Early Hearing Detection and Intervention</i>	10,760,000	10,760,000
<i>Muscular Dystrophy</i>	8,000,000	8,000,000
<i>Attention Deficit Hyperactivity Disorder</i>	1,900,000	1,900,000
<i>Fragile X</i>	2,000,000	2,000,000
<i>Spina Bifida</i>	7,500,000	7,500,000
<i>Congenital Heart Defects</i>	8,250,000	8,250,000
Public Health Approach to Blood Disorders	10,400,000	10,400,000
Hemophilia Activities	3,500,000	3,500,000
Hemophilia Treatment Centers	5,100,000	5,100,000
Thalassemia	2,100,000	2,100,000
Neonatal Abstinence Syndrome	4,250,000	4,250,000
Surveillance for Emerging Threats to Mothers and Babies	23,000,000	23,000,000

Cerebral Palsy.—Cerebral palsy (CP) is the most common, life-long motor disability caused by an early developmental brain injury. The mechanism and type of injury underlying CP is still not well understood, which can include perinatal stroke, maternal infection, genetics and/or hypoxic ischemic encephalopathy. The Committee encourages CDC to consider supporting efforts to expand scientific knowledge on prevalence, risk factors, early detection, and co-morbidities of CP in order to determine if the CP population is rising, dropping, or staying the same.

Fetal Death.—The Committee provides continued funding to support CDC’s implementation of the recommendations of the Stillbirth Task Force.

Blood Clots.—As part of the fiscal year 2026 congressional justification, the Committee directs CDC to include a cost estimate to expand its nationwide public awareness campaign to recognize the symptoms of blood clots.

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 mutations. The Committee also recommends the National Center on Birth Defects and Developmental Disabilities (NCBDDD) work to ensure populations with FX conditions are being properly diagnosed and made aware of available medical services. Finally, the Committee recommends the NCBDDD support research across the lifespan of individuals living with FX and the associated conditions and disorders.

Hemophilia Treatment Centers.—The Committee encourages the CDC to utilize resources to pursue partnerships with additional community stakeholders to enhance program activities and access in rural and underserved communities, particularly stakeholders that have shown success reaching patients who do not have regular access to a treatment center.

Muscular Dystrophy.—The Committee includes \$8,000,000 to support Muscular Dystrophy research and monitoring initiatives. The Committee encourages CDC to continue its efforts through the Muscular Dystrophy Surveillance, Tracking, and Research Network to provide information and monitoring to better understand the outcomes for Duchenne and Becker muscular dystrophy treated both in and out of Certified Duchenne Care Centers; examine impacts of the condition on bone health, cardiovascular, and cognitive function; and investigate care and outcomes for adults with Duchenne and Becker, including those receiving multiple therapies including gene therapy, and various demographic subpopulations.

Spina Bifida.—The Committee recognizes that Spina Bifida is the most common permanently disabling congenital disability compatible with life in the U.S., affecting 1,500 babies in the country each year. While Spina Bifida and related neural tube defects are sometimes preventable through education and adequate daily folic acid consumption, there are an estimated 166,000 individuals, more than 65 percent of whom are adults, living with all forms of this complex birth defect. The Committee understands that there is a significant need for support at CDC to address the transitional and adult care needs of the growing, aging Spina Bifida community, and the Committee requests an update in the fiscal year 2026 congressional justification on efforts to address these needs.

The Committee provides funding for the National Spina Bifida Program to be used 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 the best treatment options for people living with Spina Bifida; and to support the National Spina Bifida Patient Registry to allow for both the inclusion of more clinics and the examination of mental health issues in the Spina Bifida community.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2024	\$754,497,000
Budget request, fiscal year 2025	804,097,000
Committee Recommendation	754,497,000
Change from enacted level	— —
Change from budget request	– 49,600,000

The Committee recommendation includes \$594,497,000 in discretionary appropriations and \$160,000,000 in transfers from PPHF.

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 provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Health Statistics	\$187,397,000	\$187,397,000
Surveillance, Epidemiology, and Informatics	298,100,000	298,100,000
Public Health Data Modernization Initiative	175,000,000	175,000,000
Advancing Laboratory Science	23,000,000	23,000,000
Public Health Workforce	71,000,000	71,000,000

Assisted Reproductive Reporting Requirements.—The Committee recognizes that Congress passed the Fertility Clinic Success Rate and Certification Act in 1992, which “mandates that clinics performing assisted reproductive technology annually provide data for all procedures performed to CDC and sets forth definitions and reporting requirements.” The Committee acknowledges the importance of oversight to ensure ethical assisted reproductive technology practices and to address the long-term health outcomes and complications for women and children. The Committee directs CDC to provide and publicly release a report within 180 days of enactment of this Act. This report shall address key outcomes, accrediting information, and the status of consumer education materials as they relate to infertility treatments.

CDC is further directed to include data related to the number of fertilized eggs, blastocysts, and embryos created in each cycle of assisted reproductive technology; the number that perish due to natural causes in the course of in vitro fertilization or a related procedure; the number that perish due to preimplantation genetic diagnosis testing in the course of in vitro fertilization or a related procedure; and the number that are intentionally destroyed. In the event such data are not available, CDC is directed to revise the National Assisted Reproductive Technology Surveillance System to allow their collection and publication in future years.

Data Modernization.—The Committee is pleased to see progress towards the implementation of CDC’s data modernization efforts and encourages the agency to continue to invest in the five key pillars of data modernization: (1) electronic case reporting; (2) laboratory information management systems; (3) syndromic surveillance; (4) electronic vital records systems; and (5) the national notifiable disease surveillance system. The Committee also recognizes CDC’s efforts to engage with States, Tribes, localities, and territories through data use agreements for core data sources as well as key recommendations from the Advisory Committee to the Director

Data and Surveillance Workgroup. The Committee directs CDC, within 90 days of the enactment of this Act, to provide a report regarding how these efforts are advancing the agency towards the development and implementation of enterprise-level public health data systems.

Eating Disorders.—The Committee remains concerned that mental health problems among youth are at an all-time high, with eating disorders-related emergency room admissions for youth doubling during the pandemic. For 23 years, CDC conducted surveillance of the signs and symptoms of eating disorders within the Youth Risk Behavioral Surveillance System (YRBSS), but the YRBSS coordinators voted to remove the question from the 2015 survey. The resulting gap in data collection has left public health experts and researchers with limited data to address current eating disorders among youth. The Committee directs CDC to include one standard question on unhealthy weight control practices for eating disorders for consideration by State directors in the development of the 2025 YRBSS survey.

Surveillance, Epidemiology, and Informatics

National Neurological Conditions Surveillance System.—The Committee provides \$5,000,000, the same as the fiscal year 2024 enacted level to continue efforts on the two initial conditions multiple sclerosis and Parkinson’s disease.

Primary Immunodeficiencies.—The Committee includes \$3,500,000 for education, awareness, and genetic sequencing surveillance related to primary immunodeficiencies. This program has proven effective in identifying undiagnosed patients and linking them to centers of care.

ENVIRONMENTAL HEALTH

Appropriation, fiscal year 2024	\$242,850,000
Budget request, fiscal year 2025	266,850,000
Committee Recommendation	145,600,000
Change from enacted level	– 97,250,000
Change from budget request	– 121,250,000

The Committee recommendation includes \$94,600,000 in discretionary appropriations and \$51,000,000 in transfers from PPHF.

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 provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Environmental Health Laboratory	\$70,750,000	\$34,500,000
<i>Other Environmental Health Laboratory</i>	48,500,000	12,000,000
<i>Newborn Screening Quality Assurance Program</i>	21,000,000	21,000,000
<i>Newborn Screening/Severe Combined Immunodeficiency Diseases</i>	1,250,000	1,500,000
Environmental Health Activities	48,600,000	21,600,000
<i>Safe Water</i>	8,600,000	8,600,000
<i>Amyotrophic Lateral Sclerosis (ALS) Registry</i>	10,000,000	10,000,000
<i>Trevor’s Law</i>	3,000,000	3,000,000
<i>Climate and Health</i>	10,000,000	---
<i>All Other Environmental Health</i>	17,000,000	---
Environmental and Health Outcome Tracking Network	34,000,000	---

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Asthma	33,500,000	33,500,000
Childhood Lead Poisoning (PPHF)	51,000,000	51,000,000
Lead Exposure Registry	5,000,000	5,000,000

Amyotrophic Lateral Sclerosis.—The Committee provides a funding level of \$10,000,000 for the National Amyotrophic Lateral Sclerosis (ALS) Registry and encourages CDC to continue investing in research that will reduce incidence of ALS through ALS prevention and risk mitigation strategies among civilians, active military personnel, and veterans in the U.S. Additionally, the Committee encourages CDC to continue to collaborate with the Departments of Defense and Veterans Affairs on risk reduction strategies that will lower the incidence of ALS among active-duty personnel and veterans.

Asthma.—The Committee recognizes the significance of asthma as a chronic disease with implications for public health, productivity at work and at school, and healthcare utilization. The Committee directs CDC to provide a briefing on the current economic burden of asthma in the U.S. to help guide public health efforts and resource allocation within 180 days of the enactment of this Act. The CDC last published this data in 2018 in a report titled, “The Economic Burden of Asthma in the U.S., 2008–2013.” Specifically, the Committee directs CDC to provide a thorough assessment of the following key aspects: prevalence, medical costs, absenteeism, and mortality.

Pediatric Reference Intervals.—The Committee supports CDC’s work to ensure the reliable diagnosis and treatment of children in a cost-effective manner. A 2022 CDC study found that many reference intervals used for children do not accurately reflect the biology of child development. The Committee encourages CDC to develop pediatric reference intervals and directs the CDC to include information on the funding needed for this activity as part of the fiscal year 2026 congressional justification.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2024	\$761,379,000
Budget request, fiscal year 2025	943,379,000
Committee Recommendation	—
Change from enacted level	– 761,379,000
Change from budget request	– 943,379,000

To restore public confidence and better focus CDC on controlling and preventing communicable diseases, the Committee provides no funding for the National Center for Injury Prevention and Control (Injury Center). The Committee remains concerned that CDC, under the Biden Administration, continues to request funding for politically-motivated projects at the expense of CDC core preparedness and response activities. While Director Cohen has stated in relation to pandemic preparedness that CDC must “be ready to respond, and that is our top priority at CDC,” the fiscal year 2025 budget request called for \$182,000,000 in additional funding for the Injury Center, a 24 percent increase above the fiscal year 2023 level and the largest requested funding increase of any CDC center.

The Committee further notes that the activities of the Injury Center are duplicative of other programs, projects, and activities at

other agencies, and taxpayers see less services from CDC-funded activities due to high program support costs. The Department of Justice’s Office on Violence Against Women is better positioned to implement Violence Against Women Act programs, the Department of Health and Human Services’ Administration for Children and Families is better positioned to support children and families, and the Administration on Community Living is better positioned to implement programs for seniors. Finally, of the \$506,079,000 provided for the CDC opioid program in fiscal year 2024, \$114,000,000, or 23 percent, has been allocated for administrative costs. The transfer of this funding to SAMSHA will increase the funding available to States for prevention, response, and recovery services by \$63,000,000 in reduced Federal administrative expenses alone.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriation, fiscal year 2024	\$362,800,000
Budget request, fiscal year 2025	363,200,000
Committee Recommendation	263,700,000
Change from enacted level	–99,100,000
Change from budget request	–99,500,000

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, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
National Occupational Research Agenda	\$119,500,000	\$119,500,000
<i>Agricultural, Forestry, and Fishing (non-add)</i>	29,000,000	29,000,000
Education and Research Centers	32,000,000	33,500,000
Personal Protective Technology	23,000,000	23,000,000
Mining Research	66,500,000	68,000,000
National Mesothelioma Registry and Tissue Bank	1,200,000	1,200,000
Firefighter Cancer Registry	5,500,000	5,500,000
Total Worker Health	11,800,000	13,000,000

Agricultural, Forestry, and Fishing.—The Committee provides \$29,000,000 to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education, and prevention.

Chronic Obstructive Pulmonary Disease.—The Committee notes the opportunity for CDC’s implementation of the Chronic Obstructive Pulmonary Disease (COPD) National Action Plan developed by CDC and the NIH’s National Heart, Lung, and Blood Institute. The Committee urges CDC and the National Center for Chronic Disease Prevention and Health Promotion to support surveillance and awareness activities on COPD through existing funding mechanisms.

Health and Safety of Firefighters including Environmental Exposures.—The Committee is aware that firefighting is an inherently

dangerous and vitally important occupation. In addition to injuries and deaths in the line of duty, firefighters are also at risk for cancer and other illnesses. Despite a recognition of the risks associated with firefighter and first responders’ environmental exposures, there has been no large-scale, systematic examination of the mechanisms by which the environmental exposures experienced by these frontline responders can contribute to cancer risk. The Committee directs CDC to establish a Total Worker Health Center of Excellence and conduct research to examine the health and safety of firefighters and first responders, including building upon existing scientific evidence-based research, and to further develop new solutions and best practices for complex occupational safety and health problems such as the toxic exposures, higher cancer incidence rates in this population, personal protective equipment, and wildland fire fighting.

Firefighter Cancer Registry.—The Committee recognizes the inherent dangers of firefighting and the corresponding importance of investigating traumatic and medical firefighter line of duty deaths. The Committee includes \$5,500,000 for CDC’s National Firefighter Registry for Cancer as the registry continues to recruit and enroll participants.

Mine Health and Safety.—The Committee supports research related to air pollutant exposure risks to miners in metal and non-metal surface and underground mines. The Committee provides increased funding for CDC to partner with western institutions with demonstrated expertise in air pollution, familiarity with western mining challenges, and accredited environmental analytical laboratories to evaluate airborne pollutant exposure risks of miners, develop novel respirable dust and crystalline silica exposure monitoring technologies, work with mine operators to implement exposure monitoring and mitigation measures, train mineworkers to reduce air pollutant exposures, and transfer the knowledge gained to other industries and parts of the country.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2024	\$55,358,000
Budget request, fiscal year 2025	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 2024	\$692,843,000
Budget request, fiscal year 2025	692,843,000
Committee Recommendation	563,922,000
Change from enacted level	– 128,921,000
Change from budget request	– 128,921,000

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. 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.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Global HIV/AIDS Program	\$128,921,000	– – –
Global Tuberculosis	11,722,000	\$11,722,000
Global Immunization Program	230,000,000	230,000,000
<i>Polio Eradication</i>	<i>180,000,000</i>	<i>180,000,000</i>
<i>Measles and Other Vaccine Preventable Diseases</i>	<i>50,000,000</i>	<i>50,000,000</i>
Parasitic Diseases and Malaria	29,000,000	29,000,000
Global Public Health Protection	293,200,000	293,200,000

Soil Transmitted Helminth and Related Diseases.—The Committee includes funding 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 2024	\$938,200,000
Budget request, fiscal year 2025	943,300,000
Committee Recommendation	874,000,000
Change from enacted level	– 64,200,000
Change from budget request	– 69,300,000

The Public Health Preparedness and Response (PHPR) account supports programs that build and strengthen national preparedness for public health emergencies, both naturally occurring and intentional. PHPR 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 2024 Enacted	FY 2025 Committee
State and Local Preparedness and Response Capability	\$744,200,000	\$735,000,000
<i>Public Health Emergency Preparedness Cooperative Agreement</i>	<i>735,000,000</i>	<i>735,000,000</i>
<i>Academic Centers for Public Health Preparedness</i>	<i>9,200,000</i>	– – –
Ready Response Enterprise Data Integration Platform & Center for Forecasting Analytics	<i>55,000,000</i>	– – –
CDC Preparedness and Response Capability	139,000,000	139,000,000

Emergency Preparedness and Response.—The Committee supports the CDC's efforts to provide guidance and technical assistance to communities as they prepare for, withstand, and recover

from emergencies. For example, events such as the Norfolk Southern train derailment in East Palestine, Ohio, demonstrates the need to provide rural communities support, particularly through assistance building public health emergency preparedness plans and understanding response capabilities.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2024	\$663,570,000
Budget request, fiscal year 2025	723,570,000
Committee Recommendation	511,570,000
Change from enacted level	- 152,000,000
Change from budget request	- 212,000,000

This account supports the Office of the Director as well as public health leadership and support activities at CDC.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Preventive Health and Health Services Block Grant	\$160,000,000	---
Office of the Director	128,570,000	\$116,570,000
Office of Rural Health (non-add)	5,000,000	5,000,000
Infectious Disease Rapid Response Reserve Fund	25,000,000	35,000,000
Public Health Infrastructure and Capacity	350,000,000	360,000,000

CDC Core Capacities.—The Committee has prioritized funding for CDC Core Capacities necessary to respond to the threats of infectious disease across 14 accounts. These accounts include Quarantine; Emerging Infectious Diseases; Advanced Molecular Detection; Epi and Lab Capacity; Health Statistics; Public Health Data Modernization; Public Health Workforce; Advancing Laboratory Science; Surveillance, Epi, and Informatics; Global Health Protection; Public Health Emergency Preparedness Cooperative Agreements; Buildings and Facilities; the Infectious Diseases Rapid Response Reserve Fund; and Public Health Infrastructure. As part of the fiscal year 2026 congressional justification, CDC is directed to provide a breakout table detailing the funding requested for these core capacity program lines.

CDC Public Health Loan Repayments.—The Committee recognizes the value of the CDC’s fellowship program in improving the technical abilities of public health professionals prior to their permanent placement with State, local, Tribal, or territorial public health agencies. The CDC is directed to provide the Committee, within 180 days of enactment of this Act, a briefing on the number of CDC fellowships, the cost of the CDC’s fellowship program, and the placements of CDC fellows and their tenure within relevant public health offices.

Congressional Relations.—The Committee is extremely concerned that the bifurcation of responsibilities related to engagement with the Committee has degraded the quality and timeliness of information essential to the Committee fulfilling its Constitutional role and is to the detriment of the CDC in its engagement with Congress.

Diet and Health.—In making grants related to diet and health, the Committee directs CDC to fund projects integrating evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. CDC is directed to give preference to proposals that are

led by or conducted in coordination with an academic medical center to ensure that education and outreach efforts are aligned with best medical practices. The Committee encourages CDC to consider including high childhood obesity rates in its eligibility criteria.

Disease Modeling.—The Committee encourages CDC to work with schools of public health and other academic institutions to engage the nation's expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field.

Drowning.—The Committee directs CDC to provide information to States and national organizations to reduce the risk of drowning for individuals at greater risk of drowning.

Food Allergies.—The Committee recognizes the serious issue of food allergies, which affect approximately 8 percent of children in the U.S. The Committee includes Chronic Disease Prevention and Health Promotion funding to support school-based efforts to address food allergies and reduce potentially fatal anaphylactic reactions.

Gender Dysphoria.—The Committee notes the limited medical evidence of the long-term effects of hormone drugs and surgical procedures to alter bodily sex traits. In the United Kingdom, the National Health Service recently ended social, hormonal, and surgical interventions to look like the opposite sex for minors due to the limited evidence to support clinical decision making for this population. The Committee directs CDC to conduct a long-term study on the effects of drugs or surgery used as an intervention for gender dysphoria.

Human Health Risks Posed by Wildlife.—The Committee is concerned by the CDC's lack of action to implement the GAO recommendation that the agency comprehensively assess the risk that imported wildlife could introduce zoonotic diseases to the U.S. Therefore, the Committee directs CDC to develop a comprehensive risk analysis framework for purposes of evaluating current policies to determine whether adjustments are required for purposes of assessing zoonotic disease risks related to imported wildlife. The Committee further directs CDC to provide a briefing on its implementation of this directive within 180 days of the enactment of this Act.

Importation of Dogs.—The Committee strongly encourages CDC to modify the final rule entitled, "Control of Communicable Disease; Foreign Quarantine: Importation of Dogs and Cats" in order to ensure that the transport of dogs into the country by rescue organizations, U.S. employees stationed overseas traveling with their pets, and professional pet transportation companies licensed as Class T carriers is not unreasonably inhibited.

Infectious Disease Rapid Response Reserve Fund (Reserve Fund).—The Committee provides funding for the Reserve Fund to ensure that CDC is positioned to respond quickly to an imminent public health emergency. The Committee directs CDC to provide a table to the Committee each month, which shall include all amounts available in the Reserve Fund for the current fiscal year and the preceding two fiscal years, including: (1) each individual obligation above \$5,000,000; (2) with respect to each such obligation, the notification to which it relates; and (3) the total amount unobligated in the Reserve Fund.

Local Health Departments.—Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded by CDC. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments, including the amount and date funds are made available, per grant award, by local jurisdiction.

Nicotine.—The Committee encourages CDC to study the psychiatric and physical effect on the body from the use of nicotine.

Obesity.—The Committee recognizes obesity as a serious chronic disease and public health and economic issue that must be addressed. CDC formally recognizes obesity as a disease and recommends that it be treated as such. Evidence-based therapies, including innovative and highly effective anti-obesity medications (AOMs) are available with others in development. Expanded access to intensive behavioral therapy and AOMs, in addition to existent surgical procedures, not only provide significant weight loss reductions but lead to improved outcomes in over 200 obesity-related health conditions including diabetes, coronary heart disease, and hypertension. The Committee encourages CDC to take a comprehensive approach in treating obesity as a chronic disease and find ways to improve access to treatment options. The Committee also encourages CDC to continue to collaborate with other Federal agencies who are already treating obesity as a chronic disease as it considers best practices to improve care for people with obesity.

Office of Rural Health.—The Committee is encouraged by efforts from the agency to establish the CDC Office of Rural Health (ORH). The Committee directs the agency to ensure that the established ORH will guide CDC's rural health leadership across the entire agency. This includes by developing purposeful public health guidance for rural health departments, analyzing and developing initiatives to expand the rural public health workforce, establishing a formal partnership with the Federal Office of Rural Health Policy under HRSA, and otherwise serving as a resource and technical assistance hub for public health in rural communities. The Committee includes \$5,000,000 for the continued efforts of this office.

Overdose Prevention Funding and Naloxone.—The Committee commends CDC for its leadership in combating opioid drug overdoses; this funding has been reallocated to SAMHSA to reduce administrative overhead and expand the resources available to States and communities to directly respond to substance misuse. The Committee recognizes that CDC has issued opioid overdose prevention funding opportunities to States, territories, and certain localities. The Committee recognizes the delay in implementation and directs CDC to provide a written report on how to consider opioid overdose reversal education as a criterion when distributing opioid overdose prevention funds. The Committee notes that when an opioid overdose reversal medication, like naloxone, and overdose education are available to community members, overdose deaths decrease significantly in those communities.

Public Health Infrastructure.—The Committee notes that the Public Health Infrastructure (PHI) program is intended, as described in the joint explanatory statement that created it, to sup-

port public health departments. The Committee includes a new program requirement that 10 percent of PHI funding be designated specifically for Tribes and Tribal organizations. The provision of a stable, disease agnostic funding line will better ensure Tribes and Tribal Organizations are better equipped to coordinate together to save lives. The Committee notes that in the absence of this new requirement, CDC has provided only \$5,000,000 to Tribes and Tribal organizations through the PHI program in fiscal year 2024, while providing \$255,000,000 to national professional and advocacy organizations. The Committee is concerned that the provision of funds to national organizations and high programmatic assessment by the CDC has undermined the ability of the program to effectively support State, local, Tribal, and territorial public health organizations and again directs that no less than 70 percent of this funding be awarded to health departments.

Prescription Drug Monitoring Programs.—The Committee understands that nearly all 50 States and U.S. territories' prescription drug monitoring programs are connected and securely sharing critical controlled substance information for the purposes of identifying and preventing abuse, misuse, or diversion of prescription drugs. The Committee supports the removal of a requirement for States to connect to a specific data hub solution as a condition of funding. However, to adhere to Congressional intent and ensure the success and continuity of the program, the Committee encourages CDC to cease any technical requirements that limit the ability of States to optimize Federal funding and to continue to utilize the prescription drug monitoring program data hub of their choice.

Reporting.—The Committee is concerned that CDC abortion surveillance reports, published annually in the CDC Morbidity and Mortality Weekly Report, lack adequate participation by States including incomplete submissions and even total nonparticipation. The Committee requests a report on the extent of data inconsistencies; steps taken by CDC to improve data completeness; and recommendations for legislative or regulatory changes to achieve complete data.

Traumatic Brain Injury Data.—Currently, fewer than half of all States have developed and manage their own surveillance systems for individuals living with a traumatic brain injury (TBI). While the resources provided to individuals living with TBI in those States can be most beneficial, it is difficult to determine resource allocation when the true burden of the injury is unknown. The Committee encourages CDC to produce guidance detailing the available resources for States interested in establishing State-level TBI surveillance systems to voluntarily collect information from individuals about their experience living with TBI to inform service planning and delivery, resources available to such individuals such as where to seek care, advances in scientific research as well as information about services, therapies, and co-morbidities commonly experienced by individuals with TBI.

Unapproved Nicotine Devices.—The Committee recognizes the risks posed by nicotine delivery devices from uncertain origins particularly those from foreign entities of concern. The Committee directs CDC, within 180 days of enactment of this Act, to publicly release a report on actions taken by States to improve consumer transparency regarding the risks posed by such devices. The Com-

mittee encourages CDC to provide funding to States to support the implementation and enforcement of efforts related to State laws mandating that manufacturers of electronic nicotine products provide certifications related to compliance with FDA requirements.

Youth Electronic Cigarette Use.—The Committee recognizes the growing challenge that schools undergo by increased use of electronic cigarettes and other vaporizing equipment in their facilities. These concerns often cause schools to lock bathroom doors to prevent their use, but this can also pose a safety risk. The Committee understands that there are commercially-available off-the-shelf vape detection sensors that can provide detect vape, smoke, THC, and sound abnormalities in areas where cameras cannot be placed. The Committee urges CDC to clarify that funds may be used for this technology and the Committee encourages CDC to work with States and school districts to increase awareness of this technology.

Youth Sports Injury Prevention Education.—Across the country, communities continue to recognize the importance of physical activity to maintain health, resulting in rapidly growing youth sports activities. Research and education are needed to examine sport and recreation injury across various activities, demographic groups, and health care settings, in addition to age related education for prevention and management. The Committee encourages CDC to establish a national public health information and education initiative with States who have legislated child and youth sports injury education requirements for coaches of non-school organized youth sports activities. The Committee encourages CDC to coordinate with respective State departments of public health to develop public service announcements to educate volunteer coaches and parents of children and youth (ages 5–17) on the risks and means to prevent and manage sports related injuries.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2024	\$40,000,000
Budget request, fiscal year 2025	40,000,000
Committee Recommendation	40,000,000
Change from enacted level	---
Change from budget request	---

This account supports capital projects as well as repairs and improvements to restore, maintain, and improve CDC’s assets and facilities.

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.

NATIONAL INSTITUTES OF HEALTH (NIH)

Appropriation, fiscal year 2024	\$48,581,000,000
Budget request, fiscal year 2025	49,830,482,000
Committee Recommendation	48,581,000,000
Change from enacted level	---
Change from budget request	-1,249,482,000

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 under-

standing towards designing new approaches for preventing, diagnosing, and treating disease and disability; and ensure that these approaches are widely available.

The Committee recommendation for the NIH program level is \$48,581,000,000 including funding for the Advanced Research Projects Agency for Health (ARPA-H). The Committee provides \$47,041,518,000 in discretionary appropriations, \$1,412,482,000 in PHS Act section 241 evaluation set aside transfers, and \$127,000,000 as authorized in the 21st Century Cures Act (Cures Act) (P.L. 114–255).

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

The Committee includes specific funding allocations for several initiatives and activities detailed in the institute- and center-specific sections below. For ease of reference the prior institute and center names have been maintained in the report language that follows. The funding amounts shown for each institute or center, reflect the proposed new structure, and are comparably adjusted to fiscal year 2024, the fiscal year 2025 budget request, or Committee proposed funding for fiscal year 2025.

NATIONAL CANCER INSTITUTE

Appropriation, fiscal year 2024	\$7,224,159,000
Budget request, fiscal year 2025	7,839,141,000
Committee Recommendation	7,875,289,000
Change from enacted level	+651,130,000
Change from budget request	+36,148,000

Biliary Tract Cancers.—The Committee encourages the National Cancer Institute (NCI) to support novel treatment strategies in biliary tract cancers. The Committee supports research on novel cancer vaccines and immunotherapies, including targeting recurrent cancer neoantigens in these cancers with novel cancer treatment vaccine in combination with other drugs that work on the human immune system.

Breast Cancer Screening Evidence Gaps.—The U.S. Preventive Services Task Force (Task Force) breast cancer screening recommendation statement, published in April 2024, identifies several critical research gaps that restrict the Task Force from making evidence-based recommendations that address multiple important areas. For example, the Task Force notes that research is needed: to better understand whether and how the benefits quantitatively differ for annual vs. biennial breast cancer screening; to help clinicians and patients understand the best strategy for breast cancer screening in women found to have dense breasts on a screening mammogram, such as supplemental screening; and to understand and address the higher breast cancer mortality among Black women. Breast cancer is the second most common cancer among women in the U.S., and over 40,000 women are expected to die from breast cancer in 2024. For the Task Force to fulfill its mission to improve health through actionable preventive services recommendations, the Committee urges the NIH to continue to support research in the areas outlined in the Evidence Gaps Research Taxonomy Table from the Task Force’s 2024 Breast Cancer Screening Recommendation Statement to ensure the Task Force has the necessary evidence to create the strongest evidence-based recommendations for all women and further reduce breast cancer morbidity and mortality, especially among those with the greatest burden of disease. The Committee encourages that these efforts should continue to prioritize the inclusion of women of all racial and ethnic groups to investigate whether the effectiveness of screening, diagnosis, and treatment vary by group. The Committee requests an update on this effort in the fiscal year 2026 congressional justification.

Cancer Clinical Trials.—Clinical Cancer trials are pivotal to find new medications and treatment options for patients. The Committee is concerned that the lack of diversity in cancer clinical trials is compromising our ability to understand how certain cancers affect populations differently, compounding health disparities, and hindering future innovative treatment and therapies. Therefore, the Committee provides \$3,000,000 for NCI to implement a cancer clinical trial patient expense reimbursement program, including the cost of travel, at an extramural NCI designated cancer center.

Childhood Cancer Data Initiative (CCDI).—The Committee includes no less than \$75,000,000 for the CCDI, which is \$25,000,000 above the fiscal year 2024 enacted level. Within this total, the Committee includes no less than \$750,000, which is the same as the fiscal year 2024 enacted level, for enhancement of the CCDI Molecular Characterization Initiative and other efforts as applicable through continued expansion to focus on ultra-rare tumor types, such as atypical teratoid rhabdoid tumor and other ultra-rare pediatric tumors with limited therapeutic options. The effort should include comprehensive clinical and molecular data for each patient to the extent possible. The dataset should include clinical, radiographic, histopathologic, and molecular information to the extent possible and be stored in a manner that allows for interrogation of patient level data. The data collected will be used to identify risk factors, aid in prognostication and treatment recommendations,

and assist with the development of novel therapeutics for these diseases.

Childhood Cancer STAR Act.—The Committee includes no less than \$50,000,000, which is \$20,000,000 above the fiscal year 2024 enacted level, for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act (P.L. 115–180). The funding expands opportunities for childhood cancer research, improves efforts to identify and track childhood cancer incidences, and enhances the quality of life for childhood cancer survivors. While some progress has been made in pediatric cancer research—leading to a decline in childhood cancer deaths by almost 70 percent over the last four decades—cancer is still the leading cause of death by disease past infancy among children in the U.S., according to NCI. And while survival rates for some forms of childhood cancer like leukemia have increased to greater than 85 percent, the median survival rate for other childhood cancers such as diffuse intrinsic pontine glioma is less than one year. STAR Act funding goes to critical research infrastructure, surveillance, and survivorship programs that fundamentally change the lives of pediatric blood cancer patients and survivors. For example, the NCI has been able to expand its efforts to collect cancer tissue specimens from children with cancer for which current treatments are least effective, making samples more available to researchers to develop the next breakthrough. The STAR Act works to improve the lives of childhood cancer survivors by funding critical research to further our understanding of the complications survivors face later in life as well as care models to improve care as survivors transition to primary care.

Deadliest Cancers.—The Recalcitrant Cancer Research Act of 2012 (P.L. 112–239) focuses on cancers with a 5-year survival rate below 50 percent, which account for over 40 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last several decades, there has been limited progress in reducing mortality for these diseases. The Committee encourages NCI to continue its focus on these cancers, which include cancers of the brain (including glioblastoma), esophagus, liver (including cholangiocarcinoma), lung, ovaries, pancreas, stomach, and mesothelioma and requests an update on research focused on each of these areas in the fiscal year 2026 congressional justification. Further, given the high mortality rates for these cancers, the Committee is particularly concerned about reports of increased incidence of esophageal, liver, pancreas, and stomach cancer among young adults and urges the NCI to continue to support much needed research to understand the causes and risk factors leading to these increases, as well as potential interventions.

Diffuse Intrinsic Pontine Glioma.—The Committee encourages NCI to continue its research to better understand Diffuse Intrinsic Pontine Glioma (DIPG) brain tumors and coordinate its research efforts with other Federal agencies, including the Department of Defense, as well as private research foundations and advocacy groups to improve the detection, treatment, and prevention of DIPG. DIPG is a rare brain tumor that accounts for almost 80 percent of pediatric brainstem gliomas and represents 20 percent of all

tumors in children. Due to its location and highly aggressive nature, its prognosis is almost always fatal.

Early Detection, Screening, and Prevention for Liver Cancer.—The Committee commends NCI for seeking input on how best to address the need to prioritize early detection, screening, and prevention sciences for primary liver cancer. Primary liver cancer has a dismal 5-year survival rate of only 22 percent, is the third most common cause of cancer death in the U.S., and unlike most cancers the rate of liver cancer mortality continues to increase. Therefore, the Committee urges NCI to use submitted expert feedback to inform a national agenda for early detection, screening, and prevention of primary pancreatic and liver cancers. The Committee commends NCI for its Early Detection of Liver Cancer consortia initiatives as a means of fostering progress and collaboration. The Committee encourages NCI to continue such programs as well as program projects, cooperative research, and broad agency announcements, and other mechanisms. The Committee requests an update on this effort in the fiscal year 2026 congressional justification.

Esophageal and Gastric Cancer.—The Committee recognizes the importance of screenings for cancer detection and is encouraged by the work of NIH in this field. However, the Committee believes that there is more work to be done, particularly with screening for gastrointestinal cancers, such as esophageal and gastric, which have a low five-year survival rate. The Committee recommends NIH explore developing, testing, and implementing strategies using non-endoscopic screening modalities, personalized clinical risk stratification for screening, and biomarker-based risk stratification for the surveillance of esophageal adenocarcinoma and gastric cardia adenocarcinoma.

Functional Precision Medicine.—The Committee has a long history of working to address refractory cancers and the lack of treatment options currently available when standard of care has been exhausted. The Committee is encouraged by the promise of functional precision medicine approaches to identify individualized treatment options more rapidly for hard-to-treat cancers, in particular with minority populations. Recent data showing the clinical utility of combining patient-specific drug sensitivity testing and genomic profiling to treat refractory cancers has proven to be potentially lifesaving. The Committee supports efforts to establish a national center for functional precision medicine and artificial intelligence analysis. Such an effort would serve as the launching point for large-scale clinical trials needed to demonstrate the real-world clinical impact of guided treatments, and to quickly develop the datasets needed to optimize standard cancer treatments that can be delivered through next generation genomic cancer profiling. The Committee requests an update on this effort in the fiscal year 2026 congressional justification.

Human Papillomavirus (HPV)-Associated Cancers.—The Committee encourages NCI to expand research related to human papillomavirus and HPV-associated cancers.

HPV Screening and Self-Collection.—The Committee recognizes the impact and potential of the Last Mile Initiative and supports innovative efforts, such as the emerging network to study noninvasive self-collection for HPV testing to further improve the detection and prevention of cervical cancer to address disparate

health outcomes. NCI is encouraged to work with a variety of stakeholders and to study various approaches to sustain scientific progress.

Immunomodulatory Radiopharmaceutical Therapy.—The Committee supports ongoing efforts for immunomodulatory radiopharmaceutical therapy to advance translational research that aims to develop more effective, safe, and potentially curative treatments for patients with potentially any form of metastatic cancer using combinations of radiopharmaceutical therapies and immunotherapies.

Improving Native American Cancer Outcomes.—The Committee continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee directs NCI to coordinate with National Institute on Minority Health and Health Disparities (NIMHD) as NIMHD establishes the initiative for Improving Native American Cancer Outcomes.

Medical Imaging Technologies in Cancer Screening Trials.—The Committee supports the establishment of clinical trials conducted by the NCI to assess the potential role of blood tests to detect cancer in the body. Medical imaging, as a means of conducting diagnostic workup following a positive assay and as a method for disease characterization, is essential to this clinical trial and assessment process. As the Administration aims to reach a 50 percent reduction in overall age-standardized cancer mortality in the U.S. by 2047, imaging is a known necessity for a cancer diagnosis and treatment and should continue to hold a core function in the clinical trial process. The Committee urges NCI to include imaging technologies and tools in these clinical trials, as they are the essential component of each precise cancer diagnosis and help ensure patients receive the most effective and impactful care.

Metastatic Breast Cancer.—The Committee is aware that clinical research is of utmost importance to those living with metastatic breast cancer (MBC), which is breast cancer that has spread to other organs and become incurable. An estimated 168,000 Americans live with MBC, and nearly all of the more than 43,000 deaths from breast cancer are attributed to this late stage of disease. Given the mortality associated with MBC and the lack of treatment options, research offers the best possibility of therapeutic advances and extended life for these patients. MBC is also associated with startling health disparities, since breast cancer mortality is about 40 percent higher for Black women in the U.S. than Caucasian women and breast cancer is the second most common cause of death by cancer for Black women. The Committee encourages a continued emphasis by NCI on research for MBC, 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 2026 congressional justification, including updates on actions NCI is taking to achieve representation of the demographics of the U.S. population in clinical trials.

Metastatic Cancers.—The Committee applauds NCI and the Department of Energy for ongoing efforts to modernize the Surveillance, Epidemiology, and End Results registry and bolster data collection, including innovative activities to better capture the preva-

lence and progression of metastatic cancers. The Committee encourages NCI to continue to work with DOE and to provide and update in the fiscal year 2026 congressional justification on ongoing modernization efforts.

Natural Products Research.—Research shows that derivatives from natural products have been an important source of clinically useful anti-cancer agents, yet not enough evidence-based research has been done to strategically identify those compounds that could provide potential benefits in cancer treatment. The Committee believes that it is important to fully explore whether and how natural products could be beneficial to patients in reducing the toxicity of therapy or by enhancing therapeutic efficacy as a primary or adjunctive therapy. Therefore, the Committee urges NCI to expand its support of research to evaluate the potential value of natural products in reducing adverse effects of cancer therapy and in enhancing therapeutic efficacy through basic, translational, and clinical trials research. NCI is encouraged to seek applicants that have a demonstrated expertise in natural products research, can conduct a holistic review of drugs and disease states, have access to an annotated inventory of natural products, and that are able to test the safety and efficacy of natural products in communities experiencing high rates of health care disparities in access to cancer care.

Optimal Timing and Sequencing of Cancer Immunotherapy.—The Committee recognizes that cancer immunotherapy is improving outcomes for an increasing number of cancer patients, especially those for whom other treatments were ineffective. New research suggests that more patients might benefit if immunotherapy were used earlier in the course of their cancer, or to prevent and intercept cancers before they start. Therefore, the Committee urges NCI to prioritize research focused on assessing the optimal timing for the use of cancer immunotherapy in individual patients. Examples of such research include studying the effectiveness of cancer immunotherapy in premalignant conditions, early-stage cancer, and as a neoadjuvant therapy, prior to additional treatment such as surgery, radiation, or chemotherapy.

Patient Access to Clinical Trials.—The Committee recognizes that local health care provider and patient access to clinical trials is critical for improving equitable access to research and novel therapies; diversifying the population participating in research; ensuring the safety and efficacy of new drugs; and accelerating the dissemination and implementation of findings and the adoption of newly approved therapies. As part of the fiscal year 2026 congressional justification, the Committee requests an update on the Virtual Clinical Trials Office (VCTO). In future years, as data from the pilot program become available, the Committee looks forward to further updates, including whether the VCTO contributed to increases in local provider and/or patient participation in clinical trials, especially from rural areas; and challenges and successes in prescreening/screening of potential trial candidates, obtaining informed consents, data abstraction, building protocol-specific treatment plans, and maintaining a repository for quick adoption into the local sites.

Pediatric Rare Cancer Therapeutic Development.—Childhood cancers are rare and need specialized treatments, rather than just lower-dose treatments than adults receive. Each type of cancer re-

quires appropriate therapeutic approaches to save a child’s life or significantly improve quality of life and extend a child’s lifespan, yet many types of childhood cancer do not yet have effective curative treatments available. The Committee encourages NIH to continue to examine novel systems for identifying how rare cancers develop and progress, and to continue to support and accelerate development and evaluation of life-saving therapeutics for pediatric cancer patients.

Prostate Cancer.—Prostate cancer is the most common cancer diagnosed in men and is the second leading cause of cancer deaths among men. 1 in 9 men will be diagnosed in their lifetimes, and 3.4 million men are living with a prostate cancer diagnosis today. The Committee urges continued support of prostate cancer research.

Young Adult Cancer Survivorship Research.—NCI has supported the Childhood Cancer Survivor Study since 1994. This study, a long-term, retrospective cohort study, has dramatically enhanced our understanding of the side effects of cancer treatment in children and adolescents, supported research to find interventions for childhood cancer survivors, and improved survival from treatment side effects. The Committee urges the NCI to conduct a landscape analysis of young adult cancer survivorship research and provide the Committee with an update on this effort in the fiscal year 2026 congressional justification.

NATIONAL INSTITUTE ON BODY SYSTEMS RESEARCH

Appropriation, fiscal year 2024	\$6,978,531,000
Budget request, fiscal year 2025	6,996,774,000
Committee Recommendation	7,101,721,000
Change from enacted level	+123,190,000
Change from budget request	+104,947,000

The report language that follows includes references to the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

Alopecia Areata.—The Committee notes the importance of research into autoimmune skin conditions such as alopecia areata. NIAMS research has uncovered genetic factors that are associated with alopecia areata, many of which have been implicated in other autoimmune diseases. The Committee encourages NIAMS to explore collaborative opportunities with key stakeholders to advance critical research projects into causes and treatments. The Committee notes the disproportionate effect of alopecia areata on people of color, specifically women. The Committee requests an update in the fiscal year 2026 congressional justification on collaborative efforts between NIAMS and other relevant NIH institutes and centers and stakeholders in identifying key research areas of concern.

Atopic Dermatitis.—The Committee recognizes NIAMS ongoing efforts to incorporate community feedback and otherwise craft a new Strategic Plan for Fiscal Years 2025–2029. The Committee notes the tremendous opportunity for cross-NIH multidisciplinary research into atopic dermatitis and other forms of eczema and encourages further efforts to coordinate with other institutes and cen-

ters to compliment emerging NIAMS activities and to effectively coordinate the overall research portfolio in atopic dermatitis.

Chronic Disease Prevention and Management.—The Committee commends NIDDK’s accomplishments and ongoing activities to address some of the most common, chronic, costly, and consequential diseases, including the widespread obesity and diabetes epidemics. The Committee recognizes that significant health disparities exist for many NIDDK mission diseases. Such approaches support the promise of personalized or precision medicine for disease prevention and management and may aid in the prevention and management of other chronic diseases. The Committee requests an update on these efforts in the fiscal year 2026 congressional justification.

Chronic Kidney Disease.—The Committee notes that approximately 25 percent of Medicare spending is on individuals with a chronic kidney disease (CKD) diagnosis, and further that 1 percent of Medicare beneficiaries have end-stage kidney failure yet account for 6.8 percent of spending. Despite the significant toll of CKD on Medicare spending, funding for kidney disease research has lagged behind that of NIH overall. Thus, the Committee strongly urges NIDDK to increase its support for kidney research funding in fiscal year 2025. The Committee supports recent changes to clinical practice in the diagnosis of kidney disease and concurs with recommendations for new markers for estimating kidney function. The Committee encourages NIDDK to prioritize research into endogenous filtration markers, activities that spur the adoption of new equations for estimating glomerular filtration rate that do not include race as a modifier, and interventions to eliminate racial and ethnic disparities. Finally, the Committee encourages NIDDK to expand investment in research that bridges existing deficits in CKD management and treatments to reduce incidence and progression, increases the number of CKD clinical trials and diversity of participants, improves the delivery of evidenced-base care in underrepresented populations, and improves patients’ quality of life. The Committee requests an update on these priorities in the fiscal year 2026 congressional justification.

Chronic Lung Disease.—Chronic lung diseases are among the leading causes of death and chronic illness in the U.S., including the over 15 million Americans diagnosed with chronic obstructive pulmonary disease (COPD) and related diseases. Most chronic lung disease research to date has focused on later stages of disease when substantial loss of lung function and damage to lung tissue have already occurred. There is a need for treatments that when applied early in the course of diseases can more effectively slow the progression and mitigate the lung tissue damage caused by chronic lung diseases. NHLBI supports a wide array of basic and translational research in these conditions. Increased funding is urgently needed to improve our understanding of early disease to identify appropriate targets to modulate disease progression before the irreversible tissue damage has occurred. NHLBI-funded studies such as the COPD Gene and SPIROMICS projects are critical to this objective and have already provided significant insight to begin to understand the biology of early disease. The Committee encourages NHLBI to increase support for these and other early disease research in chronic lung disease.

Diabetes.—The Committee includes an increase of \$50,000,000 for diabetes research. The Committee urges NIH to focus efforts on Type 1 Diabetes.

Duchenne and Becker Muscular Dystrophy.—In light of improvements in care leading to patients living into their third decade, the leading cause of death in Duchenne and Becker Muscular Dystrophy (DBMD) patients is heart failure. The Committee urges NHLBI to support research that characterizes fibro-fatty replacement of cardiomyocytes in DBMD. 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 delay or treat heart disease in individuals diagnosed with Duchenne. There is growing evidence to support that select individuals with DBMD would benefit from ventricular assist device placement or heart transplant. The Committee encourages NHLBI to support research to further develop criteria for identifying patients who may benefit from such strategies.

Long COVID.—The Committee notes with concern that the multi-organ syndrome known as long COVID has long-term implications for chronic conditions including pulmonary and cardiovascular complications. The Committee urges NHLBI, in co-leading researching COVID to enhance recovery, to continue to ensure that research into the understanding, treatment, and prevention of post-COVID respiratory and cardiovascular conditions in adults and children are prioritized.

Mitral Valve Prolapse Workshop.—The Committee urges NHLBI to convene a workshop composed of subject matter experts and stakeholders to identify research needs and opportunities to develop recommendations for treatment of individuals with mitral valve prolapse.

National Chronic Obstructive Pulmonary Disease Action.—The Committee notes NHLBI's role in crafting the National Chronic Obstructive Pulmonary Disease 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.

National Center on Sleep Disorders Research (NCSDR).—The Committee commends NCSDR for facilitating sustained progress in advancing research into sleep, circadian biology, and sleep disorders and recognizes NHLBI for taking steps to refresh the institute's strategic vision. The Committee encourages NCSDR to continue its focus towards advancing the goals of the NIH Sleep Research Plan to ultimately promote sleep health and improve patient care and treatment for individuals affected by a variety of sleep and circadian disorders.

Pancreatitis.—The Committee supports the focus on pancreatitis through the institute's 2024 Recent Advances and Emerging Opportunities document. The Committee notes the devastating impact of pancreatitis, the limited treatment options, and challenges related to health disparities, and encourages sustained scientific progress in this area.

Pulse Oximeters and Health Disparities.—Pulse oximeters are frequently used in clinics and in homes to measure a person's pulmonary health, but the devices tend to overestimate blood oxygen

for some skin types. This discrepancy can have serious consequences, as people with darker tones are nearly three times more likely to suffer from silent hypoxia, a condition in which the oxygen saturation level in a person’s blood is dangerously low but goes unnoticed. The Committee encourages NHLBI to support development of new noninvasive technologies for monitoring blood oxygen saturation.

Sickle Cell Disease and Sickle Cell Trait.—The Committee encourages NIH to further its clinical research in Sickle Cell Disease (SCD) and Sickle Cell Trait, which includes promising approaches to eradicate the disease, save lives, and dramatically reduce the substantial health care complications and 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 and medicines to treat and cure SCD.

Valvular Heart Disease Research.—Heart valve disease occurs if one or more of your heart valves malfunctions. 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 commends the NHLBI for their work in advancing treatments for those with valvular heart disease and encourages the agency to expand these initiatives to include research that uses advanced technological imaging and precision medicine to generate data on valvular disease, identifies individuals who are at high risk of sudden cardiac death as a result of valvular disease, develops prediction models for high-risk patients, and enables interventions and treatment plans to keep these patients healthy throughout their lives. For these efforts the Committee continues \$20,000,000, the same as the fiscal year 2024 enacted level, in funding to the NHLBI for this activity.

Wildland Fire Smoke.—The Committee is concerned that public health experts do not yet fully understand the risk posed by exposure to wildland fire smoke particularly acute and chronic smoke exposure to patients with existing pulmonary and cardiac disease. The Committee encourages the institute to support research to understand the risk smoke exposure has for patients with underlying health conditions and any interventions that can be implemented to mitigate adverse health effects.

NATIONAL INSTITUTE ON NEUROSCIENCE AND BRAIN RESEARCH

Appropriation, fiscal year 2024	\$4,020,637,000
Budget request, fiscal year 2025	4,208,840,000
Committee Recommendation	4,112,805,000
Change from enacted level	+92,168,000
Change from budget request	-96,035,000

The report language that follows includes references to the National Institute of Dental and Craniofacial Research (NIDCR), the National Institute of Neurological Disorders and Stroke (NINDS), and the National Eye Institute (NEI).

Alzheimer's Disease and Alzheimer's Disease-Related Dementias (AD/ADRD).—The Committee includes an increase of \$100,000,000 above the fiscal year 2024 enacted level for AD/ADRD research across NIH, split evenly between the National Institute on Dementia and the National Institute on Neuroscience and Brain Research.

Amyotrophic Lateral Sclerosis (ALS) Research.—NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research and is investigating the causes, treatments, and cures for common and rare diseases. NINDS makes the largest investment in ALS research. ALS is a rare progressive neurological disease. ALS is a rapidly progressing 100 percent fatal disease, and most people only live for 2–5 years after symptom onset. There are currently very limited treatment options that offer only marginal benefit to some people. The Committee urges NINDS to expand its portfolio of research into ALS.

Angelman Syndrome.—The Committee is aware of the Angelman syndrome (AS) natural history study supported by NIH from January 2006 to July 2014. The resulting data from over 300 participating American families, along with a later FDA prospective natural history study, provide a critical understanding of the most important symptoms of this serious condition and support the development of specific Angelman syndrome outcome measures. Further, the recent developments in cell and gene therapies, including a 2023 National Center for Advancing Translational Sciences award for the application of a CRISPR platform technology, hold significant potential for disease-modifying treatments for rare genetic brain diseases. To fully support the rapidly increasing array of clinical studies of these and other treatment modalities being developed for Angelman syndrome, the Committee urges NINDS, in cooperation with FDA, to convene relevant research leaders, patient organizations, and other stakeholders to prepare a roadmap for clinical outcomes measures and biomarkers for this condition. NINDS shall provide an update on this effort in the fiscal year 2026 congressional justification.

Blepharospasm.—The Committee urges continued support for research into blepharospasm, a form of dystonia, and encourages continued collaborative efforts amongst stakeholders and other institutes and centers.

Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.—The BRAIN initiative is an ambitious program to develop and apply new tools and technologies to answer fundamental questions about the brain and ultimately to inspire new treatments for brain diseases. NINDS and NIMH are leading partners in the initiative, working with eight other NIH Institutes, Centers, and Offices. The BRAIN Initiative has invested over \$3.5 billion in more than 1,500 research projects, engaging scientists from many areas of expertise as well as mathematicians, engineers, and physicians in individual labs and inter-disciplinary teams. The BRAIN Initiative will promote scientific advances that provide opportunities to understand the structure and function of the brain at an unprecedented level of detail, helping bring advanced treatments for brain disorders to clinical use.

Creutzfeldt-Jakob Disease.—The Committee commends the National Alzheimer's Project Act Advisory Council report from 2023 that acknowledges the scientific connection between prion diseases

and Alzheimer's Disease and Related Dementias (ADRDs) and continues to encourage NIH to recognize prion diseases as ADRDs and fund more research for prion diseases, like Creutzfeldt-Jakob disease (CJD). ADRDs have already benefited from prion disease research, and further integration of the fields could lead to beneficial new treatments and improve our scientific understanding of these devastating diseases. CJD is caused by the abnormal folding of the prion protein in the brain, and closely resembles ADRDs. Enhanced research of CJD, through the BRAIN Initiative and the Alzheimer's Disease research portfolio, will be valuable to the study of ADRDs and vice versa, and further integration will benefit scientific pursuits in both fields with the goal of new treatments for neurodegenerative diseases.

Dystonia.—The Committee requests an update, in the fiscal year 2026 congressional justification, on the implementation of the recommendations from the NINDS workshop Defining Emergent Opportunities in Dystonia Research that was held in 2018 and encourages NINDS to continue to collaborate with stakeholders.

Multiple Sclerosis (MS).—The Committee encourages NINDS to build upon its work in the development of the medical understanding of the progression of MS and continue to support research on prevention strategies, treatments, and cures for MS.

Oral Health Research.—The Committee reaffirms that oral health care and its maintenance are integral to the medical management of numerous diseases and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates NIH's support for research that has demonstrated that dental care is closely linked to the clinical success of other covered medical services and urges NIH to fund additional research in this area. Continued research on the causal mechanisms that link untreated oral microbial infections, oral inflammation, and chronic systemic conditions will provide clinical evidence that can be used to support coverage of medically necessary dental treatment in various benefit programs.

Parkinson's Disease.—The Committee commends NINDS for taking critical steps in identifying priority research recommendations to advance research on Parkinson's disease, which impacts between 500,000 and 1,500,000 Americans and is the second most prevalent neurodegenerative disease in the U.S. 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 Parkinson's disease.

Parkinson's Disease and Parkinsonism.—The Committee urges NIH to support projects studying dementia in Parkinson's disease and dementia in atypical parkinsonisms (e.g. progressive supranuclear palsy). Parkinson's disease is the second most common and fastest growing neurodegenerative disease and is characterized by the abnormal folding of a protein in the brain. Channeling resources into research could help unlock groundbreaking discoveries in crucial areas like Parkinson's disease, atypical parkinsonisms (e.g. progressive supranuclear palsy), and other closely associated neurological disorders.

Pediatric-Onset Epilepsies Network.—The Committee encourages NIH to establish a pediatric-onset epilepsies network. Such a network could help coordinate research of pediatric-onset epilepsies across institutions to maximize the potential for scientific progress in the era of precision medicine. This network could create a collaborative, multidisciplinary research model to enroll patients from many hospitals in the same system to enable cooperative research studies, accelerate the development of knowledge about the epilepsies, and rapidly advance therapeutic options and their implementation to improve treatments and healthcare outcomes.

Pediatric Rare Disease.—The Committee encourages NIH to enhance and prioritize pediatric rare disease research at NINDS. Such an effort would undertake novel technologies to better diagnose and treat rare diseases such as Tay-Sachs and glioblastoma in children by using artificial intelligence, precision medicine, and DNA sequencing. Such research can help revolutionize pediatric healthcare by leveraging cutting-edge technologies and innovative approaches in genomics research, precision medicine, gene therapy, human stem cell research, and big data analytics to pave the way towards developing personalized, targeted treatments and improved patient outcomes for the nation's pediatric population.

Preventive and Early-Treatment Cognitive and Brain Health Research.—The Committee encourages NIH to give greater attention to the study of the presymptomatic or preclinical stages of neurological disorders, that is, alterations in cognitive and brain health before the first clinical symptoms of neurological disease when persons typically encounter medical professionals. Learning what happens during these stages may guide the development of measures for detection and monitoring earlier in the course of the disease, including sensitive neuropsychological measures and biomarkers, which could improve early intervention development and testing for neurological disease before it becomes disabling and, ultimately, prevent diseases like Alzheimer's disease, Parkinson's disease, multiple sclerosis, stroke, and epilepsy. Mounting evidence suggests that significant pathologies have already accumulated by the time symptoms appear and early, presymptomatic intervention may lead to more effective care. Such discoveries may also reduce the costs that neurological diseases pose to our healthcare delivery system.

Retinitis Pigmentosa.—The Committee continues to encourage NEI to expand research into Retinitis Pigmentosa and requests an update on collaborative efforts amongst stakeholders and other Institutes and Centers concerning work toward curative treatments and therapeutics in the fiscal year 2026 congressional justification.

Spinal Muscular Atrophy.—The Committee commends NIH for its continued support of research in spinal muscular atrophy (SMA), a rare neuromuscular disease. The Committee is aware that past NINDS research has led to greater understanding of the nervous system and contributed toward approved SMA treatments that slow or stop future nerve damage. The Committee also recognizes that current treatments do not cure the disease or reverse its debilitating symptoms. Without additional SMA research, the Committee is concerned that adults and children with SMA who were born after treatments and early diagnosis were available will continue to face chronic health challenges and significant barriers to independence. Furthermore, it is not yet fully known the extent of

need among children treated prior to symptom onset. As such, the Committee encourages NINDS to expand its research in SMA to address fatigue, muscle weakness, motor function loss, and other unmet needs that are pervasive among the largest segment of the SMA community. Additional research into these common needs may also benefit individuals with other neuromuscular and rare diseases who face similar challenges.

Stroke Education and Prevention.—Community awareness of the signs and symptoms of stroke can lead to early intervention and life-saving emergency treatment. In addition, education about the importance of healthy eating, weight management, tobacco cessation, physical activity training, stress management, and controlling diabetes and high blood pressure can help prevent stroke and other cardiovascular complications. Awareness and education, both in person and online, are particularly important in low-resourced communities, where the prevalence of stroke is significantly higher than the national average. The Committee, therefore, urges the NINDS to prioritize funding opportunities in high-risk, vulnerable populations to reach communities with multiple comorbidities that lead to stroke.

Undiagnosed Diseases Network.—The Committee recommendation includes \$18,000,000 for the Undiagnosed Diseases Network, the same as the fiscal year 2024 enacted level. The Undiagnosed Diseases Network (UDN) builds on the success of the Undiagnosed Diseases Program at the NIH Clinical Center, which is a nationwide network of clinicians and researchers who use basic and clinical research to uncover the underlying disease mechanisms associated with rare and undiagnosed conditions. It is estimated that approximately 25 million Americans suffer from a rare disorder. The UDN pioneered a new personalized medicine model for helping patients who have historically been the most difficult for the medical community to diagnose, taking advantage of cutting-edge technologies such as genomic sequencing, metabolomics and assessing patient variants in model organisms to give clinicians new, powerful information to help understand the cause of extremely rare diseases.

Usher Syndrome.—The Committee strongly encourages NIH to enhance and prioritize Usher syndrome research at NEI. The Committee requests an update in the fiscal year 2026 congressional justification. The update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

NATIONAL INSTITUTE ON INFECTIOUS DISEASES

Appropriation, fiscal year 2024	\$3,281,139,500
Budget request, fiscal year 2025	3,290,645,500
Committee Recommendation	3,315,552,000
Change from enacted level	+34,412,500
Change from budget request	+24,906,500

The report language that follows includes references to the National Institute of Allergy and Infectious Diseases (NIAID).

Antimicrobial Resistance.—The Committee includes \$565,000,000 to support antimicrobial resistance research, the same as the fiscal year 2024 enacted level. This funding supports NIAID research to combat antimicrobial resistance (AMR) and the training of new in-

investigators to improve AMR research capacity as outlined in the 2020–2025 National Action Plan to Combat Antibiotic Resistant Bacteria. The Committee supports the Action Plan’s goal to work with innovators on therapeutics seeking to establish domestic and/or biomanufacturing-based supply chains, especially for small molecules.

Antimicrobial Stewardship.—The Committee is aware that antibiotic stewardship programs are a key component in preventing the spread of antibiotic resistance in all healthcare facilities in the U.S. and across the world. In the 2020 National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB), 2020–2025, one of the five goals was to Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines in order to improve understanding of the many factors that contribute to the emergence, spread, and persistence of antibiotic resistance and to support new strategies for preventing and mitigating infections.

Antiviral Drug Discovery Centers.—Researching and developing new antivirals is essential for combating new viral outbreaks and preventing them from spreading into pandemics. The Committee supports the Antiviral Drug Discovery Centers and their mission to develop antiviral drugs to serve as our first line of defense against forthcoming viral outbreaks. The Committee is concerned that NIH reported to the Comptroller General of the U.S. that future funding for the Antiviral Drug Discovery Centers program has been eliminated. The Committee urges NIH to continue supporting the Antiviral Drug Discovery Centers to continue the development of antivirals to mitigate the risk of future viral outbreaks.

Lyme and Other Tick-Borne Diseases.—The Committee includes not less than \$125,000,000 for NIH research into Lyme and Other Tick-Borne disease research, an increase of \$25,000,000 over the fiscal year 2024 enacted level. NIH is encouraged to support research to better understand the causes of tick-borne diseases, including alpha-gal syndrome and allergic or immune/inflammatory conditions triggered by tick-borne infections, to support research on Lyme disease and emerging tick-borne pathogens, and to support the development of reliable diagnostics and therapies to address this growing health concern that affects more than 476,000 Americans annually. The Committee encourages NIH to periodically review progress on activity to address tick-borne infection-triggered chronic illnesses, such as long COVID, long Lyme, *Bartonella henselae*, West Nile virus, and multiple sclerosis and to include a status report in the fiscal year 2026 congressional justification. In addition, the Committee encourages NIH, in consultation with CDC and FDA, to consider the potential benefits of establishing a National Network of Academic Research and Clinical Centers of Excellence for Tick-Borne Diseases.

Microbicides.—The Committee recognizes that NIH research has shown that microbicides and pre-exposure prophylaxis products work to prevent HIV. The Committee supports NIH efforts to advance microbicide development efforts to produce next generation solutions for HIV prevention.

Neglected Diseases.—The Committee acknowledges that the growing presence of neglected diseases, including Valley fever and other fungal diseases, across the U.S. represents a significant

health and economic burden, and therefore strongly supports neglected disease research programs at NIAID. NIH is the world's single largest funder of neglected disease research and has supported the development of high-impact technologies for health areas that receive little attention from industry. Many innovation gaps persist, the Committee urges NIAID to prioritize research into this area as these diseases expand across the U.S.

In addition, the Committee is aware of the increasing prevalence of neglected tropical diseases (NTDs) in the U.S. and the staggering global burden of these threats across the globe and is encouraged by the granting of more than 11 priority review vouchers for new NTD interventions. Considering the magnitude of the NTD threat, the Committee requests an update in the fiscal year 2026 congressional justification on efforts to address market failures hindering antimicrobial innovation, and what efforts are needed to stimulate NTD research and development.

Regional Biocontainment Laboratories.—The Committee includes \$52,000,000 for the 12 regional biocontainment laboratories (RBLs) to support resources for biosafety level 3 lab containment and resources within the RBL space that promote medical countermeasure development and ability to contribute to NIAID Preclinical Services. This funding supports research facilities and personnel to be prepared for any national or regional need related to research on an emerging biodefense or infectious disease. Of this amount, the Committee directs that no less than \$3,500,000 shall be provided to each of the 12 RBLs for any of the following activities: (1) investments in the research workforce, (2) maintenance or improvement of facilities, or (3) to purchase, service, or maintain equipment, or (4) developing and contributing to an organizational structure to ensure the RBL network is prepared to respond effectively to national needs. The Committee directs that the remaining funding shall be available for competitive awards for the RBLs and/or participation in NIAID Preclinical Services, a collection of pre-clinical resources to support the development of medical countermeasures intended for use in the investigation, control, prevention, and treatment of a wide range of infectious agents.

Swine Resource and Research Centers.—The Committee recognizes the biomedical advances made utilizing swine models of human health and disease and supports the efforts of the swine research centers. These centers support innovative basic and translational research on human diseases.

Universal Influenza Vaccine.—The Committee includes no less than \$270,000,000, the same as the fiscal year 2024 level, for this activity. NIAID's influenza research program is working to develop a universal flu vaccine, or a vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such vaccines would provide protection against zoonotic flu and eliminate the need to update the seasonal flu vaccine each year. Universal flu vaccine research includes the improvement of current vaccines and could provide important foundational work in outbreak responses. In February 2018, NIAID released its Universal Influenza Vaccine Strategic Plan, which focuses on 3 research areas to broaden knowledge around basic influenza immunity and advance translational research efforts to drive universal flu vaccine development.

NATIONAL INSTITUTE ON THE IMMUNE SYSTEM AND ARTHRITIS

Appropriation, fiscal year 2024	\$3,281,139,500
Budget request, fiscal year 2025	3,290,645,500
Committee Recommendation	3,315,552,000
Change from enacted level	+34,412,500
Change from budget request	+24,906,500

The report language that follows includes references to the National Institute of Allergy and Infectious Diseases (NIAID).

Celiac Disease.—The Committee commends the NIH for issuing a Notice of Special Interest to spur additional research on the study of celiac disease. Today, the only known treatment for this disease is a gluten-free diet; however, recent public and private sector research confirms that such a “treatment” is insufficient for many who suffer from celiac disease. Therefore, the Committee supports focused research on the study of celiac disease and encourages the newly created NIH Office of Autoimmune Disease Research (OADR) to work with NIAID and other NIH Institutes to: support new research on celiac disease; to better coordinate existing research; and to focus new research efforts toward causation, diagnosis, management, treatment, and, ultimately, a cure of this disease. The Committee requests NIH to include updates on research, projects, and programs in the fiscal year 2026 congressional justification for celiac disease.

Consortium for Food Allergy Research.—The Committee recognizes the serious issue of food allergies which affect approximately 8 percent of children and 10 percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting a total of 24 clinical sites for this research, including 7 sites as part of the Consortium of Food Allergy Research (CoFAR). The Committee includes \$12,100,000, the same as the fiscal year 2024 enacted level, for CoFAR to maintain its clinical research network of centers of excellence in food allergy clinical care and expertise in food allergy research.

Diagnostics for Primary Immunodeficiency Disease/Inborn Errors of Immunity.—The Committee recognizes the multiple challenges that impede access to a timely and accurate diagnosis of primary immunodeficiency disease/inborn errors of immunity (PID/IEI). These include needing to improve the interpretation of genetic tests and the need for identification of biomarkers and other diagnostic tools to both identify forms of PI and to inform targeted treatments. The Committee urges NIAID to convene a scientific workshop on this topic to identify a research strategy to improve diagnostics of PID/IEI.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriation, fiscal year 2024	\$4,405,427,000
Budget request, fiscal year 2025	4,439,831,000
Committee Recommendation	4,451,630,000
Change from enacted level	+46,203,000
Change from budget request	+11,799,000

The Committee recommendation includes \$3,039,148,000 in discretionary appropriations and \$1,412,482,000 in PHS Act section 241 evaluation set aside transfers. The report language that follows includes references to the National Institute of General Medical

Sciences (NIGMS), the National Human Genome Research Institute (NHGRI), and the National Library of Medicine (NLM).

Biomedical Research Workforce Training.—Training programs at the NIH provide a quality standard of training for graduate students and postdoctoral fellows in biomedical research. The training grants that support these programs at research institutions across the country play a vital role in establishing a biomedical research ecosystem and train the next generation of researchers for health-related research needs. Despite the success of training programs, the number of students and postdoctoral scholars supported on training grants has remained constant over the years. The Committee applauds NIH efforts to increase funding for institutional development awards (IDeA) States and urges the NIH to also emphasize the importance of supporting training grants in IDeA states. The Committee directs the NIH to provide a portfolio analysis to the Committee within 60 days of enactment of this Act on the distribution of T32 training grants among States, including number of applicants and success rates per State to ensure NIH is supporting capacity building and a diverse workforce for the future biomedical research enterprise. In addition to the portfolio analysis, in the fiscal year 2026 congressional justification, NIH is instructed to provide an update on specific actions NIH will take to identify and remove barriers for applying for training grants in IDeA States.

Epitranscriptomics Database Standards.—The Committee recognizes the recent release of a NASEM report titled “Charting a Future for Sequencing RNA and Its Modifications” in March 2024. The Committee notes the report’s recommendation that clear and consistent standards for data and databases need to be established to facilitate data access and sharing. Given that NLM’s National Center for Biotechnology Information (NCBI) collaborates with the scientific community to support development of standards for databases and biological nomenclature, among other responsibilities, the Committee urges NCBI to establish data and database standards for epitranscriptomics in collaboration with the scientific community, consistent with the NASEM report recommendation, and include an update on this effort in the fiscal year 2026 congressional justification.

Experimental Research.—The Committee recognizes the success of the NIGMS Maximizing Investigators’ Research Award program and encourages the NIH to continue working to expand similar experimental research opportunities to other institutes.

Health Science Analytics.—The Committee supports efforts to address cutting-edge issues at the interface of artificial intelligence and big data. The Committee supports research that improves health data security and analyzes claims data to determine where care and outcomes can be improved.

Pharmacogenomic Research.—NHGRI supports pharmacogenomic research and programs in a variety of ways including by working to develop community resources. The program supports a pharmacogenomics knowledge resource that provides clinical information such as clinical guidelines and drug labels, potentially clinically actionable gene-drug associations, and genotype-phenotype relationships, to scientific and healthcare professionals, which in part informs the work of the clinical pharmacogenetics

implementation consortium to develop practice guidelines for pharmacogenomics use in clinical care. The Committee encourages NIH to continue to support this research and similar programs.

Proteomics.—The Committee recognizes the promise of research into the proteome in the study of biological systems. The ability to analyze protein patterns and their changes effectively and efficiently over time has potential to provide valuable insights into a person’s real-time state of health including identifying existing disease, understanding the biological drivers of that disease, predicting near-term health events, and guiding effective therapeutic interventions. The Committee is encouraged by the value being demonstrated in population proteomics research but is concerned that the U.S. is not matching the significant investment being made by other nations. The Committee urges NHGRI to utilize existing resources to engage with academia and U.S. industry partners and laboratories to expand its research and advance American leadership in this cutting-edge field.

Institutional Development Awards

The Committee provides \$445,956,000 for IDeA, \$15,000,000 above the fiscal year 2024 enacted level. The IDeA program increases our Nation’s biomedical research capability by improving research capacity in States that have historically had lower levels of NIH biomedical research funding. IDeA supports competitive basic, clinical, and translational research, faculty development, and infrastructure improvements. The IDeA program aims to strengthen states’ and institutions’ abilities to support biomedical research, enhance the competitiveness of investigators in securing research funding, and enable clinical and translational research that addresses the needs of medically underserved communities.

NATIONAL INSTITUTE FOR DISABILITY RELATED RESEARCH

Appropriation, fiscal year 2024	\$2,293,411,000
Budget request, fiscal year 2025	2,302,344,000
Committee Recommendation	2,317,464,000
Change from enacted level	+24,053,000
Change from budget request	+15,120,000

The report language that follows includes references to the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and the National Institute on Deafness and Other Communication Disorders (NIDCD).

Centers of Excellence to Reduce Maternal Morbidity and Mortality.—The Committee is aware that NICHD’s current Maternal Health Research Centers provide a platform to further both research and clinical care in battling maternal morbidity and mortality. However, the Committee remains concerned that too few Centers exist in areas of the country that see the highest rate of both. Therefore, the Committee encourages NICHD to expand its current Centers of Excellence with a particular emphasis on establishing new ones in regions of greatest need.

Cerebral Palsy.—The Committee encourages NIH to continue to prioritize and invest in research on Cerebral Palsy (CP) to significantly strengthen and accelerate CP research priorities across the lifespan. The Committee encourages NIH to focus on basic and translational discoveries, as well as implementation, observational,

and clinical studies aimed at early detection and intervention, comparative effectiveness, functional outcomes, and mental health.

Endometriosis.—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanisms of endometriosis, including root causes of the disease and new treatment methods. The Committee encourages research on the genetic and immune system components of endometriosis. The Committee further encourages NIH to devote more resources to support targeted research of endocrine disrupting chemicals in endometriosis, the relationship of endometriosis and cancer, prenatal, and epigenetic influences on the risk for endometriosis. The Committee also encourages research on non-invasive diagnostics of endometriosis to reduce diagnosis delay and improve treatment. The Committee encourages research on the growth of endometriosis and endometriosis recurrence post-surgical procedures. The Committee further encourages NIH to devote additional resources to support targeted endometriosis research on the role of endocrine-disrupting chemicals, the relationship of endometriosis and cancer, prenatal and epigenetic influences on the risk for endometriosis, and in developing new and innovative treatment methods and therapeutics.

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 infant, child, and adolescent development. The Committee appreciates NIH's ongoing engagement on this important topic and urges expanded support for research into the cognitive, physical, and mental health 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 asks 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.

Infertility.—The Committee remains concerned about the rate of infertility suffered by couples trying to conceive. In the U.S., 1 in 4 women of reproductive age have difficulty getting pregnant or carrying a pregnancy to term. The Committee urges NICHD to research female reproductive conditions, specifically adenomyosis, uterine fibroids, endometriosis, polycystic ovary syndrome, and interstitial cystitis. This research could include diagnostic testing, causes of the conditions, and treatment options, especially non-pharmacological intervention. Since there is a gap in the knowledge of how to diagnose and treat male infertility, the Committee also urges NICHD to continue to support research on male mechanisms of infertility.

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. The Committee recognizes the importance of NICHD's funding of Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs, which are the only source of Federal funding

available to researchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relationships between different variables at work. While learning disabilities do influence 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.

Maternal-Fetal Medicine Units Network.—The Maternal-Fetal Medicine Units Network is a network of 12 centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health that ultimately improves the clinical practice of obstetrics. Broadly, 24 of 27 institutes and centers at NIH support at least one grant or project related to pregnancy which will further improve maternal and infant health outcomes and address maternal-fetal mortality. The Committee commends the work of the maternal-fetal medicine units and supports robust funding for this activity.

Pelvic Organ Prolapse.—Pelvic Organ Prolapse (POP) occurs when the pelvic floor muscles and connective tissue supporting the pelvic organs fail, causing one or more of the pelvic organs to fall downward, protruding out of the body. POP is a common problem, with one out of eight women undergoing surgery for prolapse at some point in their life. Symptomatic POP is associated with urinary incontinence, depression, anxiety, sleep disturbance, deteriorating physical function, and diminished socialization. The Committee encourages the NICHD to convene a workshop to design prospective studies that can be added on to existing maternal-morbidity research, including research studies being conducted in underserved areas, to assess preventative strategies for POP, including ways to decrease pelvic floor trauma or denervation during delivery, with the goal of reducing the risk of subsequent POP and its complications. The Committee requests an update on this workshop and on research activities to advance POP prevention and treatment in the fiscal year 2026 congressional justification.

Population Research.—The Committee has consistently commended NICHD for supporting prospective, population representative longitudinal studies, including the Panel Study of Income Dynamics Child Development Supplement, Future of Families and Child Wellbeing Study, and National Longitudinal Survey of Youth. Data from these studies are public goods used widely to inform research and training activities conducted by thousands of scientists at universities nationwide, including underserved institutions, and are heavily used by new and early-stage investigators. In addition, these studies are the only nationally representative data scientists may use to analyze, for example, how parental and grandparental characteristics affect children's outcomes and the impact of adverse childhood experiences over the life course. The Committee is concerned to learn that NICHD is proposing dramatic funding reductions to these surveys, which will result in the permanent loss of invaluable data that could be used to assess and track long-term health and wellbeing outcomes in infants, children, and adolescents. NICHD is strongly encouraged to prioritize funding for these surveys. The Committee requests an update on this topic in the fiscal year 2026 congressional justification.

Pregnant and Lactating Women.—The Committee remains concerned about the lack of pregnant and lactating women in clinical

research. Women with chronic health conditions lack access to appropriate treatments during pregnancy, putting both them and their infants at risk. Despite 90 percent of pregnant women taking prescription medication, only 5 percent of medications have data on the impact of the medications during pregnancy. The Committee urges NICHD to conduct priority research projects on existing medications and therapeutics prescribed to pregnant and lactating women. NICHD is urged to prioritize research applications in the following areas as it relates to pregnant and lactating women: an unmet medical need or gap in treatment, severity and prevalence of a specific disease or condition, and cost and availability of treatment or alternate treatments. The Committee requests an update in the fiscal year 2026 congressional justification on this effort.

Severe Maternal Morbidity.—The Committee is concerned that despite the high rate of severe maternal morbidity for all pregnancy outcomes (live birth, stillbirth, spontaneous abortion, induced abortion, ectopic pregnancy, and molar pregnancy) in the U.S., there is not a uniform definition of severe maternal morbidity. Having a uniform definition would help Federal, State and local agencies and research institutions establish standardized and interoperable processes for billing, surveillance, data collection, and research. The collected data could then inform the development and deployment of targeted, evidence-based prevention and treatment programs to reduce the incidence of severe maternal morbidity for all pregnancy outcomes (live birth, stillbirth, spontaneous abortion, induced abortion, ectopic pregnancy, and molar pregnancy). The Committee encourages the Eunice Kennedy Shriver National Institute of Child Health and Human Development to hold a formal convening of subject matter experts and organizational representatives, including representatives from the Centers for Disease Control and Prevention, Health Resources and Services Administration, National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development, the Office of the National Coordinator for Health Information Technology, the Food and Drug Administration, and public stakeholders, to determine a uniform definition of severe maternal morbidity for all pregnancy outcomes (live birth, stillbirth, spontaneous abortion, induced abortion, ectopic pregnancy, and molar pregnancy). The Committee requests NICHD provide a report in the fiscal year 2026 congressional justification on the proceedings of the convening, including a formal definition for “severe maternal morbidity” for all pregnancy outcomes (live birth, spontaneous abortion, induced abortion, ectopic pregnancy, and molar pregnancy).

Spasmodic Dysphonia or Laryngeal Dystonia.—The Committee notes the research NIDCD continues to facilitate on spasmodic dysphonia and collaborative efforts with relevant institutes and centers and other stakeholders. The Committee continues to encourage sustained collaboration with key stakeholders and agencies.

NATIONAL INSTITUTE ON DEMENTIA

Appropriation, fiscal year 2024	\$4,507,623,000
Budget request, fiscal year 2025	4,425,295,000
Committee Recommendation	4,604,899,000
Change from enacted level	+97,276,000
Change from budget request	+179,604,000

The report language that follows includes references to the National Institute on Aging (NIA).

Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias (AD/ADRD).—The Committee includes an increase of \$100,000,000 above the fiscal year 2024 enacted level for AD/ADRD research across NIH, split evenly between the National Institute on Dementia and the National Institute on Neuroscience and Brain Research.

Digital Innovation for Aging in Place.—The Committee strongly encourages NIA to fund research that designs and develops digital innovations that improve health and medical treatment. Such efforts could include establishing a smart living environment leveraging technologies to improve health and medical treatment, equipping homes to enable varying levels of remote care and improved diagnosis and treatment, and encouraging medical facilities to adopt health technologies, including artificial intelligence and machine learning, to expand to the home space enabling older adults to age in place.

Geroscience Research.—Recent advances in geroscience suggest it may be possible to prevent or treat a wide range of adult-onset health concerns, including functional declines such as frailty and lost resilience, and overt diseases such as Alzheimer’s disease, cancer, cardiovascular diseases and many others. This could be achieved by slowing or reversing certain genetic, molecular and cellular hallmarks of aging discovered through research on the basic biology of aging. The Committee strongly encourages NIA to prioritize funding for geroscience research. The Committee also understands that the enormous promise of this field is limited by a shortage of investigators with expertise in the biology of aging and the clinical translation of basic research findings. Therefore, the Committee encourages increased support for early career investigators, especially postdoctoral researchers and junior faculty, to help attract, retain, and develop top talent in the field of geroscience. Finally, the Committee encourages NIA to increase funding for basic and translational research in aging to provide more options and test more treatments as quickly as possible.

Project Expanding Capacity for Health Outcomes.—The Committee supports efforts to implement section 330N of the PHS Act to continue the use of technology-enabled collaborative learning and capacity building models and to expand, create, and support dementia expanding capacity for health outcomes (ECHO) hubs. These innovative education models, often referred to as Project ECHO, use a hub-and-spoke approach by linking expert specialist teams at a “hub” with the “spokes” of health providers in local communities to increase on-the-ground expertise. Using case-based learning, Project ECHO models can improve the capacity of providers, especially those in rural and underserved areas, on how to best meet the needs of people living with many chronic conditions, including Alzheimer’s and other dementias.

NATIONAL INSTITUTE ON SUBSTANCE USE

Appropriation, fiscal year 2024	\$2,258,013,000
Budget request, fiscal year 2025	2,267,246,000
Committee Recommendation	2,281,695,000
Change from enacted level	+23,682,000
Change from budget request	+14,449,000

The report language that follows includes references to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA).

Cocaine Overdose Reversal Antidote.—The Committee is aware of NIH’s investment into countermeasures for overdoses attributed to other stimulants such as cocaine. The Committee remains supportive of NIDA funding targeting the surge in overdose deaths involving cocaine and is aware of the current lack of FDA approved cocaine overdose reversal medications to address the increase in fatalities. The Committee understands there is ongoing research and development of treatments, which the NIH contributes, which can rapidly reverse cocaine toxicity and reduce mortality rates. Therefore, the Committee urges NIDA to continue to prioritize and fund research to advance a life-saving treatment for overdoses caused by cocaine.

Fetal Alcohol Spectrum Disorders.—The Committee supports NIAAA’s efforts to accelerate fetal alcohol spectrum disorders (FASD) basic, prevention, diagnosis, and treatment research. The Committee encourages NIAAA to continue efforts to support innovative research and to disseminate research findings to the public to inform the efforts of States, Tribes, and provider and nonprofit organizations in increasing FASD diagnostic capacity, enhancing FASD prevention programs, developing resources for systems of care, and training services providers and professionals.

Marijuana Research.—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 public health issues such as drug-impaired driving. The Committee is aware that the majority of Federal research has been limited to marijuana from a single source and encourages NIH to undertake research that strives to encompass the diversity, quality, and potency of commonly available cannabis strains within the current constraints of law. Additionally, the Committee continues to support the development of an objective standard to measure marijuana impairment and a related objective field sobriety test to ensure highway safety.

Methamphetamines and Other Stimulants.—The Committee is concerned that, according to predicted provisional data released by CDC, over 26,000 overdose deaths involved cocaine and over 33,000 involved drugs in the category that includes methamphetamine in the 12-month period ending in August 2022, an increase of 35 and 50 percent respectively in just two years. 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. No FDA approved medications are available for treating methamphetamine, cocaine, and other stimulant use dis-

orders. The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the Helping to End Addiction Long-term (HEAL) Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamines and other stimulant use disorders and related deaths.

Opioid Initiative.—The Committee continues to be concerned about the high mortality rate due to the overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. Approximately 295 people die each day in this country from drug overdose (over 220 of those are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. The Committee is also aware of increases in opioid deaths from 2020 to 2021, with the primary driver being the increased overdose deaths involving synthetic opioids, primarily fentanyl. More research is needed to find new and better agents to prevent or reverse the effects caused by this class of chemicals and to provide improved access to treatments for those with addiction to these drugs. To combat this crisis, the Committee has provided within NIDA's budget no less than the fiscal year 2024 enacted level for the institute's management of its share of the HEAL Initiative and in response to rising rates of stimulant use and overdose. The Committee encourages NIDA to support research on the development of safe and effective medications and new formulations to treat substance use disorders and prevent or reverse overdose, and to support research on comprehensive care models in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medications for opioid use disorder and methods to scale up these interventions; and develop evidence based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings. The Committee has included language expanding the allowable use of these funds to include research related to stimulant use and addiction. Recognizing the increasing severity of the national opioid crisis and the need to better our options for responding to, treating, and preventing overdoses, the Committee encourages NIDA to prioritize research to expedite treatments for and prevention of overdose from fentanyl and related analogs.

Pain Management and Addiction.—The Committee urges NIDA to continue and expand efforts to educate physicians and other medical professionals on safe prescribing for pain and managing patients who misuse 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 Misuse and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-

training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, emergency medicine, and pediatrics). The Committee urges NIDA to 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.

Wastewater Drug Testing.—The Committee supports NIH’s National Institute on Drug Abuse (NIDA) research of testing wastewater to detect and understand trends in drug substances. Wastewater-based drug testing is a technique where wastewater samples are taken from the sewer system and tested for specific targets. Wastewater-based testing is intended to be complementary to other more traditional methods of monitoring drug use patterns, with the potential to detect such patterns near real time and in hard-to-reach populations. The Committee recognizes that wastewater drug testing can be proactive and may allow agencies and related stakeholders to respond appropriately when spikes or new trends are identified in certain areas or of particular drugs. The Committee encourages NIDA to report data collection and analysis of trends and drugs from this research so that the field can improved and validate wastewater testing methods, and ultimately enable local governments to target support and reduce overdose deaths.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriation, fiscal year 2024	\$2,187,843,000
Budget request, fiscal year 2025	2,503,162,000
Committee Recommendation	2,210,789,000
Change from enacted level	+22,946,000
Change from budget request	–292,373,000

Autism Spectrum Disorder.—The Committee strongly encourages NIH to support greater investment in research related to autism, particularly in areas outlined in the Interagency Autism Coordinating Committee (IACC) Strategic Plan for Autism Spectrum Disorder (ASD). The Committee requests the National Institute of Mental Health (NIMH) partner with other Institutes that serve on the IACC to provide an update in the fiscal year 2026 congressional justification on the level of research investment of each of the priority areas outlined in the IACC Strategic Plan for ASD. Progress has been made in understanding autism, but there is more to do to improve outcomes and access to services for people with autism throughout their lifetime. Research has shown that autistic individuals have higher rates of some co-occurring physical and mental health conditions, which can affect quality of life and increase use of medical services and costs. There are also unaddressed racial, ethnic, and socioeconomic health challenges that autistic individuals and their families experience. The Committee encourages NIMH to collaborate with NIMHD to support research on such health disparities associated with autism spectrum disorder, and to collaborate with other institutes, including NIA, NIEHS and NINDS, to support research on understanding the impact of social and environmental factors leading to such co-occurring health conditions.

Impact of Social Media Use on Child and Adolescent Mental Health.—The Committee remains concerned about the impacts of

social and digital media on youth mental health and development of mental health-related challenges. The Committee appreciates NIH's ongoing engagement on this important topic and encourages NIMH to prioritize research into the behavioral and psychosocial impacts of young people's use of social media including its impact on developing or worsening signs of suicidality, anxiety, depression, disordered eating, sleep disorders, and isolation.

Mental Health Research.—The Committee supports the high-quality basic research on serious mental illnesses being conducted at NIMH. The Committee requests an update in the fiscal year 2026 congressional justification on the funding allocations at NIMH detailing the percentage of funds spent on basic, translational, and clinical research.

Peer Support for Youth.—The Committee understands that many youths who are struggling with their mental health seek out peer support services, often because they are not ready to engage or do not have access to clinical health care. But while numerous studies have shown that peer support increases help-seeking behavior and reduces social isolation in adults, research on youth peer support services and peer-to-peer counseling programs is limited. Therefore, the Committee encourages NIMH to prioritize research in these areas, including how to scale up such services and programs effectively. In addition, the Committee encourages NIMH to continue to regularly hear from young people to inform its future research priorities through its Advisory Council, strategic planning process, focus groups or similar leadership methods. The Committee supports the agency's youth-informed activities and encourages additional efforts to grow youth engagement in setting its research priorities.

Physician Suicide.—The Committee notes that physician suicide rates are on a rise and the COVID pandemic has only exacerbated the spike in suicide rates throughout the nation. The Committee acknowledges the need to provide resources to help identify and support at-risk physicians, respond to suicide risk, and respond compassionately and effectively on the organizational level after suicide occurs. The Committee encourages the institute to work with key stakeholders to support research and resource development aimed at understanding this connection and opportunities for innovative discovery.

Reducing Mental Health Disparities in Youth.—The Committee notes with alarm new CDC data on depression and trauma among adolescents and acknowledges the NIMH strategic framework for addressing mental health among underserved and underrepresented youth, including those in rural communities, by 2031. The Committee recognizes ongoing collaborative work with NICHD and NIMHD to execute this framework through research, workforce development, and stakeholder engagement. The rise in youth mental health issues will not be resolved without significant new investments in research to guide recovery.

Study on the Cost of Serious Mental Illness.—The Committee directs NIH to conduct a thorough study of the cost impact of serious mental illnesses in the U.S. This study shall take a multi-systemic approach examining the fiscal implications of untreated or poorly managed schizophrenia and other severe mental illnesses on the health care system, criminal courts, penal facilities including coun-

ty jails, housing programs, and nursing facilities. The Committee encourages NIH to collaborate or consult outside entities with experience in serious mental illness and conduct extensive studies of government and nongovernmental entities.

Suicide Prevention.—Suicide is complex, and multiple factors—biological, psychological, social, and environmental—play a role. The Committee encourages NIMH to provide additional attention to suicide prevention research across all of these areas, as well as the application of novel measurement techniques, statistical analysis, digital initiatives, and information systems. The Committee also encourages NIMH to promote greater collaboration with other NIH institutes and centers with expertise in research areas that can contribute to suicide prevention, especially NIA, NICHD, NHGRI, NIAAA and NIDA.

NATIONAL INSTITUTE ON HEALTH SCIENCES RESEARCH

Appropriation, fiscal year 2024	\$1,911,613,000
Budget request, fiscal year 2025	1,908,073,000
Committee Recommendation	1,931,662,000
Change from enacted level	+20,049,000
Change from budget request	+23,589,000

The report language that follows includes references to the National Institute of Environmental Health Sciences (NIEHS), the National Institute on Minority Health and Health Disparities (NIMHD), the National Center for Complementary and Integrative Health (NCCIH), the National Institute of Nursing Research (NINR), and the John E. Fogarty International Center (FIC).

Alopecia Areata.—The Committees notes the disproportionate effect of alopecia areata on people of color, specifically women. The Committee requests an update in the fiscal year 2026 congressional justification on collaborative efforts between NIAMS and other relevant NIH institutes and centers and stakeholders in identifying key research areas of concern.

Disparities in Digital Health Readiness.—The COVID pandemic facilitated unprecedented growth in the use of telehealth, but not all populations benefited equally. For some individuals and communities, barriers include factors such as trust, acceptance, relevance of telehealth as a means of receiving care. Overcoming such barriers is essential to promoting equitable access to and uptake of health care. Therefore, the Committee urges NIMHD to support funding opportunities that are focused on identifying digital health barriers and developing individually tailored approaches to addressing them.

Improving Native American Cancer Outcomes.—The Committee continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes \$15,000,000, which is an increase of \$9,000,000 above the fiscal year 2024 enacted level, to continue an initiative for Improving Native American Cancer Outcomes to support efforts including research, education, outreach, and clinical access related to cancer in Native American populations. The Committee further directs NIMHD to work with NCI to locate this initiative at an NCI-designated cancer center demonstrating partnerships with Indian Tribes and Tribal organizations to improve the screening, diagnosis, and treatment of

cancers among Native Americans, particularly those living in rural communities.

Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM).—ICCVAM is a committee of NIEHS under the National Toxicology Program Interagency Center for the Evaluation of Alternative Toxicology Methods (NICEATM). The primary mission of ICCVAM is to coordinate Federal agency collaboration of new, revised, and alternative test methods, including the development of non-animal testing methods. The Committee urges robust support for ICCVAM and NICEAM to facilitate inter-agency efforts on the development and utilization of non-animal testing methods, and to reduce, refine, and replace animal use in Federal research when feasible.

Microplastics.—The Committee recommends that NIH review primary chemicals in the life cycle analysis of plastic materials that are negatively impacting the environment and human health. The Committee urges NIH to research the presence of microplastics and nanoplastics in the human body, including in organs and biospecimens and how such presence impacts human health.

Multiple Chronic Disease Research Centers.—The Committee is aware and strongly supports the regional chronic disease centers established by NIMHD. To further the promotion of their mission, the Committee encourages NIMHD to establish a dissemination and implementation hub, where investigators could obtain expert guidance on pragmatic trial design, and dissemination and implementation frameworks to assist in evaluating promising interventions in reducing chronic disease disparities. The Committee strongly urges NIMHD to establish a hub at one of the regional chronic disease centers aimed at reducing disparities in diabetes and hypertension.

Native Hawaiian/Pacific Islander Health Research Office.—The Committee provides \$5,000,000, which is an increase of \$1,000,000 above the fiscal year 2024 enacted level, for the Native Hawaiian/Pacific Islander Health Research Office (NHPIHRO) with a focus on both addressing Native Hawaiian and Pacific Islander (NHPI) health disparities, as well as supporting the pathway and research of NHPI investigators. The Committee encourages NHPIHRO to develop partnerships with academic institutions with a proven track record of working closely with NHPI communities and NHPI-serving organizations located in states with significant NHPI populations to support the development of future researchers from these same communities.

Obstetric Fistula Research.—The Committee notes that an estimated 500,000 women and girls worldwide live with obstetric fistula—with thousands of additional cases occurring annually. Obstetric fistula occurs disproportionately among impoverished, vulnerable, and marginalized women and girls. It can be prevented by skilled health personnel at birth and emergency obstetric and newborn care. The Committee is concerned that fistula repairs were widely halted or slowed down due to COVID, as they were deemed non-urgent and unsafe during the pandemic. This may have resulted in an increased backlog of fistula cases. The Committee requests a report in the fiscal year 2026 congressional justification on the annual funding level for this training over the preceding 5 fis-

cal years, including the types of grants supported during this period.

Primary Care Research.—The Center for Primary Care Research conducts vital studies that can lead to significant improvements in how primary care is delivered and financed. By focusing on innovative care models, the integration of technology, and the development of a resilient and well-supported primary care workforce, this research aims to transform primary care into a more patient-centered, efficient, and equitable component of the healthcare system. Investing in primary care research is not only an investment in the health of individuals but also in the overall well-being and economic stability of communities nationwide. Enhanced primary care services lead to better health outcomes, reduced healthcare costs, and decreased hospitalizations and emergency department visits.

Research Endowment Program.—The Committee includes \$12,000,000 for the Research Endowment Program, the same as the fiscal year 2024 enacted level. The Committee is pleased with NIMHD’s reinvigoration of the Research Endowment Program and has continued funding for fiscal year 2025. The Committee supports effort that seek to supplement the funding available to existing grantees and continue to expand the number of statutorily eligible institutions receiving grants through a competitive process.

Research Centers at Minority Institutions (RCMI) Program.—The Committee notes that NIMHD’s budget has experienced significant growth during the last decade but funding for the RCMI program has not kept pace despite being a flagship program. The Committee urges NIMHD to revisit its policies related to growth in the RCMI program.

State Wide Surgical Quality Collaboratives.—The Committee is aware that several States have moved 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 these collaboratives are to improve surgical outcomes, improve the value of surgical care, and decrease disparities in care. The Committee urges NIH to support States’ development of such collaborations including their expansion to include more hospitals, telehealth, and mobile solutions in higher-value care.

Wildfire Smoke Health Research.—The lack of data about the health impacts of wildland fire smoke and wildfire management strategies is a major gap in our firefighting arsenal. The Committee encourages NIEHS to help fill this gap by pursuing research to evaluate smoke health impacts for communities experiencing different times of wildfire and to develop datasets linking wildfire smoke to health impacts.

John E. Fogarty International Center

The Committee includes \$95,162,000 for this center, the same as the fiscal year 2024 enacted level.

NATIONAL INSTITUTE ON INNOVATION AND ADVANCED RESEARCH

Appropriation, fiscal year 2024	\$3,541,351,000
Budget request, fiscal year 2025	3,590,431,000
Committee Recommendation	2,568,004,000
Change from enacted level	– 973,347,000
Change from budget request	– 1,022,427,000

The report language that follows includes references to the National Institute of Biomedical Imaging and Bioengineering (NIBIB), the National Center for Advancing Translational Sciences (NCATS), and the Advanced Research Projects Agency for Health (ARPA-H).

Diagnostic Technology Development.—The Committee is pleased with the success of the Rapid Acceleration of Diagnostics program in accelerating the innovation and commercialization of diagnostic technologies. The Committee commends NIBIB’s initial efforts to apply the innovation funnel model beyond COVID testing to address other critical unmet needs in diagnostic testing and encourages NIBIB to continue these efforts in fiscal year 2025 in partnership with other institutes and centers, including NICHD, NIA, NINDS, and NIMH. The Committee further requests NIBIB provide an update in the fiscal year 2026 congressional justification on these efforts.

National Clinical Cohort Collaborative.—The Committee urges strong support for the National Clinical Cohort Collaborative’s (N3C) open-science, privacy-preserved data-sharing platform to accelerate biomedical research and discovery. Supported by the Clinical and Translational Science Awards program, N3C combines electronic health record data with other types of data such as imaging, mortality, and Medicare and Medicaid data from CMS to answer key research questions on a variety of diseases, with 2 diseases being piloted. The Committee supports the continuation of N3C and encourages NCATS to coordinate with other HHS agencies to make N3C available as an underlying common real-world data platform to drive faster discovery across a range of diseases. The Committee encourages NCATS to formulate a public-private strategy on the viability of N3C in the challenging diagnostic odyssey of rare disease research, to be detailed in a report to the Committee within 1 year of enactment of this Act and made available on the agency’s website.

Rare Disease Research.—The Committee encourages NCATS to leverage the investments made in NCATS rare disease research to accelerate the development of new treatments for the over 95 percent of 10,000+ rare diseases with no FDA approved treatment, to strengthen the innovation of diagnostics to shorten the average 6.3 yearlong diagnostic odyssey, and to lower the nearly \$1 trillion annual economic burden of rare diseases. The Committee urges NCATS to increase its support for rare disease research.

Advanced Research Projects Agency for Health (ARPA-H)

The Committee includes \$500,000,000 for this activity, which is \$1,000,000,000 below the fiscal year 2024 enacted level.

ARPANET-H Network.—The Committee appreciates ARPA-H’s efforts to ensure that communities across the country have input into and benefit from the agency’s innovations. The ARPANET-H health innovation network brings together stakeholders from every state from the earliest stages of program development to the transition to the private market. The Customer Experience hub facilitates input from patients, providers, and other partners to ensure ARPA-H develops technologies that meet their needs and are accessible to all. The Investor Catalyst hub works with investors and industry so that solutions developed by ARPA-H thrive after gov-

ernment contracts have concluded. The Committee requests a report within 90 days of the date of enactment of this Act on the ARPANET–H network, including the number of spokes and a summary of the geographic distribution and types of organizations participating, as well as descriptions of each activity held by the hub-and-spoke network.

Artificial Organs.—The Committee recognizes that more than 100,000 Americans across the country are on the organ transplant waiting list, with more than four in five suffering from kidney failure requiring grueling and expensive dialysis treatments. Though some can receive a transplant, 17 Americans die every day waiting for an organ transplant, with 13 per day dying due to kidney failure. Medicare spends more than \$50,000,000,000 annually managing kidney failure, which affects more than 800,000 Americans in total. KidneyX, a public-private partnership in its 5th year focused on accelerating innovation in the diagnosis, prevention, and treatment of kidney disease, has accelerated investment in an underfunded area of innovation, leading to a variety of promising new technologies in biotechnology and tissue engineering with an eye toward the artificial kidney. Given the significant cost of kidney failure to the Federal government, the promising state of science, and the need for better and more available organ transplant options for patients, the Committee encourages ARPA–H to prioritize research focused on the development of artificial organs, including kidneys, building on the progress of KidneyX.

Commercialization Network.—Speeding the translation of innovative health technologies to market is essential for the success of ARPA–H. This acceleration depends on meaningful collaboration between researchers, entrepreneurs, and investors across sectors and geographic areas. The Committee supports the establishment of the Investor Catalyst Hub in the ARPANET–H hub-and-spoke network and appreciates its initial efforts to build a diverse, wide-ranging network of experts to advance innovation and commercialization of medical technologies.

Lyme and Other Tick-Borne Diseases (TBD).—The Committee recognizes the value of and encourages ARPA–H to evaluate the potential benefits of supporting research and development programs and projects related to TBD. Examples of potential research and development activities may include research related to TBD diagnostics and Bartonella unit.

MATRIX Program.—The Committee urges ARPA–H to continue the Machine Learning/Artificial Intelligence-Aided Therapeutic Repurposing In eXtended uses (MATRIX) project. The Committee recognizes the impact of this program to help the 30 million Americans currently facing a rare disease through the project's ability to determine if a currently approved drug is suitable to use against other rare diseases, such as Lowe syndrome, Leigh syndrome, and Fabry disease.

Mental Health Research.—The Committee urges ARPA–H to support mental health research, including diagnosis and treatment of severe mental illness to address widespread behavioral health issues, and to focus as well on developing treatments and cures for dementia, given the prevalence and immense burden of this disease on society, as well as the potential for such an investment to spur industry developments and new academic partnerships.

Nanovaccine Research.—The Committee recognizes the importance to invest in vaccine research at U.S. universities to improve upon existing vaccines such as room temperature stable nanovaccines that can be rapidly designed, tested, and deployed. The Committee urges ARPA–H to support funding to academic researchers working on nanovaccines.

Retinitis Pigmentosa.—ARPA–H plays a unique role in the development of high-impact research to deliver transformative advances in health solutions that strengthen U.S. science and technology capacity, competitiveness, and leadership. Given the significant toll Retinitis Pigmentosa exacts on the health care system every year and the lack of curative therapies currently available to help these patients, the Committee urges ARPA–H to identify and invest in high-risk, high-reward biopharmaceutical research projects that show demonstrated potential to transform health care and improve public health. The Committee requests an update from ARPA–H in the fiscal year 2026 budget request on work related to this topic.

Clinical and Translational Science Awards

The Committee includes \$629,560,000 for this activity, the same as the fiscal year 2024 enacted level.

Cures Acceleration Network

The Committee includes \$75,000,000 for this activity, the same as the fiscal year 2024 enacted level.

OFFICE OF THE DIRECTOR

Appropriation, fiscal year 2024	\$1,933,113,000
Budget request, fiscal year 2025	2,291,054,000
Committee Recommendation	2,013,267,000
Change from enacted level	+80,154,000
Change from budget request	–277,787,000

The items below include issues and programs specific to the Office of the Director as well as those that involve multiple institutes and centers.

ACT for Amyotrophic Lateral Sclerosis Expanded Access.—In addition encouraging more research broadly for Amyotrophic Lateral Sclerosis (ALS), the Committee includes \$75,000,000, the same as the fiscal year 2024 enacted level, to support expanded access grants as authorized in the Accelerating Access to Critical Therapies for ALS Act (P.L. 117–79). The Committee continues to direct NIH to handle this funding as separate from, not competitive with, other funding for research on ALS. The Committee encourages NINDS and OD to continue to strengthen the expanded access grant application process as discussed in the joint explanatory statement which accompanied the fiscal year 2023 consolidated appropriations Act. The Committee commends efforts by NINDS to engage stakeholders and grow the sustainability of this program.

Furthermore, after the review and award of meritorious applications under Section 2, the Committee recommends NIH apply any unused funds to programs authorized under ACT for ALS including Section 3 public-private research partnership and Section 5 Rare Neurodegenerative Disease Grant Program at FDA, as well as the NIH ALS Strategic Priorities.

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

Advancing Gene and Cell Based Therapies.—The Committee recognizes that cell-based therapies hold promise for a broad range of conditions, including neurological conditions, musculoskeletal conditions, cancer, radiation damage, cardiovascular disease, diabetes, blindness, skin diseases, wound healing, and autoimmune and immune-mediated disease. The Committee supports the development and launch of a coordinated program to support research, development, and specific activities related to manufacturing of somatic (adult) gene and cell-based therapies for patients with serious and life-threatening conditions. Such funding could support large-scale, randomized, controlled clinical trials or other innovative clinical trial designs exploring the use of somatic gene and cell-based therapies for serious and life-threatening conditions; development, characterization, optimization, and scaling of manufacturing of gene and cell-based therapies; a clinical trials network to support sharing of best practices and lessons learned; workforce development activities; and collaborative, evidence development, including the development and operation of an outcomes database. The Committee encourages support for cell-based therapies to be guided by a committee of outside experts, including researchers who have conducted multiple clinical trials involving cell-based therapies. Initial areas of focus for the program could include neurological conditions, musculoskeletal conditions, cancer, radiation damage, immunological disease, and cardiovascular disease.

All of Us.—The Committee includes \$36,000,000 from the Cures Act for the All of Us Research program. The Committee continues to support the work on this program to allow for continued participant enrollment from historically underrepresented populations and to continue its efforts to enroll participants from rural communities, including pediatric enrollment.

Alternatives to Animal Testing.—The Committee supports the Complement Animal Research In Experimentation (Complement-ARIE) Program, intended to spur the development, standardization and use of new approach methodologies (NAMs) intended to more accurately model human biology. The Committee also encourages NIH, in new announcements and other indications of funding opportunities, to prioritize consideration of NAMs as the preferred option for areas of preclinical research when it is not appropriate to use human participants.

Amyotrophic Lateral Sclerosis Research.—The Committee believes it is critically important that NIH continue to increase its investment in ALS research and grow the research workforce, in order to find new treatments and a cure for the disease. Increasing support for ALS research will benefit people living with ALS now and those diagnosed in the future. The Committee continues to strongly encourage NIH to increase support for research, including

the Transforming Research Award program for ALS, that will lead to measurable changes in the lives of people with ALS.

Atopic Dermatitis.—The committee is encouraged that recent scientific breakthroughs have led to progress in patient care and the development of innovative therapies for atopic dermatitis and other forms of eczema. The committee recognizes emerging potential in NIH multidisciplinary research and community engagement for atopic dermatitis to address new opportunities in a variety of collaborative areas.

Cancer Vaccines.—While much progress has been made in the study of mRNA cancer vaccines and the mRNA vaccine platform continues to hold potential, additional advances from ongoing research are needed to hasten the development of effective personalized cancer therapies based on mRNA technology. Findings from the ongoing NCI-supported research will continue to inform progress in this promising field. The Committee urges NIH to continue to provide robust funding to support research that moves the field forward for mRNA vaccines in cancer, collaborating closely with academic medical centers and cancer centers. Areas of particular scientific opportunity include focus on enhancing immune recognition of solid tumors, overcoming suppression in the tumor microenvironment, and personalization of mRNA vaccines. Together, these strategies have high potential for increasing the effectiveness for cancer immunotherapy treatment and prevention.

Childhood Post Infectious Neuroimmune Disorders, Pediatric Acute-Onset Neuropsychiatric Syndrome and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus.—The Committee supports efforts to advance scientific research related to the devastating diseases of Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) & Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS). Although the NIH has undertaken research in this area, significantly more needs to be done. Understanding the causes, diagnosis, and treatment of these life-threatening diseases is essential to expedite early identification and intervention, thereby reducing the risk of chronic illness and associated costs to families, school systems, health care systems, and insurers. PANS/PANDAS research also would further the understanding of the critical link between neuropsychiatric illness and COVID and other infections. The Committee urges NIH to continue to prioritize research on PANS/PANDAS and related to autoimmune encephalitic conditions.

Crohn's Disease.—The Committee is aware of the strategic goal within the Strategic Plan for NIH Nutrition Research focused on improving the use of food as medicine and is interested in how certain foods, which are prescribed to support management of a specific condition and administered under physician supervision, impact the lives of patients, for example those with digestive diseases including Crohn's disease and ulcerative colitis. The Committee urges NIH to support research on the efficacy of food as medicine strategies to treat various diseases and condition, such as Crohn's Disease for pediatric patients.

Collaborations with the Department of Energy.—The Committee supports collaborations between the NIH and the Department of Energy (DOE) to strategically leverage NIH's research needs in cancer research, brain mapping, drug development that requires

DOE's high frequency imaging, supercomputing, instrumentation, materials, modeling simulation, and data science. Increased and more effective coordination could be instrumental to assist in the development of the nation's health, security, biomedical technologies, and in the development of more strategic enabling technologies. The Committee requests an update from NIH regarding their current and projected collaborations with DOE, including the identification of future opportunities for continued partnership growth as part of the fiscal year 2026 congressional justification.

Common Data Elements.—The Committee commends the Office of Data Science Strategy for issuing a request for information (RFI) to stakeholders focused on development of common data elements (CDEs) and for convening a workshop on this topic. The Committee recognizes the importance of CDEs in facilitating research activities and fostering collaboration amongst the research and healthcare communities. Specifically, CDEs are instrumental in standardizing data collection, enhancing data quality, and enabling more effective data sharing and analysis, particularly in complex areas such as autoimmune and immune-mediated diseases. The Committee encourages NIH to build upon the RFI and workshop and to develop a plan to work with stakeholders, particularly in the autoimmune and immune-mediate communities, to develop CDEs and best research practices for these conditions.

Debarment Policies.—The Committee supports NIH in its ongoing work focused on changing the culture of sexual harassment that is pervasive throughout its biomedical research laboratories. However, the Committee believes NIH should do more to ensure that proven bad actors are no longer eligible for Federal funding. In addition, the Committee is concerned that current regulations do not allow NIH to act quickly and independently to suspend or debar award recipients that demonstrate serious or frequent non-compliance and scientists supported through their institutions by NIH who have engaged in serious forms of professional misconduct. The Committee urges NIH to issue regulations implementing Executive Order 12549 and Executive Order 12689. Such regulations would provide NIH with the authority to issue a government-wide debarment, thereby preventing individuals or entities from participating in any government contracts, subcontracts, loans, grants, and other assistance programs for a specified period.

Diet and Chronic Disease Research.—The Committee supports NIH, including the Office of Nutrition Research and NIAID, for moving ahead with a scientific workshop focused on the role food and diet play in developing mucosal immunity for conditions such as Crohn's disease, ulcerative colitis, and other digestive and autoimmune or immune-mediated diseases. This workshop is anticipated to provide crucial insights to inform future Inflammatory Bowel Disease and larger diet and nutrition research and public health activities. The Committee urges NIH to promptly disseminate the proceedings of this workshop, particularly recommendations to inform future research funding priorities.

Dog and Cat Research.—For over half a century, Congress has expressed concerns about the harmful use of dogs and cats in biomedical research. The Committee remains concerned about this issue and is aware of various promising Federal initiatives in recent years to refine, reduce and replace the use of dogs and cats

in research with alternative species and technologies. The Committee directs NIH to submit a report to the Committee no later than 180 days of enactment of this Act that includes an explanation of NIH efforts for the reduction and replacement of the use of dogs and cats in NIH-funded intramural and extramural research classified in pain category D or E as defined by the Department of Agriculture (USDA), including objective performance metrics to assess progress. The content of the final report shall be made publicly available on the agency's website.

Female Aging Research.—The Committee acknowledges the NIH for its pioneering efforts in geroscience and underscores the importance of investigating female reproductive aging, a critical yet understudied aspect of women's health and longevity. For example, aging of the female ovary occurs at a more accelerated pace compared to other tissues and organs, posing significant implications for fertility, reproductive health, and overall well-being. This distinct aging process highlights the need for a deeper understanding of the cellular, molecular, genetic, and epigenetic factors driving early onset of female reproductive aging. To ensure progress in this pivotal research area, the Committee encourages NIH to convene a workshop with experts from across NIH, other relevant Federal agencies, academic institutions, and the private sector to explore the mechanisms that influence female reproductive aging, its impact on women's health, and the development of strategies and interventions to mitigate negative effects.

Focused Ultrasound.—The Committee understands focused ultrasound is a non-invasive, non-pharmacological, safe, and cost-effective alternative or complement to conventional surgery, radiation therapy, or drug-based treatments. Focused ultrasound is a promising intervention for patients suffering from serious conditions like Parkinson's disease, essential tremor, prostate cancer, and uterine fibroids, and is currently being explored for more than 180 other indications. The Committee encourages NIH to continue to engage with the focused ultrasound stakeholder community. Further, the Committee encourages NIH to explore existing focused ultrasound research group and ensure research coordination across the institutes and centers. The Committee requests an update in the fiscal year 2026 congressional justification, including an NIH-wide overview of the grants awarded to support focused ultrasound research and research opportunities for advancing cross-cutting focused ultrasound research across the institutes and centers to benefit patients.

Firearm Injury and Mortality Prevention Research.—The Committee does not include funding for this activity.

Fragile X.—The Committee notes the importance of expanding the base of researchers and clinicians who are familiar with and trained in 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 develop new interventions. The Committee commends the NIH for recognizing the ethical, legal, and social issues in premutation screening and testing and encourages to NIH to look at existing pilot studies that are looking at innovative ways to screen newborns, study Fragile X across the lifespan, and coordi-

nate efforts and research with the CDC as they look at screening solutions for FMR1-related conditions.

Functional Genomics to Improve Outcomes in Neurodevelopmental and Neurodegenerative Diseases.—The Committee urges NIH to expand efforts in this area. Additional funding would allow for the integration of worldwide data and discoveries using cutting edge tools through the lens of genomics which could accelerate the discovery of new genetic variants associated with neurodegenerative and neurodevelopmental disorders. Such discoveries are instrumental to understanding risk factors, detecting the disease earlier, monitoring the effectiveness of clinical trials, and defining pathways for new drug development.

Gabriella Miller Kids First Pediatric Research Program.—The Committee includes \$12,600,000 to support pediatric research as authorized by the Gabriella Miller Kids First Research program, which is the same as the fiscal year 2024 enacted level.

Gene Expression.—The Committee notes recent precision medicine developments focused on commercialized blood/biopsy tests that provide clinical decision support by analyzing gene expression, for example RNA, to determine disease status, identify abnormalities in drug targets, and predicting drug options. The benefits of this technology include the ability to stretch clinical trial resources efficiently to address patient needs. If properly implemented during the drug development process, the Committee acknowledges this technology could increase the likelihood that a drug will be approved by the FDA and that, after approval, it will reach patients who desperately need the drug to improve their condition. The Committee requests an update in the fiscal year 2026 congressional justification on efforts and progress made to implement clinical decision support that incorporates genomic information.

INCLUDE Down Syndrome Research Initiative.—The Committee includes no less than \$125,000,000, a \$35,000,000 increase above the fiscal year 2024 enacted level, within OD for the INCLUDE Initiative. With the Committee's support, NIH launched the INCLUDE Initiative in June 2018. The Committee remains pleased with a focus on large cohort studies across the lifespan, novel clinical trials, and multi-year, trans-NIH research driving important advances in understanding immune system dysregulation, Alzheimer's disease, and leukemia that is contributing to improvements in the health outcomes and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee directs NIH to provide an updated plan within 60 days of enactment of this Act that includes a timeline and 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 and be made available on the agency's website.

Infection Associated Chronic Conditions and Illnesses (IACCIs).—These are a related family of diseases with many overlapping similarities and commonalities. Currently, there is limited coordination at NIH among these various conditions leading to duplication, inefficiency, and redundancies. The Committee encourages NIH to

streamline, coordinate, and synergize research for IACCIs across the NIH institutes, centers, and offices.

Interagency Framework for Considering the Exercise of March In Rights.—The Committee notes with strong concern the Administration’s proposed “Draft Interagency Guidance Framework for Considering the Exercise of March-in Rights,” (Framework) which reviews factors, include price, that a Federal agency may consider when deciding whether to exercise march-in authority as provided in the Bayh-Dole Act. The Committee believes that if implemented by Federal agencies, particularly the National Institutes of Health, the Framework may adversely impact America’s global leadership in pharmaceutical innovation. The Committee notes that since the inception of the Bayh-Dole Act over 40 years ago, the U.S. has never exercised its march-in rights authority. This has empowered U.S. investment and technology communities, universities, and research institutions to take risks and efforts needed to bring new ideas to the pharmaceutical marketplace. In 2022 alone, 850 new commercial products utilizing inventions developed by U.S. universities and research institutions became available to the public in 2022 thanks in large part to the Bayh-Dole Act. If the Framework is finalized and implemented, the Committee is concerned that it would have serious negative effects on current and future scientific advancements in hundreds of promising new therapies under development to treat cancer, immune disorders, and other chronic conditions, and would threaten the U.S.’ global leadership in pharmaceuticals.

Lyme and Other Tick-Borne Diseases.—The Committee encourages the Office of the Secretary to work with the Director of NIH to evaluate the potential benefits of expanding the TBD portfolio to other institutes and centers in addition to NIAID. Because of the profound neurologic involvement of TBD, such as Lyme disease, NINDS and NIMH may make major contributions to the study of TBD, such as developing novel treatments for neurologic symptoms, including severe neurologic symptoms in children. Because of the severe impacts of TBD on children, NICHD may also greatly enhance NIH accomplishments in developing tools to manage pediatric cases of TBD.

Menopause Research.—The Committee is concerned that there is a significant and unmet need with respect to: basic research into and knowledge and understanding of menopause and perimenopause; new treatments for menopause-related symptoms; and evaluation of the safety and effectiveness of treatments for menopause-related symptoms. The Committee believes the lack of attention and investment into these health conditions has contributed to a lower quality of life and poorer health outcomes for the nation’s middle aged and older women. The Committee urges NIH to undertake and fund additional research related to early menopause (<45 years old), menopause, perimenopause, and mid-life women’s health, including research concerning symptoms and treatments for menopause, perimenopause, and other related mid-life women’s health issues and a multidisciplinary study of the effects of hormonal treatment for menopausal symptoms. As part of the fiscal year 2026 congressional justification, the Committee requests the historical information on research related to menopause, perimenopause, or mid-life women’s health over the preceding 5 fis-

cal years and an overview of: completed research related to menopause, perimenopause, and mid-life women's health; status of ongoing Federally-funded such research; and the safety and effectiveness of treatments for menopause-related symptoms and recommendations.

Mental Health, Addiction, and Resilience Research.—Diseases of the mind and brain can develop early in life, contribute to the burden of overall health and daily life function, and contribute to the persistent and rising rates of deaths of despair from mental illness and addiction. The Committee encourages NIH to support collaborative research efforts to uncover the root causes, risk, and resilience/protective factors of mental health and addiction. These efforts could include leveraging existing longitudinal research to examine the biological, psychological, and social factors and their interactions across multiple layers of analysis that put people at risk for addiction and mental illness including patterns of intergenerational transmission of mental illness, discover ways to better prepare and respond to stress, trauma and adversity, and inform and guide new strategies for prevention, recovery, and resilience.

Microplastics.—The Committee notes that research has identified microplastics and nanoplastics in water, food, and air, and in the human body. The Committee recommends that NIH review primary chemicals in the life cycle analysis of plastic materials and potential impacts on human health. The Committee also requests that NIH research the presence of microplastics and nanoplastics in the human body and the impacts on health.

Mitochondrial Disease.—The Committee recognizes the need for the NIH to prioritize research on primary and secondary mitochondrial disease. A constellation of rare diseases linked to impaired mitochondrial function needs further research while potentially promising interventions work through the FDA approval process. At the same time, research continues to validate the substantial connections between mitochondrial function and major conditions such as Alzheimer's, Parkinson's, ALS, Muscular Dystrophy, heart failure, and long COVID. The Committee strongly encourages NIH to advance primary mitochondrial disease research, continue its ongoing outreach and collaboration with the FDA related to research that may lead to future mitochondrial disease-related drug approvals, ensure that support for long COVID research includes opportunities for studies to explore the role of mitochondrial impairment, and ensure that opportunities remain available to support collaborative research on mitochondrial disease to centralize a critical mass of research, clinical care, and provider education.

Mucopolysaccharidoses and Mucopolipidosis.—The Committee recognizes the severity of Mucopolysaccharidoses and Mucopolipidosis (MPS/ML) diseases and the need for additional research in order to improve life expectancy and quality of life for patients.

National Primate Research Centers and Caribbean Primate Research Center.—The Committee does not include funding for this activity.

Neuroarts Research.—The Committee notes the contribution of NIH to the burgeoning field of neuroarts, which shows great promise in advancing health and wellbeing for all.

Neurofibromatosis.—The Committee supports efforts to increase funding and resources for Neurofibromatosis (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, 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 support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee urges NEI, NINDS and NIDCD to continue to support fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF have a higher chance of developing autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to continue their support of research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NIH to expand its investment in NF1-focused research on optic gliomas and vision restoration.

Non-Human Primates.—The Committee recognizes the critical role of non-human primate research in virtually all areas of biomedical research. Research with these unique models makes irreplaceable contributions to understanding the biological processes that cause diseases. These models are essential in the discovery and evaluation of new therapeutics before they go to clinical trials. As the U.S. population ages, and millions of Americans suffer from chronic and degenerative diseases, including those that affect the nervous system such as Alzheimer's and Parkinson's disease, non-human primate research will continue be vital to understanding both the underlying mechanisms and potential cures for these diseases. Non-human primate research remains critical to understand the causes of age-related degenerative diseases and to improve the effectiveness of new compounds and non-pharmaceutical treatments such as deep brain stimulation, neuromodulation, cancer, chronic pain, and metabolic disorders. The Committee encourages NIH to award funding to meritorious research proposals to study these degenerative disorders, including studies that utilize non-human primates.

Office of AIDS Research.—While great advancements have been made in HIV prevention, health care, and treatment over the last 30 years, more must be done to improve the lives of the more than one million people with HIV in the U.S. and prevent the more than 31,000 new infections each year. The targeted HIV/AIDS research funding at the NIH is needed to develop improved access to health care and services for those with HIV, better prevention for at-risk populations from transmission, more effective treatments, and ultimately a cure for HIV.

Office of Communications and Public Liaison.—The Committee notes with strong concern the lack of adherence to scientific terminology and industry-recognized reference standards in the NIH

Style Guide. The promotion and use of politicized and polarizing language by the nation's premier scientific institution is a disappointment and serves as yet another example of the lack of scientific rigor now used across NIH.

Office of the Chief Officer for Scientific Workforce Diversity.—The Committee does not include funding for this activity.

Office for Research on Women's Health.—The Committee provides \$100,000,000 for the Office of Research on Women's Health, which is \$23,520,000 above the fiscal year 2024 enacted level and \$53,909,000 below the fiscal year 2025 budget request. The Committee recognizes research into conditions that disproportionately or differently affect women will increase positive health outcomes. Based on an analysis of NIH extramural grants awarded in fiscal year 2019, doubling research focused on women-focused funding in just four conditions, coronary artery disease, lung cancer, Alzheimer's disease, and rheumatoid arthritis could provide a \$14 billion economic return. Despite progress made, opportunities to enhance NIH efforts focused on the health of women across the lifespan could bridge gaps in knowledge about diseases that affect women differently or disproportionately. Additional NIH-wide investments in research addressing pressing conditions and diseases which negatively impact the health of women could produce significant economic returns. The Committee urges NIH to focus women's health research on these areas.

Open Access Genetic Sequence Data Repositories.—The Committee is concerned NIH may not have sufficient safeguards in place for open access databases with human genetic data. The Committee directs NIH to submit a report within 180 days of enactment of this Act on the authentication protocols in place to restrict the ability for foreign adversary entities to access such a database.

Osteopathic Medical Schools.—Osteopathic medicine represents a vibrant portion of the medical student education and health systems ecosystem. However, the Committee remains concerned with the historic disparity in NIH funding and representation for Colleges of Osteopathic Medicine (COMs), as well as NIH's failure to respond to requests to create an action plan to address the agency's chronic underfunding of osteopathic research and underrepresentation of osteopathic scientists on NIH National Advisory Councils and study sections. Additionally, the Committee is concerned that NIH continues to associate osteopathic medicine most strongly with the National Center for Complementary and Integrative Health (NCCIH). The Committee encourages the NIH to expand funding opportunities and representation across NIH Institutes and Centers, outside of NCCIH. Further, the Committee requests NIH include in the fiscal year 2026 congressional justifications information on the representation of COMs in NIH applications and awards.

Parkinson's Progression Markers Initiative.—The Committee supports the significant recent advances in Parkinson's disease (PD) research through public-private partnerships like the Accelerating Medicines Partnership for PD (AMP-PD) that is a collaboration between NIH, nonprofit organizations, and industry. The work of the Michael J. Fox Foundation for Parkinson's Research PPMI program, one of the cohorts contributing to AMP-PD, recently inde-

pendently replicated a potential diagnostic biomarker for Parkinson's disease. The Committee encourages NIH and NINDS to continue participation in such public-private partnership opportunities with patient advocacy groups and build on these discoveries to accelerate Parkinson's and atypical parkinsonism disorders (e.g. progressive supranuclear palsy) research advances.

Pediatric Lyme Disease.—As part of the fiscal year 2026 congressional justification, the Committee requests an update on the agency's plans to advance research on pediatric Lyme disease, including the impact on children who are infected in utero. The Committee encourages NIH, including NIAID, NINDS and NIMH, to increase study of neurologic symptoms of Lyme disease, including in children, increasing surveillance of neurologic symptoms and investigating novel treatments of neurologic symptoms.

Pelvic Floor Disorders.—Pelvic floor disorders (PFDs) are common conditions that can significantly affect a woman's quality of life. Approximately 25 percent of women experience at least one PFD and this condition becomes more common with age. Unfortunately, health disparities in the care of pelvic floor disorders are a prevalent issue, especially impacting patients in underserved areas, areas with limited access to health care, barriers to healthcare and care-seeking behaviors regarding the treatment/management of PFDs. Therefore, the Committee urges NIH to support research to better understand disparities in care for diverse patients, which may include identifying risk factor clusters in geographic regions and within these diverse populations that suffer from PFDs. The Committee requests an update on this effort in the fiscal year 2026 congressional justification.

Physician Scientist Workforce.—The Committee urges the NIH to invest in new incentives for physician-scientists to pursue biomedical research opportunities. The number of physicians who opt for academic career paths in biomedical research has dropped in recent years, and the Committee is concerned that this troubling trend may inhibit innovation that might otherwise contribute to the next generation of cures. New incentives are critically needed to replenish physician-scientists' ranks. More specifically, the Committee encourages the NIH to continue support for research-oriented career development grants with mentorship activities, continue supporting postdoctoral trainees, and empower researchers to independently pursue new fields of research, including high-risk/high-reward projects. It is vital that the NIH build on the findings of its Physician-Scientist Workforce Working Group Report (June 2014) a decade ago, which concluded that physician-scientists may face pressures from institutions to see patients rather than conduct research.

Polycystic Ovary Syndrome.—The Committee commends OD for incorporating Polycystic Ovary Syndrome (PCOS) into the NIH Research, Condition, and Disease Categories (RCDC) reporting, which provides specificity regarding research projects focused on PCOS. Despite this progress, the discrepancy between PCOS's profound impact on 10 percent of women and its annual economic burden of over \$15 billion in the U.S., compared to the \$10 million in research projects supported in 2023 as per RCDC, is pronounced. The Committee recognizes the significant and pervasive health and economic burden of PCOS, which has metabolic, cardiovascular, repro-

ductive, maternal health, and mental health manifestations. Moreover, the Committee recognizes that there are no FDA approved treatments specifically for PCOS. To bridge the significant funding gap and to improve health outcomes for women while reducing healthcare costs, the Committee strongly urges increased funding for PCOS research at NIH. The Committee encourages increased investments into research on the metabolic, cardiovascular, psychosocial, maternal-fetal, oncologic, pediatric, dermatologic, neurologic, and reproductive aspects of PCOS. The Committee encourages the NIH to increase its PCOS research portfolio to invest in fundamental laboratory science, patient-oriented research, clinical trials, and longitudinal studies focused on the cardiometabolic features and endocrinopathy of PCOS throughout the lifespan. Areas of interest include closing knowledge gaps in PCOS, researching novel diagnostics and treatments, exploring the research opportunities identified from the NHLBI report based on its 2021 NIH workshop on cardiovascular risks across the lifespan in PCOS, and applying insights from the PCOS Externally-Led Patient-Focused Drug Development Meeting and Voice of the Patient Report to address patients' unmet needs and to align with their treatment priorities.

Sexual and Gender Minority Research Office.—The Committee does not include funding for this activity.

Spina Bifida Research.—The Committee encourages NIH to study the causes and care of the neurogenic bladder 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. The Committee requests an update in the fiscal year 2026 congressional justification on research findings on spina bifida and issues related to it. The Committee supports the specific efforts of NICHD to understand early human development; set the foundation for a healthy pregnancy, and lifelong wellness of women and children; and promote the gynecological, andrological and reproductive health for people with spina bifida. Additionally, NIH is encouraged to support research 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.

Staffing Report.—The Director shall submit to the Committee, within 90 days of enactment of this Act, a staffing report detailing the number of Senior Executive Service (SES) employees and Title 42 public health service excepted employees broken down by the employing institute or center. These reports shall include the total number of employees broken down by SES or Title 42 exempted status and total compensation for each, including pay, and any awards such as bonuses.

Success Rates.—No later than 180 days after enactment of this Act, the Agency is directed to publicly post and maintain on the agency's website a listing of all grant success rates by institute or center, grant mechanism, and fiscal year. Such website information shall be easily accessible and include options to export into an elec-

tronic data format. Initial information should include the last 10 years, to the extent practicable, and be maintained on the website indefinitely.

Ultra Processed Foods.—The Committee recognizes more research is required to better understand the health impacts of ultra-processed foods, and how to best define ultra-processed foods. The Committee encourages NIH, in coordination with CDC and FDA, to support research on ultra-processed foods.

Von Hippel Lindau Disease.—The Committee appreciates NIH’s support for research on von Hippel-Lindau (VHL) disease, which has led to the development of new treatments for not only VHL but also more prevalent cancers. While significant research has focused on the role between the VHL Gene and Hypoxia-Inducible Factor 2 Alpha, the Committee encourages NIH to continue to support research to identify additional molecular targets. The Committee requests an update on this research in the fiscal year 2026 congressional justification.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2024	\$350,000,000
Budget request, fiscal year 2025	350,000,000
Committee Recommendation	353,671,000
Change from enacted level	+3,671,000
Change from budget request	+3,671,000

NIH INNOVATION ACCOUNT

Appropriation, fiscal year 2024	\$407,000,000
Budget request, fiscal year 2025	127,000,000
Committee Recommendation	127,000,000
Change from enacted level	– 280,000,000
Change from budget request	– – –

This account supports NIH programs authorized in the Cures Act. The Committee recommendation includes funding for initiatives authorized by the Cures Act; \$36,000,000 for the All of Us precision medicine initiative within the Office of the Director and \$91,000,000 for the BRAIN initiative split equally between NIMH and NINDS.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2024	\$7,446,396,000
Budget request, fiscal year 2025	7,715,556,000
Committee Recommendation	7,542,067,000
Change from enacted level	+95,671,000
Change from budget request	– 173,489,000

The Committee recommendation for the Substance Abuse and Mental Health Services Administration (SAMHSA) program level includes \$7,398,400,000 in discretionary budget authority, \$131,667,000 in PHS Evaluation Tap Funding, and \$12,000,000 in transfers from the Prevention and Public Health Fund (PPHF).

SAMHSA is the agency within HHS that leads public health efforts to reduce the impact of substance use and mental illness on America’s communities. The Committee continues to include bill language that exempts the Mental Health Services Block Grant (MHSBG) and the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS) as a source for the PHS Act section 241 evaluation set aside in fiscal year 2025.

Eligible Grantees.—Where permitted in the authorizing statute, the Committee directs SAMHSA, when issuing new funding opportunity announcements, to include as an eligible applicant States, political subdivisions of States (including local governments, communities, and municipalities), Tribes or Tribal organizations, other public or nonprofit entities, and faith-based organizations. The Committee encourages SAMHSA to provide outreach and technical assistance to ensure the maximum level of awareness and participation in new grant announcements to ensure robust competition.

Female Adolescent Mental Health.—The Committee notes with concern the findings in a February 2023 report on the high rates of mental health challenges and suicidal ideation among adolescent females. The Committee directs the Secretary of HHS, through SAMHSA, to work across HHS, and in consultation with other Departments as appropriate, to develop a comprehensive interagency coordinating plan to improve adolescent mental health, with a focus on the unique challenges facing female adolescents. The Committee requests a briefing outlining these efforts within 180 days of enactment of this Act.

Gambling.—The Committee understands that the annual national cost of problem gambling is estimated to be \$7,000,000,000 per year. As part of the fiscal year 2026 congressional justification, the Secretary is encouraged to include how agency resources can be better utilized to provide and facilitate gambling addiction prevention and treatment services.

Harm Reduction.—The Committee is concerned that SAMHSA has confused the normalization of illegal drug use with its mission to support prevention and recovery in relation to substance use disorder. The Committee continues to support the availability and provision of naloxone to reduce overdose deaths; however, the Committee provides no funding to support harm-reduction activities related to supporting the continued misuse of controlled substances.

Homelessness.—The Committee directs SAMHSA to include in the fiscal year 2026 congressional justification information on how the agency currently prioritizes substance use and mental health programs specifically related to populations that are at high risk of becoming homeless, evaluates the efficacy of current policies, and considers new policies that lead toward better outcomes. The Committee also encourages SAMHSA to prioritize programs that require treatment, accountability, and a path to self-sufficiency.

Hair Testing Guidance.—The Committee recognizes that section 5402 of the Fixing America’s Surface Transportation (FAST) Act (P.L. 114–94) required the Secretary to “issue scientific and technical guidelines for hair testing as a method of detecting the use of a controlled substance for purposes of section 31306 of title 49, U.S. Code”, which is the drug and alcohol testing program for operators of commercial motor vehicles. While more than 7 years have passed since the enactment of the FAST Act, the Committee notes that HHS is currently considering hair testing as an alternative method of drug testing and issued proposed mandatory guidelines relating to hair testing in September 2020, but has not issued final guidelines, as required by the FAST Act.

The Committee also recognizes that since the FAST Act was signed into law, our nation has experienced a crippling substance use epidemic—particularly from opioids and synthetic opioids—and

Federal inaction to recognize hair testing as a viable alternative to urinalysis has denied Americans a legitimate tool to stem the crisis. This is a glaring reminder that drug-impaired driving remains a serious issue and poses a tremendous risk to the safety of the motoring public. Therefore, the Committee directs HHS to produce guidelines for the use of hair testing as an alternative drug testing method for commercial motor vehicle operators, in accordance with section 5402 of the FAST Act. The Committee requests an update on this effort in the fiscal year 2026 congressional justification.

National Substance Use and Mental Health Services Survey.—The Committee encourages SAMHSA to partner with an academic institution to expand the efforts of the National Substance Use and Mental Health Services Survey and support the development and implementation of a dashboard that provides a comprehensive, interactive snapshot of progress toward reversing the opioid epidemic. The dashboard should be designed to support real-time monitoring of prevention, treatment access and quality, and overdose response capacity, in addition to existing metrics.

Right to Bear Arms.—The Committee recognizes that firearm ownership is a constitutionally guaranteed right recognized by the U.S. Supreme Court. SAMHSA should issue no guidance, nor make a requirement of any recipient of Federal funding, that seeks to restrict, limit, hinder, or further diminish this fundamental right.

Rural Health.—The Committee recognizes the unique challenges faced by those who live in rural and frontier areas to access regular mental health and substance use services. These challenges are further complicated when individuals need timely substance use disorder and mental health crisis services led by behavioral health professionals in these areas. Providers in rural areas also face unique obstacles. They may lack the full staff or resources to faithfully implement evidence-based practices or meet requirements for grant funding. Given these challenges, the Committee directs the Assistant Secretary of Mental Health and Substance Use in coordination with the Assistant Secretary for Planning and Evaluation and the Administrator of HRSA to submit a joint report to the Committee providing details on what strategies these agencies are implementing to address the unique concerns of those in rural communities. The report should address what resources are needed to improve and sustain access to prevention, treatment, and recovery-oriented services, including crisis response services, and to recruit, train, and sustain sufficient workforce in rural and frontier settings within 180 days after enactment of this Act. Such report should be made available on the agency's website.

Rural Opioid Technical Assistance Regional Centers.—The Committee is gravely concerned with SAMHSA's proposal to consolidate funding for the Rural Opioid Technical Assistance Regional Centers into a single State Opioid Response Technical Assistance Center. If implemented, the proposed consolidation would have a deleterious effect on the provision of localized technical assistance to SAMHSA grantees in regions such as Florida, Wisconsin, Oklahoma, and Washington that host such centers given the variation in regional and local substance misuse patterns. The Committee, therefore, directs SAMHSA to maintain funding for the Rural Opioid Technical Assistance Regional Centers at not less than the fiscal year 2024

level and further directs SAMHSA to provide a briefing on this topic within 90 days of enactment of this Act.

Suicide Prevention.—The Committee recognizes that suicide is a serious public health problem requiring strategic suicide prevention solutions, especially among disproportionately impacted populations. The Committee further recognizes that suicide prevention requires a strategic public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, Tribes, and territories are most suited to lead a comprehensive public health approach to suicide prevention, which demands effectively coordinating with multisector partners to take a data-driven, evidence-based process that addresses the broad range of risk and protective factors associated with suicide.

MENTAL HEALTH

Appropriation, fiscal year 2024	\$2,808,546,000
Budget request, fiscal year 2025	3,112,046,000
Committee Recommendation	2,676,107,000
Change from enacted level	– 132,439,000
Change from budget request	– 435,939,000

Behavioral Health Integration.—The Committee encourages SAMHSA to develop school-based and evidence-based best practices addressing behavioral health intervention training to support practices that assist children and youth with behavioral health needs, including behavioral intervention teams, a team of qualified mental health professionals who are responsible for identifying, screening, and assessing behaviors of concern and facilitating the implementation of evidence-based interventions.

Mental Health Services Block Grant

The Committee provides \$1,022,571,000 for the Mental Health Services Block Grant (MHBG) which is \$15,000,000 above the fiscal year 2024 enacted program level and \$20,000,000 below the fiscal year 2025 budget request. 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 and the 5 percent set aside for crises-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crises stabilization programs.

Certified Community Behavioral Health Clinics

The Committee provides \$385,000,000, the same as the fiscal year 2024, for Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care by providing care for mental health or substance use to all who request such services regardless of their age or ability to pay. CCBHCs provide access to crises services around the clock, support outpatient mental health and substance use services, and community-based mental health care for veterans.

Children's Mental Health Services

The Committee provides \$130,000,000 for Children's Mental Health Services, which is the same as the fiscal year 2024 enacted program level and \$50,000,000 below the fiscal year 2025 budget request, to fund 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.

Protection and Advocacy for Individuals with Mental Illness

The Committee provides \$40,000,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2024 enacted program level and the fiscal year 2025 budget request, to support legal-based advocacy services to ensure the rights of individuals with mental illness, protect and advocate for these rights, and investigate incident of abuse and/or neglect.

Projects for Assistance in Transition from Homelessness

The Committee provides \$66,635,000 for the Projects for Assistance in Transition from Homelessness program, which is the same as the fiscal year 2024 enacted program level and the fiscal year 2025 budget request, to provide 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 are 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.

National Child Traumatic Stress Initiative

The Committee provides \$100,887,000 for the National Child Traumatic Stress Initiative, which is a \$2,000,000 increase above the fiscal year 2024 enacted program level and \$7,000,000 above the fiscal year 2025 budget request, to increase access to effective trauma and grief focused treatment and services systems for children, adolescents, and their families, who experience traumatic events.

988 Suicide & Crisis Lifeline

The Committee provides \$519,618,000 for the 988 Suicide & Crisis Lifeline, which is the same as the fiscal year 2024 enacted program level, to support the national suicide hotline to continue to support State and local suicide prevention call centers as well as a national network of backup call centers and the national coordination of such centers.

Program Integrity.—The Committee remains concerned that suicide is a leading cause of death in the U.S., with particular concern regarding the suicide rates among youth and young adults. The Committee recognizes the vital work of the 988 Lifeline service and the important role of State partners in suicide prevention and behavioral health. As States establish and develop 988 programs, the Committee directs SAMHSA to maintain State choice in their tech-

nology platform. States should have the flexibility to utilize a platform that best facilitates a seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, and ensures that sensitive user data is being safeguarded and protected. In addition, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA’s 988 program integrity activities, including with respect to safeguarding 988 user data and responding to feedback from States and other 988 program partners.

Program Transparency.—The Committee recognizes the work of SAMHSA to implement the expansion of the 988 Suicide & Crises Lifeline in fiscal year 2023. The Committee, however, remains concerned that the use of a sole source cooperative agreement limits the contractual remedies available to ensure effective implementation. The Committee is extremely concerned that SAMSHA’s decision to limit eligible entities in implementing the fiscal year 2021 National Suicide Prevention Lifeline and Disaster Distress Helpline artificially necessitated the use of an expanded sole source cooperative agreement. The Committee directs SAMHSA, 180 days prior to any extension of the current or an amended cooperative agreement or request for proposal for a sole source contract, to provide the committees of jurisdiction a description of the services required to meet agency needs, a demonstration of any potential recipients unique qualifications, SAMHSA’s assessment of other entities ability to provide the required services, a description of the market research conducted and the result of such research, and planned activities to ensure that offers are solicited from as many potential sources as practicable.

Within the total provided for Mental Health Programs of Regional and National Significance, the Committee includes the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Capacity:		
Seclusion and Restraint	\$1,147,000	\$1,147,000
Project AWARE	140,001,000	120,501,000
<i>Tribal Set Aside</i>	---	10,000,000
Mental Health Awareness Training	27,963,000	---
Healthy Transitions	28,451,000	---
Infant and Early Childhood Mental Health	15,000,000	15,000,000
Children and Family Programs	7,229,000	8,229,000
Consumer and Family Network Grants	4,954,000	4,954,000
Project LAUNCH	23,605,000	---
Mental Health System Transformation	3,779,000	3,779,000
Primary and Behavioral Health Care Integration	55,877,000	55,877,000
Mental Health Crisis Response Grants	20,000,000	---
National Strategy for Suicide Prevention	28,200,000	29,200,000
<i>Zero Suicide</i>	26,200,000	27,200,000
<i>American Indian and Alaska Native Set Aside</i>	3,400,000	4,400,000
Garrett Lee Smith-Youth Suicide Prevention		
State Grants	43,806,000	43,806,000
Campus Grants	8,488,000	8,488,000
American Indian and Alaska Native Suicide Prevention	3,931,000	4,931,000
Tribal Behavioral Health Grants	22,750,000	27,750,000
Homeless Prevention Programs	33,696,000	---
Minority AIDS	9,224,000	---
Criminal and Juvenile Justice Programs	11,269,000	11,269,000
Assisted Outpatient Treatment	21,420,000	21,420,000
Assertive Community Treatment for Individuals with Serious Mental Illness ...	9,000,000	9,000,000
Interagency Task Force on Trauma-Informed Care	2,000,000	2,000,000

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Science and Service:		
Garrett Lee Smith-Suicide Prevention Resource Center	11,000,000	11,000,000
Practice Improvement and Training	7,828,000	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	2,991,000	2,991,000
Minority Fellowship Program	11,059,000	11,059,000
Disaster Response	1,953,000	1,953,000
Homelessness	2,296,000	2,296,000
Eating Disorder Identification, Treatment, and Recovery	--	5,000,000

Capacity:

Seclusion and Restraint.—The Committee provides \$1,147,000, which is the same as the fiscal year 2024 enacted program level, to reduce the inappropriate use of seclusion and restraint practices through the provision of technical assistance and the promotion of alternatives to restraint, seclusion, and other coercive practices.

Project AWARE.—The Committee provides \$120,501,000 for Project AWARE State and Tribal grants to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services. The Committee notes the Bipartisan Safer Communities Act (P.L. 117–159) provided \$60,000,000 for fiscal year 2025 for this program in addition to resources in this Act and therefore provides no funding for the civil unrest or school-based programs.

Tribal Set Aside.—Of the funds made available for Project AWARE, the Committee directs that \$10,000,000 be made available for Tribes and Tribal Organizations.

Mental Health Awareness Training.—The Committee provides no funding for the Mental Health Awareness Training to better ensure that SMAHSA prioritizes services and programing for individuals with severe mental illness. The Committee notes the Bipartisan Safer Communities Act (P.L. 117–159) provided \$120,000,000 for fiscal year 2025 for this program.

Healthy Transitions.—The Committee provides no dedicated funding for the Healthy Transitions program. The Committee notes that to 10 percent of the amounts made available to carry out the Children’s Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions with persons not more than 25 years of age at clinical high risk of developing a first episode of psychosis.

Infant and Early Childhood Mental Health.—The Committee provides \$15,000,000, which is the same as the fiscal year 2024 enacted program level, for the Infant and Early Childhood Mental Health program, for grants to human service agencies and non-profit organizations to provide age-appropriate mental health promotion and early intervention or treatment for children with or with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers.

Children and Family Programs.—The Committee provides \$8,229,000, an increase of \$1,000,000, for the Children and Family program, to provide grants to Tribes for community-based services

and supports for children and youth, with or at risk for mental illness.

Consumer and Family Network Grants.—The Committee provides \$4,954,000, which is the same as the fiscal year 2024 enacted program level, for Consumer and Family Network grants. Consumer grants support Statewide organizations run by adults with serious mental illness or serious emotional disturbance to integrate consumer voice into State mental health and allied systems. Family grants provide education and training to family organizations to improve their capacity for policy and service development.

Project Launch.—The Committee provides no funding for Project Launch. The Committee notes that this program is duplicative of programs in the Department of Education, the Administration for Children and Families, and the Centers for Disease Control and Prevention.

Mental Health System Transformation.—The Committee provides \$3,779,000, which is the same as the fiscal year 2024 enacted program level, for the Mental Health System Transformation program. The program provides State and community capacity building grants for supported employment for individuals with serious mental illness or serious emotional disturbance.

Primary and Behavioral Health Care Integration.—The Committee provides \$55,877,000, which is the same as the fiscal year 2024 enacted program level, for the Primary and Behavioral Health Care Integration program to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare. The key goal of this program is to improve patient access to integrated health care services which requires bilateral cooperation between physicians and technical assistance centers.

The Committee notes that integration of primary and behavioral health has been found to increase access to mental health and substance use recovery services for communities, including rural communities, that lack access to such services and encourages SAMHSA in making awards to prioritize such communities.

Mental Health Crisis Response Partnership Pilot Program.—The Committee provides no funding for this program and notes that the Edward Byrne Memorial Justice Assistance Grant program, under the Department of Justice, provides funding for State crisis intervention programs.

National Strategy for Suicide Prevention.—The Committee provides \$29,200,000, an increase of \$1,000,000 from the fiscal year 2024 enacted program level, for the implementation of the National Strategy for Suicide Prevention including \$22,800,000, the same as fiscal year 2024, for grants to screen adults for suicide risks and provide referral services, the implementation of evidence-based practices to provide services to adults at-risk, or to raise awareness of such risks. Of the funding provided, \$4,400,000 is reserved for grants to American Indian and Alaska Native health systems.

Garrett Lee Smith Youth Suicide Prevention.—The Committee provides \$52,294,000, which is the same as the fiscal year 2024 enacted program level, for Garrett Lee Smith Youth Suicide Prevention, this program supports grants to States and Tribes or their designees for youth suicide prevention activities and services and

grants to institutions of higher education for services for students with mental health or substance use disorders.

The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under-resourced and serve large proportions of minority populations. To help meet these growing needs in access to mental health services, the Committee directs the Secretary to waive the requirement of matching funds for minority-serving institutions and community colleges as defined by the Higher Education Act of 1965.

American Indian/Alaska Native Suicide Prevention Initiative.—The Committee provides \$4,931,000, a \$1,000,000 increase from the fiscal year 2024 enacted program level, for the Tribal Training and Technical Assistance Center to facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce suicide among American Indians/Alaska Natives (AI/AN), prevent substance misuse, and reduce substance misuse among AI/AN communities.

Tribal Behavioral Grants.—The Committee provides \$27,750,000, a \$5,000,000 increase from the fiscal year 2024 enacted program level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24.

Homelessness Prevention Programs.—The Committee provides no funding for the Homelessness Prevention Program noting that the program is duplicative of the Projects for Assistance in Transition from Homelessness program.

Criminal and Juvenile Justice Activities.—The Committee provides \$11,269,000, which is the same as the fiscal year 2024 enacted program level, for grants to States, political subdivisions of States, and Tribes or Tribal organizations, to develop and implement programs to divert individuals with mental illness from the criminal justice system.

Assisted Outpatient Treatment.—The Committee provides \$21,420,000, which is the same as the fiscal year 2024 enacted program level, for grants to deliver outpatient treatment under a civil court order to adults with a serious mental illness who meet State civil commitment assisted outpatient treatment criteria.

Assertive Community Treatment for Individuals with Serious Mental Illness.—The Committee provides \$9,000,000, which is the same as the fiscal year 2024 enacted program level, for Assertive Community Treatment programs, which include a multi-disciplinary service-delivery approach for individuals with severe functional impairments associated with a serious mental illness.

Interagency Task Force on Trauma Informed Care.—The Committee provides \$2,000,000 for the Interagency Task Force on Trauma-Informed Care.

Science and Service:

Garrett Lee Smith Suicide Prevention Resource Center.—The Committee provides \$11,000,000, which is the same as the fiscal year 2024 enacted program level, for the Garrett Lee Smith-Suicide Prevention Resource Center to build national capacity for preventing suicide by providing technical assistance, training, and re-

sources to assist States, Tribes, organizations, and SAMHSA grantees to develop suicide-prevention strategies.

Practice Improvement and Training.—The Committee provides \$7,828,000, which is the same as the fiscal year 2024 enacted program level, to support the dissemination of key information to the mental health delivery system.

Consumer and Consumer Support Technical Assistance Centers.—The Committee provides \$1,918,000, which is the same as the fiscal year 2024 enacted program level, to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with serious mental illness.

Primary and Behavioral Health Care Integration Technical Assistance.—The Committee provides \$2,991,000, which is the same as the fiscal year 2024 enacted program level, to provide technical assistance to Primary and Behavioral Health Care Integration grantees. Of the funds provided, the Committee directs that \$1,000,000 be allocated to the Technical Assistance activities authorized under section 1301(g) of P.L. 117–328 to implement the psychiatric collaborative care model in primary care practices/systems. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.

Minority Fellowship Program.—The Committee provides \$11,059,000, which is the same as the fiscal year 2024 enacted program level, to increase behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.

Disaster Response.—The Committee provides \$1,953,000, which is the same as the fiscal year 2024 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center.

Eating Disorders.—The Committee provides \$5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the treatment of eating disorders. The Committee provides additional funding to support the development, in coordination with the departments of Defense and Veterans Affairs, of a Screening, Brief Intervention and Referral to Treatment model for service members, veterans, and their families.

SUBSTANCE ABUSE TREATMENT

Appropriation, fiscal year 2024	\$4,159,298,000
Budget request, fiscal year 2025	4,194,048,000
Committee Recommendation	4,516,463,000
Change from enacted level	+357,165,000
Change from budget request	+322,415,000

Substance Use Prevention, Treatment, and Recovery Services Block Grant

The Committee includes \$2,508,079,000, which is a \$500,000,000 increase to the fiscal year 2024 enacted program level, for the Substance Use Prevention, Treatment, and Recovery Services

(SUPTRS) Block Grant. The SUPTRS Block Grant is a critical component of each State's publicly funded substance use disorder system designed to address all substance use disorders—including those related to alcohol. SUPTRS Block Grant funds may support initiatives related to alcohol in settings such as emergency rooms and primary care offices. In addition, States utilize SUPTRS Block Grant funds to support alcohol use disorder treatment services in outpatient, intensive outpatient, and residential programs. Further, the Committee is also aware that SUPTRS Block Grant funds may be allocated to support medications for the treatment of alcohol use disorders, an important tool that should be available to those in need. The Committee also understands SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.

The Committee recognizes the critical role the block grant plays in State and Territory systems across the country, giving States and Territories the flexibility to direct resources to address the most pressing needs of their communities. The Committee also recognizes that the 20 percent prevention set aside within the SUPTRS Block Grant is a vital source of funding for primary prevention. The Committee further notes that the transfer of opioid overdose prevention and surveillance funding from CDC to the SUPTRS Block Grant will increase the availability of treatment and recovery services given the dramatic differences in administrative overhead costs assessed by the respective agencies.

The SUPTRS funding level reflects a transfer of \$500,000,000 from the CDC to SAMHSA. Of the \$506,079,000 provided for the CDC program in fiscal year 2024, \$114,000,000, or 23 percent, went to administrative costs. The transfer of State program funding from CDC to SAMHSA should increase the funding available to States for these activities by more than \$63,000,000 in reduced Federal administration expenses alone.

No Cost Extension.—The Committee directs SAMHSA to allow States to apply for a one-year no-cost extension to September 2026 for the allocation of supplemental funds to the SUPTRS Block Grant as provided in P.L. 117–2. States are concerned about the impending fiscal cliff. An extension as described allows certain States to work with their providers to implement spending plans in a more strategic, predictable, and efficient manner.

Opioid Use Disorder in Rural Communities.—The Committee is aware that the opioid use disorder 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 identifying, diagnosing, and treating patients along with supporting recovery from substance use disorders. The Committee recognizes that the COVID pandemic exacerbated many of rural America's unique challenges and resulting needs, creating added isolation for many, and an increasing number of individuals in crisis. These issues further emphasize the urgency of a comprehensive approach including training to provide care for diverse populations; the use of technologies to ensure improved access to medically underserved areas; and workforce and skill development including peer recovery specialist training and other initiatives to increase effective responsiveness to unique rural challenges. The Committee encourages SAMHSA to support initiatives to advance opioid use

disorder objectives in rural areas, specifically focusing on addressing the needs of individuals with substance use disorders 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.

Prevention Activities.—The SUPTRS Block Grant’s prevention set aside requires States to allocate at least 20 percent of Block Grant funds to primary prevention. States may use these prevention set aside funds to support initiatives aimed at addressing underage drinking; such efforts can reduce access to alcohol, reduce risk factors, and increase protective factors.

Opioid Use Disorder Relapse and Overdose Prevention.—The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee notes SAMHSA’s efforts to address this within the Federal grant population and encourages SAMHSA to continue these programs in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.

Preventing Prescription Drug and Opioid Overdoses.—The Committee notes strong concerns about the increasing number of overdose deaths attributable to opioids, including synthetic opioids. SAMHSA is encouraged to take steps to support the use of SUPTRS Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare 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.

State Opioid Response Grants

The Committee includes \$1,575,000,000, which is the same as the fiscal year 2024 enacted program level, for State Opioid Response (SOR) grants. The Committee supports efforts from SAMHSA through SOR grants to expand access to SUD treatments in rural and underserved communities, including through funding and technical assistance. Within the amount provided, the Committee includes a set aside for Indian Tribes and Tribal organizations of 4 percent.

The Committee continues to support the continuum of prevention, treatment, and recovery support services within SOR for individuals with opioid or stimulant use disorder including co-occurring addictions such as alcohol addiction. The Committee encourages SAMHSA to increase awareness of grantees regarding the availability of SOR funding to support treatment and support for co-occurring addictions, including alcohol use disorder.

FDA Approved Medications.—SAMHSA is directed to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.

Opioid Use Disorder Recurrence.—The Committee is concerned that relapse following opioid withdrawal management for opioid use disorder is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing the potential benefits of opioid detoxification followed by medication to prevent recur-

rence and encourages SAMHSA to disseminate and implement this approach in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.

Technical Assistance.—The Committee provides no funding for Notice of Funding Opportunity Number TI–24–012. The Committee directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and territorial SOR grantees, sub-recipients, and others addressing opioid use disorder and stimulant use disorder in their communities.

Within the total provided for Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Capacity:		
Opioid Treatment Programs and Regulatory Activities	\$10,724,000	\$10,724,000
Screening, Brief Intervention, Referral to Treatment	33,840,000	---
<i>PHS Evaluation Funds</i>	2,000,000	---
Targeted Capacity Expansion—General	122,416,000	129,416,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</i>	111,000,000	118,000,000
<i>Tribal Set Aside</i>	14,500,000	16,500,000
Grants to Prevent Prescription Drug Opioid Overdose	16,000,000	16,000,000
First Responder Training	57,000,000	58,000,000
<i>Rural Emergency Medical Services Training Grants (non-add)</i>	32,000,000	33,000,000
Pregnant and Postpartum Women	38,931,000	38,931,000
Recovery Community Services Program	4,434,000	4,434,000
Children and Families	30,197,000	30,197,000
Treatment Systems for the Homeless	37,144,000	---
Minority AIDS	66,881,000	---
Criminal Justice Activities	94,000,000	74,000,000
<i>Drug Courts (non-add)</i>	74,000,000	74,000,000
Improving Access to Overdose Treatment	1,500,000	1,500,000
Building Communities of Recovery	17,000,000	17,000,000
Peer Support Technical Assistance Center	2,000,000	2,000,000
Comprehensive Opioid Recovery Centers	6,000,000	6,000,000
Emergency Department Alternatives to Opioids	8,000,000	15,000,000
Treatment, Recovery, and Workforce Support	12,000,000	12,000,000
Youth Prevention and Recovery Initiative	2,000,000	2,000,000
Science and Service:		
Addiction Technology Transfer Centers	9,046,000	9,046,000
Minority Fellowship Program	7,136,000	7,136,000

Eligible Grantees.—The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. 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 eligible for such grants.

Capacity:

Opioid Treatment Programs and Regulatory Activities.—The Committee provides \$10,724,000, which is the same as the fiscal year 2024 enacted program level, to support access to FDA approved medications for opioid use disorder through opioid treatment programs and to approve organizations that accredit opioid treatment programs.

Screening, Brief Intervention, and Referral to Treatment.—The Committee provides no funding for the Screening, Brief Intervention, and Referral to Treatment program. The Committee notes that SAMHSA has labeled the program as supporting “harm reduction” activities. The Committee further notes that following the decriminalization of drugs for personal use in Oregon in 2021, overdose deaths increased almost 50 percent.

Targeted Capacity Expansion.—The Committee provides \$129,416,000, an increase of \$7,000,000 from the fiscal year 2024 enacted program level, for the Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program (MAT-PDOA). These programs support State and local governments, Tribes, nonprofit organizations, and health facilities respond to treatment and capacity gaps for purposes of providing services to individuals with opioid use disorder. MAT-PDOA provides access to FDA approved medications for opioid use disorders to reduce opioid use and related deaths. The Committee directs SAMHSA to use the increase to support nonprofit treatment facilities engaged in community enhancement projects to improve the provision of services to rural communities in surrounding regions. Better access to care mitigates community safety risks while expanding treatment services and recovery support programs for patients and their families.

SAMHSA is further directed to include all FDA approved medications for opioid use disorder as an allowable use to achieve and maintain remission and recovery.

Grants to Prevent Prescription Drug/Opioid Overdose.—The Committee provides \$16,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths (PDO), which is the same as the fiscal year 2024 program level. The PDO program trains first responders and other community providers on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.

First Responder Training.—The Committee provides \$58,000,000 for First Responder Training. This amount includes \$33,00,000, an increase of \$1,000,000 from the fiscal year 2024 enacted program level, for Rural Emergency Medical Services Training Grants, which provide funding to recruit and train emergency medical services personnel in rural areas with a focus on addressing substance use disorders and co-occurring mental health conditions.

Pregnant and Postpartum Women.—The Committee provides \$38,931,000 for the Pregnant and Postpartum Women program which is the same as the fiscal year 2024 program level. The Pregnant and Postpartum Women program supports comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members.

Recovery Community Services Program.—The Committee provides \$4,434,000 for the Recovery Community Services Program, which is the same as the fiscal year 2024 program level; this program provides grants to develop, expand, and enhance community and statewide recovery support services.

Children and Families Program.—The Committee provides \$30,197,000, which is the same as the fiscal year 2024 program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations with co-occurring mental illnesses.

Drug Courts.—The Committee provides \$74,000,000 for SAMSHA's Drug Court initiative. The Committee continues to direct SAMSHA 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 SAMSHA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance use agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMSHA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Improving Access to Opioid Treatment.—The Committee provides \$1,500,000, which is the same as fiscal year 2024 program level, to support awards to expand access to FDA approved drugs or devices for emergency treatment of known or suspected opioid overdose.

Building Communities of Recovery.—The Committee provides \$17,000,000, which is the same as the fiscal year 2024 program level, to enable the development, expansion, and enhancement of recovery community organizations.

Peer Support Technical Assistance Center.—The Committee provides \$2,000,000, which is the same as the fiscal year 2024 program level, to provide technical assistance to recovery community organizations and peer support networks.

Comprehensive Opioid Recovery Centers.—The Committee provides \$6,000,000 for Comprehensive Opioid Recovery Centers, which is the same as the fiscal year 2024 program level, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271).

Emergency Department Alternatives to Opioids.—The Committee provides \$15,000,000, an increase of \$7,000,000, 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.

Treatment, Recovery, and Workforce Support.—The Committee provides \$12,000,000, which is the same as the fiscal year 2024 program level, for grants to entities that offers treatment or recovery services for individuals with SUDs to support individuals in SUDs treatment and recovery live independently and participate in the workforce.

Youth Prevention and Recovery Initiative.—The Committee provides \$2,000,000, which is the same as the fiscal year 2024 program level, for the Youth Prevention and Recovery Initiative to support early identification and services to children, adolescents, and young adults at risk of SUDs, and treatment for such

populations including those with co-occurring mental illnesses, as authorized by the SUPPORT Act (P.L. 115–271).

Science and Services:

Minority Fellowship Program.—The Committee provides \$7,136,000, which is the same as the fiscal year 2024 program level, to increase behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.

Substance Use Disorder Treatment.—The Committee encourages SAMHSA to expand the availability of treatment services tailored to adolescents, pregnant women, and parents.

SUBSTANCE ABUSE PREVENTION

Appropriation, fiscal year 2024	\$236,879,000
Budget request, fiscal year 2025	236,879,000
Committee Recommendation	203,174,000
Change from enacted level	– 33,705,000
Change from budget request	– 33,705,000

Within the total provided for Programs of Regional and National Significance, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Capacity:		
Strategic Prevention Framework	\$135,484,000	\$140,484,000
Federal Drug-Free Workplace	5,139,000	5,139,000
Minority AIDS	43,205,000	— — —
Sober Truth on Preventing Underage Drinking	14,500,000	14,000,000
<i>National Adult-Oriented Media Public Service Campaign</i>	2,500,000	2,500,000
<i>Community Based Coalition Enhancement Grants</i>	11,000,000	11,000,000
<i>Interagency Coordinating Committee to Prevent Underage Drinking</i>	1,000,000	500,000
Tribal Behavioral Health Grants	23,665,000	28,665,000
Science and Service:		
Center for the Application of Prevention Technologies	9,493,000	9,493,000
Science and Service Program Coordination	4,072,000	4,072,000
Minority Fellowship Program	1,321,000	1,321,000

Capacity:

Strategic Prevention Framework.—The Committee provides \$140,484,000, an increase of \$5,000,000, for the Strategic Prevention Framework (SPF). SPF provides grants to States, Tribes, and local governmental organizations to prevent substance misuse. The Committee provides no funding for SPF Rx in recognition of the continually evolving nature of substance addiction and misuse. The Committee strongly believes that investing in prevention is essential to ending the substance abuse crisis, and supports the core SPF program, which is designed to prevent the onset of substance misuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program supports 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 additional funding for core the SPF program is based on the Committee’s recognition that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation as well as slow the pathways to addiction and overdose, and

that demand for community-based primary prevention resources far outpaces available funding. The Committee directs that the additional funding be split evenly between States and communities.

Federal Drug Free Workplace.—The Committee provides \$5,139,000, the same as the fiscal year 2024 program level, for Federal Drug-Free Workplace Programs (DFWP). DFWP ensures employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensures the laboratories that perform this regulated drug testing are inspected and certified by HHS.

Sober Truth on Preventing Underage Drinking Act.—The Committee provides \$14,000,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act. The STOP Act supports an adult-oriented national media campaign to provide parents and caregivers of youth under the age of 21 with information and resources to discuss the issue of alcohol with their children, funds the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICPUD), and provides grants to prevent and reduce alcohol use among youth under the age of 21.

The Committee is concerned that funding for the ICPUD may have been diverted for purposes unrelated to underage drinking and reiterates that the ICPUD is to focus exclusively on preventing underage drinking. The Committee further directs SAMHSA to ensure that no funds provided by this Act are directed for the purpose of input into the Dietary Guidelines.

Tribal Behavioral Grants.—The Committee provides \$28,665,000, an increase of \$5,000,000 from fiscal year 2024, to address the high incidence of substance misuse and suicide among the AI/AN population.

Fentanyl and Prescription Drug Misuse Prevention.—The Committee supports efforts to better educate the public on the potential lethality of fentanyl and prescription drug misuse.

Science and Service:

Center for the Application of Prevention Technologies.—The Committee provides \$9,493,000, the same as the fiscal year 2024 program level, for the Center for the Application of Prevention Technologies to improve implementation and delivery of effective substance use prevention interventions and provide training and technical assistance services to the substance use prevention field.

The Committee applauds the Center for Substance Abuse Prevention and the Prevention Technology Transfer Centers for their work implementing the Prevention Fellowship Program. This program supported 16 early career prevention fellows throughout each HHS region where they gained hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field. The Committee directs the Secretary to expand eligibility for Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. 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.

Minority Fellowship Program.—The Committee provides \$1,321,000, the same as the fiscal year 2024 program level, to provide stipends to increase the number of SUD and mental health professionals who teach, administer, conduct services research, and provide direct mental health or substance use disorder treatment services for minority populations.

The Committee directs SAMHSA to ensure that Center for Substance Abuse Prevention funded fellowships focus on substance use disorder prevention related activities.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriation, fiscal year 2024	\$241,673,000
Budget request, fiscal year 2025	172,583,000
Committee Recommendation	146,323,000
Change from enacted level	– 93,350,000
Change from budget request	– 26,260,000

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Health Surveillance	\$50,623,000	\$50,623,000
<i>PHS Evaluation Funds</i>	<i>30,428,000</i>	<i>30,428,000</i>
Program Support	84,500,000	84,500,000
Performance and Quality.		
Information Systems	10,200,000	10,200,000
Drug Abuse Warning Network	10,000,000	– –
Behavioral Health Workforce	1,000,000	1,000,000
<i>PHS Evaluation Funds</i>	<i>1,000,000</i>	<i>1,000,000</i>

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2024	\$369,000,000
Budget request, fiscal year 2025	387,345,000
Committee Recommendation	– – –
Change from enacted level	– 369,000,000
Change from budget request	– 387,345,000

The Committee provides no funding for the Agency for Healthcare Research and Quality (AHRQ). Similar work is done by several agencies funded in this bill, including the National Institutes of Health, the Centers for Disease Control and Prevention, and the Office of the Assistant Secretary for Health.

CENTERS FOR MEDICARE & MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriation, fiscal year 2024	\$406,956,850,000
Budget request, fiscal year 2025	383,609,399,000
Committee Recommendation	383,609,399,000
Change from enacted level	– 23,347,451,000
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 \$245,580,414,000, which was provided as advance funding for the first quarter of fiscal year 2025. In addition, the Committee recommends an advance appropriation of \$261,063,820,000 for program costs in the first quarter of fiscal year 2026, to remain available until expended.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2025. 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 2024	\$476,725,000,000
Budget request, fiscal year 2025	521,757,000,000
Committee Recommendation	521,757,000,000
Change from enacted level	+45,032,000,000
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 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 if the annual appropriation is insufficient.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2024	\$3,669,744,000
Budget request, fiscal year 2025	4,329,000,000
Committee Recommendation	3,454,690,000
Change from enacted level	-215,054,000
Change from budget request	-874,310,000

Program Operations

The Committee includes \$2,379,823,000 for Program Operations, which is \$100,000,000 below the fiscal year 2024 enacted level and \$599,228,000 below the fiscal year 2025 budget request. 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.

Acute Care Mobility.—The Committee is aware that CMS proposed in the FY 2025 Inpatient Prospective Payment System proposed rule to adopt a new geriatric hospital measure, the Age Friendly Hospital Measure, as part of the Inpatient Quality Reporting (IQR) program that includes mobility screening to ensure that appropriate management plans are in place to promote and maintain mobility for acute critical care hospital patients. No mobility-specific measures in CMS quality reporting programs apply to

acute care in hospitals. Evidence suggests that mobilization mitigates critical care's physical, cognitive, and psychological complications in hospitalized patients and has been linked to decreased days on a mechanical ventilator, reduced hospital length of stay, and improved functional outcomes. The Committee requests that CMS include an update in the fiscal year 2026 congressional justification on the agency's progress in adopting the Age Friendly Hospital Measure or a similar mobility-focused measure as part of the IQR program.

Affordable Care Act Surcharge.—The Patient Protection and Affordable Care Act (42 U.S.C. 18023) specifies that qualified health plans that include abortion coverage in circumstances other than rape, incest, or to save the life of the mother must collect a “separate payment” for such coverage from the enrollee and deposit that “separate payment” of at least \$1 per enrollee per month into a “separate allocation account” from which such abortions are funded. The Committee is concerned that the department may not be adequately enforcing this requirement. The Committee directs HHS to provide a report, within 30 days of enactment of this Act, detailing all oversight and investigation activities conducted by HHS to ensure compliance with this requirement for the prior 4 years. Such report shall also include detailed information regarding: (1) how “separate payments” are collected by qualified health plans generally; (2) what the department has done to determine whether qualified health plans have complied with the requirement of collecting at least \$1 per enrollee per month and whether such requirement is being followed; and (3) how qualified health plans collect the “separate payment” in the case of an enrollee who qualifies for fully subsidized premiums and zero cost sharing.

Algorithm Based Health Services.—Algorithm-based healthcare services are provided through medical devices cleared by the FDA that rely on artificial intelligence, machine learning, or other similar software to produce quantitative and/or qualitative clinical information for use in the diagnosis or treatment of a patient's condition. These services have the potential to improve care delivery and patient outcomes by providing clinicians with new or additional information. However, the Committee is concerned there is not a stable payment pathway for these services, resulting in low adoption and reduced access to these services. To best support innovation, adoption, and access, the Committee encourages CMS to evaluate a formalized payment pathway for algorithm-based healthcare services as part of its previous statements regarding Software as a Service. The Committee further encourages CMS to ensure that the payment pathway provides the stability and consistency necessary to support provider adoption and patient access to these services.

Area Wage Index.—The Committee notes the significant disparities in Medicare reimbursement created by the current wage index system and that the prior Administration sought to account for some of these imbalances. These disparities create financial and operational disadvantages between hospitals, endangering critical access to care for communities served by the lowest paid providers, often rural and underserved areas. The Committee strongly urges CMS to implement a wage index reclassification mechanism for hospitals in the lowest quartile of wage indexes. Such a mechanism

would ensure that hospitals located near a higher wage index labor market would be able to reclassify and receive the same wage index as that paid to hospitals located in the same geographical area.

Artificial Intelligence in Prior Authorization.—The Committee acknowledges the use of artificial intelligence (AI) in the prior authorization process within Federal health insurance programs such as Medicare, Medicaid, Tricare, and the Federal Employees Health Benefits Program. The Committee directs GAO to provide a preliminary briefing to the Committees on Appropriations, Ways and Means, and Energy and Commerce of the House of Representatives no later than 12 months following the enactment of this Act with a report to follow on the current and planned use of AI as part of prior authorization processes within a subset of plans across these programs. The study should examine how the Federal government evaluates the sources of and updates data used to generate prior authorization decisions drawn from AI applications, the extent of human oversight, the accountability measures ensuring quality of care, and privacy safeguards in place.

Breast Reconstruction.—Breast or chest wall reconstruction has evolved significantly in the nearly 25 years since the passage of the Women’s Health and Cancer Rights Act. Autologous perforator flap reconstruction access is particularly important for patients diagnosed with more advanced diseases and disease that requires radiation, as implants are less safe in these populations. The Committee is concerned that, although access to breast or chest wall reconstruction has improved, gaps may exist for women who seek autologous perforator flap reconstruction. The Committee requests an analysis of patient access to perforator flap breast reconstruction in the fiscal year 2026 congressional justification.

Breast Reconstruction, Sensory Restoration.—After breast cancer surgery, nearly 80 percent of women suffer from pain or numbness. The Committee is aware of research demonstrating that numbness after mastectomy can lead to functional impairment and quality of life issues for breast cancer survivors. The Committee is also aware that significant technological procedure advancements are now available to shift the focus of reconstructive breast surgery beyond cosmetic-only results to include the restoration of typical breast functions, such as sensation. Sensory restoration as a part of breast reconstruction can ultimately improve functional impairment, physical safety, and quality of life for breast cancer survivors. The Committee requests that CMS, in collaboration with other relevant HHS agencies, investigate gaps in insurance coverage to address numbness as a functional impairment after mastectomy. The Committee requests an update in the fiscal year 2026 congressional justification on this issue.

Cancer Care Planning for Medicare Beneficiaries.—The Committee notes that chronic care management billing codes, which are intended to encourage the planning and management of care for Medicare beneficiaries with chronic conditions, are underutilized by Medicare providers. The Committee urges CMS to evaluate utilization of chronic care management billing codes, including an evaluation of the reasons for poor utilization of these codes by Medicare providers.

Cancer Survivorship Alternative Payment Model.—The Oncology Care Model ended in 2022 after a five-year test, and the successor Enhancing Oncology Model was launched in 2023. The trigger for an episode of care in these models is the initiation of cancer drug therapy. However, these delivery experiments exclude a population of cancer patients who might benefit from the patient-centered care offered in care models, such as cancer survivors who have completed active treatment and are entering a period of long-term survivorship. The Committee encourages CMS to consider appropriate options for survivors.

Certified Registered Nurse Anesthetists.—The Committee is aware of challenges surrounding patient access to anesthesia services, particularly in rural areas. Therefore, the Committee supports CMS in its continued consideration of the benefits of Certified Registered Nurse Anesthetists performing services.

Chronic Kidney Disease.—The Committee is committed to ensuring that patients with Chronic Kidney Disease (CKD) have access to the most clinically appropriate treatments. More effective diagnosis and care can help reduce the rates of kidney failure and cardiovascular complications for patients and generate substantial savings to the Federal government. Therefore, the Committee recommends that CMS work to ensure the Medicare benefit guidelines reflect the most recent clinical CKD guidelines and increase access to early screening utilizing both estimated glomerular filtration rate and urine albumin-creatinine ratio testing, diagnosis, and treatment for high-risk populations for CKD.

Clarifying Organ Recovery Reimbursement.—The Committee notes that Organ Procurement Organization (OPO) Recovery Centers can increase the number of organs available for transplantation and intensive care unit bed capacity for living patients. The Committee is concerned that the current reimbursement guidance pertaining to Certified Transplant Center organ recovery and reimbursement is opaque and serves as a financial disincentive to effectively utilize OPO Recovery Centers. Therefore, the Committee encourages CMS to consider revising Medicare provider guidance regarding “Medicare usable organs”.

Colorectal Cancer Screening Continuum of Care.—The Committee appreciates CMS’s efforts to reduce barriers to colorectal cancer screening. However, the Committee remains concerned about increases in colon cancer incidence and death rates, especially among individuals younger than 50. The Committee highlights the recommendation of the U.S. Multi-Society Task Force on Colorectal Cancer that after the initial screening, asymptomatic individuals with a personal history of polyps should receive more frequent colonoscopy exams given the increased risk of new polyps. The Committee encourages CMS to support updated clinical evidence for colorectal cancer screenings.

Comprehensive Kidney Care.—The Committee urges CMS to reevaluate the impact of the Retrospective Trend Adjustments (RTA) within the Comprehensive Kidney Care Contracting model for the End-Stage Renal Disease (ESRD) population for Medicare ESRD Beneficiaries, considering in particular the differences between the calculated RTA for Medicare ESRD Beneficiaries and the calculated RTA for Medicare Parts A and B Beneficiaries for each performance year.

Contract Center Operations Contract.—The Committee notes with concern ongoing efforts by the Department to issue a new solicitation for the CMS Contact Center Operations contract; such actions appear to be solely for the purpose of including a labor harmony agreement in the contract. The Committee does not support such blatant political activism for health program operations. The Administration cites the need to address potential disruptions of service as justification for this action despite any previous disruption of service under the current contract or threat of future disruption. The Committee questions the need to incur new costs associated with a new competition prior to the current contract ending. Additionally, the Committee is concerned that a rushed competition could threaten current levels of service. The Committee does not support this effort and directs CMS to provide a report detailing: a cost/benefit analysis, the costs and resources needed to perform a rebid, any cost savings expected to be derived, what evidence exists of past or potential disruption, and a performance review of the current contract.

Convenient Access Standards for Medicare Part D Beneficiaries.—The Committee is concerned that existing convenient access standards for Medicare Part D beneficiaries based on geographic distance do not take into consideration true access to life-saving medications, including those that are less common or facing shortages. The Committee supports efforts by CMS to limit barriers to medication and pharmacist access for Medicare patients and make, as appropriate, updates to the Medicare Part D pharmacy access standards to improve patient access to pharmacy services offered by pharmacies not affiliated with a Pharmacy Benefit Manager. The Committee urges CMS to consider what updates to Part D network adequacy standards, including those that do not rely on physical distance, could improve patient access to drugs and the expertise of pharmacists.

Digital Mammography Coverage Analysis.—The Committee recognizes the importance of access to mammography screening for early detection of breast cancer. Digital Breast Tomosynthesis, or 3D mammography, offers clinical benefits to women with dense breasts, detects more invasive cancers, improves accuracy, reduces patient recalls for additional testing, and provides rapid and reliable results and storage of images. The Committee directs the GAO to study any coverage and copay gaps across States and different forms of private and public health insurance, as well as trends in usage for 3D mammography screening.

Direct Deposit Fees.—The Committee is aware that health insurers and third-party vendors charge fees for medical practices to receive reimbursement electronically via direct deposit. Understanding that these fees increase costs for medical practices, the Committee requests a report on electronic payment options available to clinicians, such as commercially available electronic payment options and the Federal Reserve's FedNow Payment System, and the cost of such options to clinicians.

Drug Quality.—The Committee continues to be concerned about the discovery of dangerous levels of carcinogens in frequently prescribed medications, including angiotensin II receptor blockers like losartan and valsartan, ranitidine, and metformin.

Emergency Medical Services Treat In Place Model.—The Committee is disappointed by CMS's decision not to pursue a State-specific emergency medical services demonstration project or Innovation Center model. The Committee urges CMS to reconsider this decision to allow for improved access to emergency care in rural areas, as well as savings for Medicare through the reduction of unnecessary emergency room visits.

Enabling Radiologist Assistant Care.—The Committee notes that Radiologist Assistants are advanced-level Radiographers who are critically important members of the Radiologist-led team. Radiologist Assistants work strictly under the supervision of a Radiologist to promote high standards of patient care by assisting Radiologists in performing diagnostic and interventional image-guided radiology services, as permitted by State law. The Committee remains concerned about persistent radiology workforce shortages and is aware that barriers to care provided by Radiologist Assistants exist within the Medicare program. As such, CMS should consider how it may remove barriers to care rendered by Radiologist Assistants to promote efficiency, improve patient outcomes, and ensure patient safety. The Committee encourages CMS to establish effective policies to enable patient access to Radiologist Assistant care under the supervision of a Radiologist, as permitted by State law. In developing such policies, CMS is urged to consult with stakeholders.

Genetically Targeted Technologies.—Genetically targeted drugs, defined for the first time in the 21st Century Cures Act (P.L. 114–255), include a set of complex small molecule products that target predominantly rare, genetic-based diseases, but can also target broader populations in novel ways. These genetically targeted technologies are in the infancy of their commercialization and subjecting these highly complex drugs to a negotiation timeline intended for simpler drugs so early in their commercialization will disproportionately impact these innovative ways to treat diseases with high unmet medical need. The Committee encourages CMS to work with Congress to align the timeline for which drugs made with genetically targeted technologies are eligible for negotiations, equivalent to that of large molecules.

Home Infusion.—The Committee notes the critical role that home infusion services can play in improving health outcomes and quality of life for patients who require infusion of medications for complex conditions, including patients who would otherwise need to travel significant distances to receive drug infusions at a hospital or freestanding infusion center. The Committee is concerned by the low levels of utilization of home infusion therapy among beneficiaries in traditional Medicare Fee-for-Service as compared to more robust use of home infusion in commercial insurance and across other payers. The Committee encourages CMS to examine options that could help ensure that Medicare Fee-for-Service beneficiaries have better access to drug infusion from the comfort and safety of their homes.

Hospitals in the U.S. Virgin Islands.—The Committee notes 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. The two hospitals in the U.S. Virgin Islands are reimbursed based on 1982 and 1996 costs. As a result, hospitals do not receive sufficient payment and

patients must travel outside the territory for necessary services, including total joint replacements and chemotherapy, often at great expense and personal hardship.

Improving Diagnostic Testing for Neurodegenerative Diseases.—The Committee supports efforts to prevent and effectively treat neurodegenerative diseases, including Parkinson’s disease, Lewy body dementia, and other related disorders. The Committee also recognizes that early detection is imperative to improving health outcomes and patient quality of life by delaying or halting the progression of such diseases. To improve the ability of health care providers to diagnose and treat neurodegenerative diseases at an earlier onset, the Committee encourages HHS to work with healthcare-related entities, manufacturers, and developers, as appropriate, to promote the awareness and research of novel diagnostic testing, including tests that detect and visualize protein markers using the skin, for neurodegenerative diseases.

Improving Veterans Enrollment into Medicare Coverage.—The Committee is aware that information gaps exist for some veterans related to the differences between the hospital care and medical services available in the Veterans Affairs (VA) system versus coverage provided under Medicare. The Committee encourages the department to work with the Department of Veterans Affairs to ensure that veterans have complete information regarding the differences between the VA system and Medicare coverage, including for prescription drugs.

Language Access in Telehealth.—The Committee requests an update in the fiscal year 2026 congressional justification on access to health care services, in particular behavioral health services, via telehealth for individuals with limited English proficiency under the Medicare program.

Medicaid Best Price Rule.—The Committee is concerned that CMS has exceeded its statutory authority in developing the latest Medicaid Drug Rebate Program (MDRP) Proposed Rule (Medicaid Program; Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program (88 Fed. Reg. 34238)). While the Committee is pleased the Administration has announced that it will not advance the so-called “stacking proposal,” the Committee remains concerned with the proposed price “verification” survey, which goes beyond its purported purpose and agency authority and targets innovative cell and gene therapies. The Committee urges CMS to not finalize or implement this MDRP Proposed Rule until the agency adequately addresses the wide spectrum of stakeholder concerns.

Medicaid Dental Audits.—The Committee has previously raised concerns that failure to use professional guidelines or establish 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 (SMAs) have significant responsibility in managing provider audits, CMS also has responsibility for oversight of the Medicaid program. Therefore, it is appropriate for CMS to issue guidance to SMAs concerning best practices in dental audits and offer training in such practices. The Committee again strongly urges CMS to develop such guidance for SMAs.

Medicaid Reimbursement Impact on Rural Maternal Health Care.—The Committee recognizes the importance of rural hospitals in providing maternal health care services, educating patients, and ensuring postpartum safety. The Committee is concerned that insufficient reimbursement and payments, increasing costs of operation, and narrowing profit margins threatens the viability of hospitals in rural areas. The Committee is aware that Medicaid payment rates are often insufficient in the costs of labor and delivery for rural hospitals, leading to the closures of labor and delivery departments and increased maternal health deserts. The Committee requests a report within one year from the date of enactment of this Act that reviews State-by-State payment rates at rural health care facilities and evaluates if increased payment rates would help sustain the ability for rural health care providers to continue maternal health care services. The report should include, to the extent practicable, how payment rates impact care options, including how the rates may impact the utilization of new treatment pathways and devices for birth complications.

Medical Devices.—The U.S.’ manufacturing capacity for medical devices is at risk due to organized efforts by Chinese manufacturers to enter the U.S. market. The current shift toward purchasing Chinese-made medical devices could leave U.S. hospitals dependent on Chinese supplied devices. The Committee recommends CMS advance payment policies to support provider procurement of domestic sources of essential medical supplies. The Committee requests CMS include in the fiscal year 2026 congressional justification the percentage of Chinese made devices that hospitals and their group purchasing organizations purchase from Chinese manufacturers for the 96 device medical countermeasures published by the FDA in 2020. If such information is unavailable, the Committee directs CMS to include what would be necessary for CMS to have this data collected in the future.

Medicare Coverage for Mobility Assistive Equipment in the Community.—The Committee notes that Title II of the Americans with Disabilities Act requires public entities to administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

Medicare Prescription Payment Plan.—The Committee directs CMS to provide a report to Congress and post on a publicly available website: (1) the number of beneficiaries who have taken up the smoothing option and the total number of beneficiaries categorized as “likely to benefit” by the Part D plan sponsor; (2) information on the methods that CMS is utilizing to encourage participation, such as the use of Medicare.gov, the Medicare and You handbook, 1-800-MEDICARE, and provider focused communications such as the Medicare Learning Network; and (3) additional outreach efforts that CMS is conducting with other stakeholders, including provider associations and societies, patient and consumer advocacy groups, and pharmacy benefit managers. Additionally, CMS shall report on the status of operationalizing point-of-sale enrollment for the program until such functionality is available for all Medicare beneficiaries.

Medicare Secondary Payer.—The Committee continues to be supportive of modernizing the Medicare Secondary Payer Program and interested in understanding the impacts of the program on bene-

fiary access to treatment. In February 2024, CMS released its low dollar reporting and recovery threshold of \$750. The Committee is particularly concerned that in this calculation CMS uses as the denominator the total number of demand letters when, going back to as early as 2000, GAO has found that only a fraction of demand letters result in recoveries.

Medicare Telehealth Provider Privacy.—The Committee has concerns with how CMS plans to ensure the safety of Medicare providers' personal information. Since the beginning of the COVID-19 pandemic, CMS has allowed Medicare providers who render telehealth services from their home or other location to list a practice address rather than their home address on Medicare enrollment and billing forms. The flexibility has been extended through the end of calendar year 2024. CMS is urged to implement a permanent policy solution that is not administratively or operationally burdensome for health care systems and ensures provider safety and privacy. This policy solution should also prioritize program integrity and allow for monitoring of potential fraud, waste, and abuse. CMS is encouraged to implement a permanent solution prior to December 31, 2024, or extend the current flexibility until such time that a permanent solution is reached.

Money Follows the Person Demonstration Grant.—The Committee notes that it is not the intent of the Money Follows the Person Demonstration Grant (MFP) to eliminate the option of institutional care. MFP funds may not be used for the wholesale transfer of residents from certified care facilities to finance facility closures or downsizing. MFP is a voluntary program established to facilitate individual transitions to community settings initiated by the beneficiary at the beneficiary's choice and request. The Committee requests: (1) mortality data on those who transfer under the MFP program from certified facilities, and (2) data by category of disability (developmental disabilities, mental illness, age, physical disabilities) for sentinel events (emergency room visits) for MFP participants.

No Surprises Act Timely Payment.—The Committee recognizes that the Departments of the Treasury, Health and Human Services, and Labor are obligated to continue conducting random audits of insurers' qualifying payment amount calculations as mandated by the No Surprises Act. Additionally, the Committee is concerned that, despite being statutorily required to submit a report to Congress on such audits in 2022, Congress has only received a perfunctory report detailing the Departments' failure to complete their audit obligations. The Committee directs the Secretary to immediately finish such audits, provide a comprehensive report to Congress, and post such report publicly on the agency's website; and use all existing authorities, including PHS Act noncompliance civil monetary penalties, to enforce timely payments following payment determinations by Independent Dispute Resolution Entities.

Non-Healing Severe Wound Payment.—Non-healing severe wounds, such as pressure sores, diabetic ulcers, and surgical incisions, are a major healthcare concern in Medicare. Current Medicare payment policies may create incentives for health professionals to provide care that is suboptimal for wound treatment, resulting in longer treatment and recovery times and higher costs. Medicare should explore innovative options for wound care to help

address this healthcare problem. CMS should include an update on this topic in the fiscal year 2026 congressional justification.

Non-Opioid Pain Medicine.—The Committee believes in the importance of providing access to non-opioid pain medicine to patients covered by Medicare and Medicaid. The Committee requests a report, within 180 days of the enactment of this Act, addressing uptake and utilization of non-opioid pain medicine.

Nuclear Diagnostics.—Nuclear medicine scans are often both the most clinically appropriate and cost-effective way to diagnose certain diseases, like Alzheimer’s and Parkinson’s diseases, as well as prostate, breast, and neuroendocrine cancers. Initially classified as stand-alone “drugs,” radiopharmaceuticals were paid separately from the nuclear medicine procedure. However, CMS began packaging payments in 2008, which results in underpayment of diagnostic radiopharmaceuticals, serves to disincentivize hospitals from using newer diagnostic radiopharmaceuticals in scans, and limits patients’ access as documented in a 2021 GAO report. The Committee appreciates the recent request for information on different options to address this issue as part of the calendar year 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) proposed rule. The Committee urges CMS to take action to unpackage Medicare’s OPPS payment for diagnostic radiopharmaceuticals from the OPPS payment for the accompanying procedure or scan.

Obesity.—The Committee continues to encourage CMS to work to ensure beneficiary access to care for obesity if determined as clinically appropriate by the patient’s physician and consistent with statutory and regulatory authority.

Ongoing Responsibility for Medicals.—The Committee continues to be supportive of modernizing the Medicare Secondary Payer (MSP) program and interested in understanding the impacts of the program on beneficiary access to treatment. The Ongoing Responsibility for Medicals (ORM) program has been problematic given that many providers refuse any treatment of Medicare beneficiaries due to an ORM flag on the file, even if the treatment is unrelated to the accident or injury giving rise to the MSP report. Section 111 of the MSP Act requires the reporting of the assumption of ORM, and CMS requires the reporting of all cases with claims above \$25,000. The committee is concerned that this number has not kept pace with medical inflation and does not fairly reflect an appropriate threshold for ORM reporting. The Committee urges CMS to submit a report to the committees of jurisdiction on the impact of adjusting this threshold to medical inflation.

Organ Procurement Organization.—The Committee is aware that in 2020, CMS issued a final rule to update the Conditions for Coverage for Organ Procurement Organizations (OPOs), which established a process to decertify any OPO falling below median performance on two specified metrics based on 2024 data. Current preliminary data suggests that 42 percent of OPOs could face decertification by 2026. The remaining OPOs would undergo competitive bidding for the decertified OPOs’ service areas or absorb their responsibilities. The Committee urges CMS to expedite the release of a proposed rule in 2024.

Overestimating Utilization of New Codes in the Fee Schedule.—The Committee is concerned that CMS estimates for the utilization

of a new code in the initial calendar year in the Medicare Physician Fee Schedule are inflated and exceed what is statutorily required. When adjusting the number of relative value units needed to account for coding changes, new data on relative value components, or payment for new procedures, the Committee is concerned that CMS overestimates utilization, and therefore the overall cost of such changes, resulting in substantial resources being unnecessarily deducted from the physician fee schedule required by budget neutrality. As such, the Committee directs GAO to study the extent it has overestimated the utilization of new fee schedule codes in each of the last ten years, including data on related reductions to the fee schedule for each of those years.

Over the Counter Hearing Aids.—In the calendar year 2023 Physician Fee Schedule Final Rule, CMS finalized a policy to allow direct access to an audiologist for beneficiaries with non-acute hearing conditions. The finalized policy will allow beneficiaries, once every 12 months, direct access to an audiologist to receive care for non-acute hearing assessments that are unrelated to disequilibrium, hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids. Over-the-counter (OTC) hearing aids are often recommended for adults with non-acute, mild-to-moderate hearing loss. The Committee urges CMS to issue a communication to audiologists to provide information on the availability and effectiveness of OTC hearing aids for non-acute mild-to-moderate hearing loss conditions.

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.

Physician Work Payments in Rural Areas.—The Committee recognizes that the current Medicare Physician Work Geographic Practice Cost Index formula inadequately reflects the value of physician work effort in high-cost, geographically rural areas of the country, especially the non-contiguous areas. The current formula uses wage as an indicator for the relative value of a physician's work effort, but this may not adequately account for differences in the cost of living and other factors that negatively impact the relative value of physician work effort in these areas.

Programs of All-Inclusive Care for the Elderly Feasibility Assessment.—The Committee continues to see the importance of the Programs of All-Inclusive Care for the Elderly (PACE), which enables medically complex older adults with significant long-term care needs to remain living at home. Given the increasing need for home and community-based care for this nursing home eligible population, the Secretary was directed to submit a report outlining an implementation plan for PACE-specific model tests seeking to increase access and affordability in Senate Report 118–84. The Committee looks forward to receipt of the report.

Protecting Medicare Beneficiary Access to Therapy.—The Committee is concerned with the HHS OIG’s findings that payors have denied or delayed timely Medicare beneficiary access to medically necessary medication through the use of “utilization management” (including step therapy, prior authorization, limitations on drug refills, changes in formulary tier, co-pay, co-insurance, or deductibles) and the implications for beneficiaries with the implementation of Part D benefit redesign. The Committee urges CMS to prioritize protecting beneficiary access to medication therapy, including enhanced oversight and review of the use of utilization management by Medicare Part D plan sponsors, ensuring that sufficient safeguards are in place so plans do not use overly restrictive clinical criteria, do not request unnecessary documentation, and are timely in responding to appeals. The Committee requests an update in the fiscal year 2026 congressional justification on actions the agency is taking to protect Medicare beneficiaries by enhancing its oversight of the use of utilization management by Part D plans to ensure no adverse impacts to beneficiary access to therapies.

Protecting Medicare Program Integrity and Beneficiary Choice.—The Committee is concerned that CMS’s final rule to redefine compensation for contract year 2025 represents a price control that will create unnecessary consequences for the health care system. The Committee is particularly concerned with CMS finalizing the rule when it admits it “lacks the data” to quantify the rule’s “economic effects.” Moreover, the final rule states CMS cannot “accurately capture” the true cost of administrative services based on the information it has available. The Committee requests an update in the fiscal year 2026 congressional justification on the impact such rule will have on program participants.

Psychosocial Rehabilitation Model.—The Committee recognizes the high prevalence of loneliness and social isolation among people with serious mental illness and encourages CMS to address this issue.

Radiation Oncology.—The Committee remains concerned that efforts to reform the delivery and payment of certain types of radiation therapy may negatively affect patient access and outcomes. The Committee continues to encourage CMS to work closely with all affected stakeholders to develop reforms that support patient’s access to high quality, innovative care, and the Medicare trust funds.

Rate Review.—The Committee strongly urges CMS to conduct a rate review process through which each issuer shall submit a single bid for each state and rating area that such issuer plans to offer a qualified health plan.

Reducing False Positive Sepsis Blood Cultures.—The Committee is aware that more than 40 percent of blood culture tests used to diagnose bloodstream infections, like sepsis, are false-positive results due to blood culture contaminations from a patient’s skin and not an actual infection. These false-positive test results lead to serious morbidity and mortality among misdiagnosed patients, significant spending on unnecessary treatment, and the overuse of antibiotics. The Committee urges CMS to prioritize and expedite the adoption of a blood culture contamination rate measure that reduces contaminations.

Reliance on Death Certificate Data for Performance Management.—The Committee is aware that when establishing the methodology to evaluate organ procurement organization performance, the agency elected to rely on death certificate data to determine the denominator of the donation and transplant rates. The Committee recognizes that death certificate data can be unreliable and urges CMS to identify alternative data sources such as patient-level hospital data.

Remote Monitoring Devices for Pregnant Women.—The Committee is concerned with the maternal morbidity and mortality rate, which disproportionately impact the Medicaid population. Many indicators of potential pregnancy-related complications can be monitored remotely through devices that check for irregularities in blood glucose, oxygen saturation, and weight. The Committee encourages CMS to provide guidance to States on coverage of remote physiologic devices and related services under Medicaid for pregnant and postpartum women. The Committee requests an update on this effort in the fiscal year 2026 congressional justification.

Robotic Stereotactic Radiosurgery.—The Committee remains concerned that inadequate payment for robotic stereotactic radiosurgery (SRS) and robotic stereotactic body radiation therapy (SBRT) may threaten patient access to this important treatment option for many types of cancer in both the hospital and free-standing center setting. If CMS pursues any changes to radiation therapy coding and payment policies, the Committee urges the agency and contractors administering the Medicare Part B program to maintain existing codes describing robotic SRS and robotic SBRT in order to protect Medicare beneficiary access to these services which safely deliver life-saving and life-changing cancer treatment in a timely and cost-efficient manner, improving patient compliance and reducing burdens on patients, providers, and the health care system. Furthermore, the Committee notes the promise of value based care for radiation therapy which promises to improve patient outcomes over volume.

Rural Hospital Closures.—The Committee is concerned by the crisis of rural hospital closures. Rural populations are often older, sicker, and more likely to use public insurance or be uninsured, leading to unique pressures on rural hospital finances. The Committee appreciates the investments in certain rural hospital designations—such as Critical Access Hospital, Rural Emergency Hospital, or Medicare-Dependent Hospital—but encourage HHS to continue addressing the community need of rural hospitals that continue to face challenges.

Screening for Cervical Cancer with Human Papillomavirus Self Sampling.—The Committee is pleased that CMS has included its National Coverage Determination (NCD) for Screening for Cervical Cancer with HPV Testing on its wait list for reconsideration. Similar to the approval for self-sampling in other countries with organized screening programs, the National Cancer Institute’s “Last Mile” initiative will also determine the clinical effectiveness of self-collection-based HPV testing for screening to be considered for additional labeling by FDA after review. The Committee recognizes that self-sampling has the potential to reach individuals who are never screened or under-screened for HPV, which makes up about half of women who get cervical cancer in the U.S. Given the prom-

ise of HPV self-sampling, the Committee urges CMS to move this NCD up the wait list to ensure that there is appropriate coverage for this screening methodology upon FDA approval.

Special Consideration of Vaccines.—The Committee notes unique characteristics of vaccine products, including: (1) the existence, or lack, of any direct financial burden to Medicare beneficiaries in accessing vaccines, including any cost-sharing obligations; (2) the importance of vaccines to national security; (3) the role vaccines play in reducing overall health care spending; (4) the contribution of vaccines to the national economy and workforce productivity; (5) the role of vaccines in potentially preventing or addressing a global or national public health emergency; (6) the ability of vaccines to prevent a serious medical condition or address an unmet medical need; (7) the ability of vaccines to yield savings to Medicare by eradicating, preventing, and reducing the incidence of diseases thereby reducing associated hospitalizations and overall burden on the health care system; and (8) the low cost per unit, and the use of vaccines by CMS for quality measures such as the Merit-based Incentive Payment System (MIPS) and the MIPS value pathways to promote increased vaccine utilization.

Standardized Health Plans.—The Committee is concerned that CMS is limiting competition and choice in the individual health insurance market by limiting the number of nongovernment dictated (“standardized”) plans that issuers may offer. The Committee believes that Americans are best served by the widest variety of competition and choice possible, ensuring that they can pick the health plan that best works for them. As such, the Committee urges CMS to apply a non-enforcement policy to the plan limits enacted via regulation at 45 CFR 156.202 to promote competition and choice.

Stark Law Compliance.—The Committee encourages the agency to apply the updated definitions of “commercially reasonable” and “fair market value” as established in the CMS Final Rule “Medicare Program; Modernizing and Clarifying the Physician Self-Referral Regulations” (published December 2, 2020, and effective January 19, 2021). The Committee is concerned that these key definitions, which are foundational to compliance with the Federal Physician Self-Referral Law (commonly referred to as the “Stark Law”), are not being applied during the review of certain hiring practices by hospitals. If these definitions are not properly applied, arrangements that violate the Stark Law because they are not commercially reasonable and/or not consistent with fair market value will continue to go unaddressed, increasing costs to patients and the healthcare system.

Timely Access to Alzheimer’s Disease Treatment.—The Committee is encouraged by innovations in diagnostic tools along with treatments for the underlying biology of Alzheimer’s disease and some of its most serious symptoms. The Committee urges CMS to recognize its role in facilitating timely and equitable beneficiary access to these diagnostic tools and services and encourages continued collaboration between CMS and other Federal agencies in their collective efforts to shift standard of care towards timely and accurate detection and diagnosis.

Treasury Referrals.—The Committee continues to be supportive of modernizing the Medicare Secondary Payer (MSP) program and is interested in understanding the impacts of the program on the

Federal government. The Committee understands that CMS refers the debt of some claims to the Treasury Department for collection even before the appeal period has expired. This results in potentially misaligned processes and the Committee urges CMS to coordinate with Treasury to review these timeline interactions.

Unified Program Integrity Contractors Audit Improvements.—The Committee recognizes the importance of using Unified Program Integrity Contractors to suspend Medicare payments for credible allegations of fraud. The Committee urges CMS to assess how the audit system can be improved to increase communication with providers.

Waiver of 3-Day-Stay COVID Requirement.—The Committee recognizes the impact of the current 3-day-stay requirement on Medicare beneficiaries in need of Skilled Nursing Facilities (SNF) coverage but without a qualifying stay. During the COVID pandemic, this requirement was waived. The Committee directs CMS to make data available on the agency website to better understand the impact of the requirement on SNF utilization and Medicare spending. Such data made available should include: (1) total number of stays and total amount of Medicare fee-for-service (FFS) spending for covered SNF stays; (2) total number of stays and total amount of Medicare FFS spending for covered SNF stays preceded by a hospitalization with less than three consecutive inpatient hospital midnights; and (3) total number of stays and total amount of Medicare FFS spending for covered SNF stays for beneficiaries who meet the following waiver criteria: (a) Are covered under Medicare FFS; (b) Are not attributed to an accountable care organization; and (c) Received covered SNF care within 30 days of a hospitalization of three or more consecutive midnights, with the following scenarios reported separately: (i) a combination of outpatient observation and less than 3 consecutive inpatient midnights; or (ii) exclusively outpatient observation days, and (4) For each of the above categories, the number or percentage of stays by patients who resided in an SNF prior to the hospital or observation stay that preceded a covered SNF stay.

Whole Child Health.—The Committee is aware that social drivers of health influence health outcomes, particularly for children and youth. The Committee commends CMS for establishing the Integrated Care for Kids Model and for supporting state flexibility to address health-related social needs through guidance and waivers. To build State capacity to address stressors impacting youth health and wellbeing through sustainable payment and delivery models, the Committee continues to encourage CMS to consider approaches to designing a whole child health demonstration program centered in primary care. Such a program could address the mental, developmental, and social factors impacting children served by Medicaid and CHIP through pediatric value-based care models, with a particular focus on locally driven strategies to align financial incentives and resources across Medicaid and other programs. The Committee looks forward to the update requested on this effort in Senate Report 118–84.

Whole Genome Sequencing for Medicaid and CHIP Programs.—The Committee understands that there are an estimated 30 million Americans who have a rare disease—a disease affecting 200,000 people or less—and the majority of these Americans are children.

The Committee understands that Medicaid is the largest payer of treatment for rare disease. The Committee understands there is a growing body of evidence that whole genome sequencing (WGS), whole exome sequencing (WES), and gene panel testing (GPT) can save lives and money when used to diagnose infants and children who are suspected to have a rare genetic disease. The Committee encourages CMS to examine State Medicaid programs' current coverage and reimbursement of WGS, WES, and GPT for infants and children with rare diseases or suspected genetic disorders.

State Survey and Certification

The Committee provides \$402,334,000 for State Survey and Certification activities, which is \$5,000,000 above the fiscal year 2024 enacted level and \$90,000,000 below the fiscal year 2025 budget request. This program 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 as required by CMS.

Federal Administration

The Committee provides \$672,533,000 for Federal Administration activities related to the Medicare and Medicaid programs, which is \$100,000,000 below the fiscal year 2024 enacted level and \$185,082,000 below the fiscal year 2025 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.

Health Insurance Exchange Transparency.—The Committee continues to include bill language requiring CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology (IT); Non IT Program Costs, including Health Plan Bid Review, Management and Oversight; Payment and Financial Management; Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants, and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Marketplace Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (P.L. 111–148). CMS is also required to include the estimated costs for fiscal year 2026.

Quality Improvement Organizations.—The Committee does not include the Administration's request to remove language regarding how quality improvement organizations are funded.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

Appropriation, fiscal year 2024	\$915,000,000
Budget request, fiscal year 2025	941,000,000
Committee Recommendation	941,000,000
Change from enacted level	+26,000,000
Change from budget request	---

The Health Care Fraud and Abuse Control Account funds support activities conducted by CMS, the HHS OIG, and the Department of Justice (DOJ). This appropriation includes a base amount

of \$311,000,000 and an additional \$630,000,000 through a discretionary budget cap adjustment provided to meet the terms of legislation establishing fiscal year 2025 budget enforcement in the House of Representatives.

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 bill language to enable the Secretary to provide a total of \$35,000,000 for the Senior Medicare Patrol program, which is administered by the Administration for Community Living, from either discretionary or mandatory funds provided to this account.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriation, fiscal year 2024	\$3,309,000,000
Budget request, fiscal year 2025	3,924,000,000
Committee Recommendation	3,924,000,000
Change from enacted level	+615,000,000
Change from budget request	---

The Committee also provides \$1,600,000,000 in advance funding, as requested, for the first quarter of fiscal year 2026 to ensure timely payments for Child Support Enforcement programs. These formula and incentive grants to States foster parental responsibility and promote family independence, self-sufficiency, and child well-being through services such as locating noncustodial parents, establishing and enforcing support orders, and collecting and disbursing child support payments.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriation, fiscal year 2024	\$4,025,000,000
Budget request, fiscal year 2025	4,111,000,000
Committee Recommendation	4,040,000,000
Change from enacted level	+15,000,000
Change from budget request	-71,000,000

The Low Income Home Energy Assistance Program provides formula grants to States to support eligible families and households through programs providing assistance with energy costs.

The Committee includes bill language that directs an additional \$7,500,000 in funding to be distributed under the new formula.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2024	\$6,327,214,000
Budget request, fiscal year 2025	9,341,393,000
Committee Recommendation	2,691,955,000
Change from enacted level	-3,635,259,000
Change from budget request	-6,649,438,000

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 pro-

grams also provide for the care of unaccompanied alien children in Federal custody and survivors of torture.

The Committee continues to direct ORR to provide monthly updates of arrivals each month by category, including refugees, asylees, Cuban and Haitian entrants, Special Immigrant Visas, and unaccompanied alien children.

Within the total, the Committee includes the following:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Transitional and Medical Services	\$564,000,000	\$253,700,000
Refugee Support Services	307,201,000	137,500,000
Victims of Trafficking	30,755,000	31,755,000
Unaccompanied Alien Children	5,406,258,000	2,250,000,000
Survivors of Torture	19,000,000	19,000,000

Transitional and Medical Services

Consistent with the Refugee Education and Assistance Act of 1980, the Transitional and Medical Services program funds reimbursements and competitive grants to States and nonprofit organizations to provide refugees and other eligible populations with cash and medical assistance.

Victims of Trafficking

The Victims of Trafficking program funds competitive grants and contracts for services to foreign victims of trafficking and potential victims in the U.S.

Within the \$31,755,000 provided for Victims of Trafficking, the Committee includes not less than \$6,000,000 for the National Human Trafficking Hotline, which is an increase of \$1,000,000 from the fiscal year 2024 enacted level.

Mandatory Reporting.—The Committee directs HHS to ensure the National Human Trafficking Hotline (Hotline) is complying with all Federal, State, and local laws, regulations, or policies, that require mandatory reporting to law enforcement for investigations into possible human trafficking. HHS acknowledges that the goals and operations of the Hotline include referring actionable tips to law enforcement. As outlined in the fiscal year 2020 Hotline Notice of Funding, an objective of the Hotline is to notify law enforcement agencies of potential cases of human trafficking, as well as instances when a trafficking victim is in imminent danger, and to document emerging trafficking schemes to assist in the detection and investigation of trafficking cases.

Moreover, the Committee notes that the Department of Homeland Security (DHS) has launched the Blue Campaign, a national public awareness campaign designed to educate the public, law enforcement, and other industry partners to recognize the indicators of human trafficking, and how to appropriately respond to possible cases. The Committee directs HHS to consult and coordinate with the DHS Blue Campaign. The Committee provides a \$1,000,000 increase for the Hotline to update all its materials and to support operational costs to facilitate increased collaboration and tip sharing with law enforcement.

Refugee Support Services

Consistent with the Refugee Education and Assistance Act of 1980, the Refugee Support Services program provides formula and competitive grants to States and nonprofit organizations to provide services to refugees and other eligible populations.

School Impact Grants.—The Committee directs ORR to include the amount provided by State for each activity within Refugee Support Services formula grants, including school impact grants, in the fiscal year 2026 budget justification.

Unaccompanied Alien Children

The Unaccompanied Alien Children (UAC) program supports the care and placement of unaccompanied alien children under the age of 18 apprehended by the DHS at the Southwest border while attempting to enter the U.S. illegally. The Committee is concerned this program under the Biden Administration has served as a catalyst for illegal immigration and child labor exploitation. Costs to serve this population have skyrocketed in recent years and remain on a trajectory that is unsustainable. Numerous legislative proposals have been offered to address this unacceptable humanitarian situation. The Biden Administration is on track to spend over \$500,000,000 taxpayer dollars on a facility in North Carolina that has never received a single unaccompanied alien child. Such rampant waste provides another stark example of why this program needs to eprioritize how funding is allocated to address immediate needs. The Committee proposes reduced funding consistent with the historical needs of the account.

Age Verification.—For the most recent fiscal year for which data is available, the Committee directs ORR to submit a report to the Committee no later than 180 days after enactment of this Act, detailing the processes and procedures ORR uses to verify a UAC’s age, including, but not limited to, the use of birth certificate verification with consulates, medical exams, and verbal confirmation. The Department shall make such a report available on its website.

Fair and Open Contracting and Grant Making.—The Committee directs the agency to conduct all public solicitations for grants or contracts in a manner that is fair, open, transparent, and free from ideological bias and conflict of interest. All Federal laws, regulations, and guidelines on communications with outside vendors should be rigorously adhered to with appropriate internal controls in place to avoid undue risk of favoritism or other bias in making selections.

HHS Office of Inspector General Report.—The Committee notes with concern that the 2024 HHS OIG Report (“Gaps in Sponsor Screening and Followup Raise Safety Concerns for Unaccompanied Children,” OEI-07-21-00250) found that in a sample of 342 minors who were released to sponsors by HHS in March and April 2021, for 55 minors, or 16 percent, the minor’s case files lacked any documentation indicating that the required sponsor safety checks were conducted. These important safety checks include criminal public record checks, sex offender registry name checks, and Google address checks. Moreover, 35 percent of children’s case files contained illegible scans of photo IDs, birth certificates, or legal documents meant to verify a sponsor’s identity. The OIG recommended that

ORR implement additional safeguards to ensure that all safety checks are conducted and documented within each child's case file prior to children's release to sponsors and that ORR ensure sponsor records in the UAC portal accurately capture sponsorship history. The Committee directs ORR to brief the Committee within 30 days of the enactment of this Act on the timeline and steps it will take to meet both recommendations.

Home Studies.—The Committee notes that the Trafficking Victims Protection Reauthorization Act requires home studies of potential sponsors when the child is a victim of trafficking, special needs/disabled, a victim of physical or sexual abuse, or if the sponsor clearly presents a risk of abuse, maltreatment, exploitation, or trafficking. ORR additionally mandates home studies if a potential sponsor is seeking to sponsor two or more children and at least one of the children is unrelated to the potential sponsor, if a potential sponsor has previously been the sponsor of two or more children and is now seeking to sponsor an additional child, or if a potential sponsor is seeking to sponsor an unrelated child who is 12 years or under. Due to repeated reports of ORR releasing minors into unsafe situations and the concerning findings in the previously mentioned OIG report, the Committee directs ORR to conduct a home study for every potential sponsor.

Notification.—The Committee directs ORR to continue to report the death of any unaccompanied alien child in its custody within 24 hours, including relevant details regarding the circumstances of the fatality.

Online Data.—The Committee notes that HHS publishes updated data on its website on occupancy rates in facilities, average length of care in HHS custody, UAC demographics, and releases to sponsors by category.

ORR Employee Vetting.—The Committee notes with concern that the HHS OIG found in a May 2023 report (“The Office of Refugee Resettlement Needs To Improve Its Practices for Background Checks During Influxes,” A-06-21-07003) that for some employees, ORR's influx care facilities and emergency intake sites did not conduct or document all required background checks for some employees or did not conduct the checks in a timely manner. In addition, ORR did not require the transportation services contractor to conduct background checks on employees as required by ORR minimum standards. The Committee directs HHS to brief the Committee no later than 30 days after enactment of this Act on the corrective actions taken by ORR in response to these findings.

Qualified Sponsor Denials.—The Committee notes that ORR currently has no way to track the reasons that sponsor applications are denied. The Committee directs ORR to begin tracking the reasons for sponsor denials in a reportable format no later than 180 days after enactment of this Act. The Committee then directs ORR to submit a report to the Committee on the number of sponsors who completed an application, but for which a child was not referred. ORR shall include information regarding why a child was not able to be placed with the sponsor who successfully completed an application, including, but not limited to, voluntary withdrawal; a prior criminal, domestic violence, or child abuse conviction; or providing false information to ORR.

Referrals Related to Trafficking.—The Committee directs ORR to submit quarterly reports to the Committee that includes the number of referrals that ORR has made to the DHS’s Homeland Security Investigations Division.

Report.—The Committee directs ORR to continue to submit biannual reports to the Committee that include the number of UACs that remain in HHS care for longer than one year and the number of UACs that HHS has released to sponsors. The report should also include an explanation of the methods ORR uses to follow-up with unaccompanied children after releasing them to a sponsor, including the follow-up method used and number of attempts made. The Department shall include the total number of UACs that ORR has been unable to contact successfully for follow-up for fiscal years 2021–2024 and shall make such a report available on its website.

Spend Plan.—The Committee continues to direct the Secretary of HHS to submit a comprehensive spend plan to the Committee every 90 days.

Website Updates.—The Committee directs ORR to include on its website unaccompanied children released to sponsors by county where five or more children have been released.

Survivors of Torture

The program funds competitive grants to nonprofit organizations providing services to refugees, asylees, and asylum seekers to address the effects of torture.

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2024	\$417,515,000
Budget request, fiscal year 2025	421,515,000
Committee Recommendation	414,765,000
Change from enacted level	–2,750,000
Change from budget request	–6,750,000

The Committee provides \$345,000,000 in mandatory funds and \$69,765,000 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.

The Committee eliminates \$2,750,000 in discretionary funding for the Title IV–E Prevention Services Clearinghouse of evidence-based programs and notes that the Clearinghouse receives \$1,000,000 in dedicated mandatory funding. As described in the fiscal year 2020 House Report (House Report 116–62), discretionary funding for the Clearinghouse was intended to be temporary, while Kinship Navigator programs eligible for Title IV–E reimbursement were identified. The Clearinghouse has received \$17,750,000 in discretionary funding since fiscal year 2020, and the Committee believes this funding is no longer necessary.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

Appropriation, fiscal year 2024	\$8,746,387,000
Budget request, fiscal year 2025	8,521,387,000
Committee Recommendation	8,771,387,000
Change from enacted level	+25,000,000
Change from budget request	+250,000,000

The childcare and development block grant provides formula grants to States, territories, and Tribes to provide financial assistance to help low-income working families and families engaged in training or education activities pay for childcare.

The Committee includes new bill language increasing the Tribal set aside.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2024	\$1,700,000,000
Budget request, fiscal year 2025	1,700,000,000
Committee Recommendation	1,700,000,000
Change from enacted level	---
Change from budget request	---

The Social Services Block Grant (SSBG) program provides formula grants to the 50 States, the District of Columbia, Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands. SSBG funding targets a broad set of goals, including reducing or eliminating poverty, achieving, or maintaining individual self-sufficiency, preventing or remedying neglect, abuse, or exploitation of children and adults, preventing or reducing inappropriate institutional care, and supporting institutional care, when appropriate.

Family Resource Centers.—The Committee recognizes that Family Resource Centers provide direct assistance to families through parenting support and education, navigation of care and social services, mental health counseling, early learning and afterschool activities, family financial planning, and job training. The Committee supports States’ investments in Family Resource Centers.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriation, fiscal year 2024	\$14,829,100,000
Budget request, fiscal year 2025	15,052,128,000
Committee Recommendation	14,709,694,000
Change from enacted level	-119,406,000
Change from budget request	-342,434,000

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 provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Programs for Children, Youth, and Families:		
Head Start	\$12,271,820,000	\$12,296,820,000
Preschool Development Grants	315,000,000	250,000,000
Runaway and Homeless Youth Program	125,283,000	125,283,000
Prevention Grants to Reduce Abuse of Runaway Youth	21,000,000	21,000,000
Child Abuse State Grants	105,091,000	105,091,000
Child Abuse Discretionary Activities	36,000,000	32,000,000
Community Based Child Abuse Prevention	70,660,000	70,660,000
Child Welfare Services	268,735,000	268,735,000
Child Welfare Research, Training, and Demonstration	21,984,000	21,984,000
Adoption Opportunities	53,000,000	54,000,000
Adoption and Legal Guardianship Incentive Payments	75,000,000	75,000,000
Social Services Research and Demonstration	35,012,000	---
Native American Programs	60,500,000	65,500,000
Community Services Block Grant Act Programs:		
Community Services Block Grant	770,000,000	780,000,000

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Community Economic Development	22,383,000	---
Rural Community Facilities	12,000,000	13,000,000
National Domestic Violence Hotline	20,500,000	20,500,000
Family Violence Prevention and Services	240,000,000	245,000,000
Chafee Education and Training Vouchers	44,257,000	44,257,000
Disaster Human Services Case Management	1,864,000	1,864,000
Program Direction	219,000,000	219,000,000

Head Start

Head Start and Early Head Start programs fund competitive grants to promote school readiness of children under 5 from low-income families through preschool services.

Notice to Congressional Offices.—The Committee directs the agency to notify a congressional office if a current Head Start recipient in its congressional district will be required to re-compete to continue its grant. The agency is directed to notify the office when the grant forecast for the recipient’s service area and funding is published.

Tribal Colleges and Universities Head Start Partnership Program.—The Committee includes \$12,000,000 for the Tribal Colleges and Universities Head Start Partnership program, which is an increase of \$4,000,000 from the fiscal year 2024 enacted level.

Preschool Development Grants

The Committee provides \$250,000,000 for these competitive grants to States to improve existing early childhood programs. This is a decrease from the fiscal year 2024 enacted level but equal to the fiscal year 2025 President’s budget request. This funding level will allow HHS to provide continuation of funding for existing grantees and fund the States and territories eligible to apply for renewal grants.

Runaway and Homeless Youth Program

This program funds competitive grants to provide street outreach, emergency shelters, and longer-term transitional living programs to protect and provide supportive services to runaway and homeless youth.

Prevention Grants to Reduce Abuse of Runaway Youth

This program funds competitive grants to nonprofit agencies for the purpose of providing street-based services to runaway, homeless, and street youth who have been subjected to, or are at risk of being subjected to sexual abuse, prostitution, human trafficking, sexual exploitation, or other forms of victimization.

Child Abuse State Grants

This program provides Child Abuse Prevention and Treatment Act formula grants to States to improve their child protective service systems.

Child Abuse Discretionary Activities

This funding supports a variety of competitive grants, including research and demonstration projects on the causes, prevention, identification, assessment and treatment of child abuse and ne-

glect, the development and implementation of evidence-based training programs, and technical assistance to grantees and communities through national resource centers and the Child Welfare Information Gateway.

Child Abuse Hotline.—The Committee supports ongoing efforts to address and support youth and families impacted by child abuse and neglect. Within the total, the Committee continues to provide \$2,000,000, which is the same as the fiscal year 2024 enacted level, for broad, ongoing support for the national child abuse hotline in order to provide resources and intervention through multiple modalities, including chat, text, and call, to respond to the urgent needs of youth and concerned adults facing these challenges.

The Committee does not provide the \$4,000,000 needed for continuation grants for the field-initiated approach to addressing racial bias, inequity, and disparity project.

Community Based Child Abuse Prevention

This program provides formula grants to States that then disburse funds to local community-based organizations to improve local child abuse prevention and treatment efforts.

Child Welfare Services

This program funds formula grants to State and Tribal child welfare programs for research, monitoring, and special initiatives to promote positive outcomes for children and families involved in child welfare.

Child Welfare Research, Training, and Demonstration Projects

This program funds competitive grants to entities that prepare personnel for work in the child welfare field and those engaged in research around child welfare issues.

Strengthening State Indian Child Welfare Act Compliance.—The Committee recognizes the important role State child welfare agencies play in ensuring the safety of Indian children who come into contact with the State child welfare system. The Committee appreciates the work of the Children’s Bureau to support State compliance with the Indian Child Welfare Act through technical assistance and through grants to develop strong working relationships between States and Tribes. The Committee continues to provide \$3,000,000, equal to the fiscal year 2024 enacted level, for State-Tribal partnership grants to build collaborations between States and Tribes to better address the ongoing challenges Tribal communities face. Moreover, the Committee directs the agency to provide the guidance required in Senate Report 118–84 to the Committee and make such guidance available on its website.

Adoption Opportunities

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.

Adoption Agencies.—The Committee encourages HHS to maintain a public list of licensed adoption agencies so that birth mothers can make decisions based on verified and trustworthy informa-

tion. The list of agencies should include adoption agencies with current State licenses who are in good standing with the State.

Adoption-Sensitive Care Training.—The Committee continues to provide \$1,000,000, the same as the fiscal year 2024 enacted level, for a competitive grant program to improve access to adoption-sensitive care training for eligible hospital staff as directed in the explanatory statement that accompanied Division D of P.L. 118–47.

Family First Prevention Services Clearinghouse.—The Committee continues to direct not less than \$2,000,000, the same as the fiscal year 2024 enacted level, for the evaluation of programs to support adoption arrangements at risk of a disruption or dissolution, as directed in Senate Report 118–84.

National Adoption Competency Mental Health Training Initiative.—The Committee continues to provide \$2,000,000, the same as the fiscal year 2024 enacted level, for the National Adoption Competency Mental Health Training Initiative.

National Training and Development Curriculum (NTDC).—The Committee directs HHS to extend the current grant by 12 months for the NTDC as directed in the explanatory statement that accompanied Division D of P.L. 118–47.

Support for Birth Parents.—The Committee recognizes that birth parents who voluntarily place their children for adoption often benefit from post-adoption counseling, support, and resources. The Committee provides \$1,000,000 for a demonstration program to provide support groups, resources, and services to birth parents. Eligible grantees should be adoption-focused, nonprofit organizations with experience working with parents who have placed their children for private domestic adoption. The Committee directs HHS to brief the Committee no later than 90 days after enactment of this Act on its plans for carrying out this competition. In addition, the Committee directs HHS to provide notice to the Committee at least seven days before awards are announced.

Adoption and Legal Guardianship Incentive Payments

This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system.

Social Services Research and Demonstration

The Committee does not provide any funding for this program. The Committee notes that statutory intent of this program is to support research, evaluation, and demonstration efforts that address the goals of preventing and reducing dependency on government programs. However, the funding for this program has been directed in recent years to create new, duplicative demonstration programs.

Native American Programs

These programs fund competitive grants to assist Tribal governments and Native American institutions and organizations in their efforts to support and develop stable, diversified local economies. Tribes and nonprofit organizations use funds to develop and implement sustainable community based social and economic programs and services to improve the wellbeing of Native people.

Within the total, the Committee provides \$15,000,000 for Native American language preservation activities, including no less than \$6,000,000 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 Block Grant Act Programs

Community Services Block Grant.—This Program provides formula grants to States to alleviate the causes and conditions of poverty in communities.

Rural Community Facilities.—Rural Community Development is a competitive grant program that works with regional and Tribal organizations to manage safe water systems in rural communities. Under this program’s technical assistance authority, grant recipients can provide assistance to residents in unserved and underserved populations, including isolated, unincorporated communities, small, low-income communities that cannot afford loan/grant financing, and those that lack central systems and are therefore not regulated under the Clean Water Act or Safe Drinking Water Act.

Community Economic Development.—Due to budget constraints, the Committee does not provide funding for these competitive grants.

National Domestic Violence Hotline

The National Domestic Violence Hotline provides 24-hour, toll-free and confidential services immediately connecting callers to local service providers.

Religious Communities.—Individuals in religious communities experience unique challenges in assessing appropriate domestic violence resources and support. The Committee provides \$250,000 for the domestic violence hotline to evaluate and expand its list of resources for contacts from religious communities.

Family Violence Prevention and Services

The Family Violence Prevention and Services Act (FVPSA) 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.

Addressing Domestic Violence in Religious Communities.—The Committee recognizes the unique challenges experienced by individuals in religious communities, especially populations underserved because of their religious beliefs, in accessing appropriate domestic violence services and supports. The Committee supports the work that FVPSA Resource Centers are doing to improve outreach to faith-based communities.

Chaffee Education and Training Vouchers

This program funds formula grants to States to provide vouchers to youth who are, or were formerly, in foster care for expenses related to post-secondary education assistance, and vocational training.

Disaster Human Services Case Management

This funding supports work at HHS addressing human service preparation for, response to, and recovery from, natural disasters.

Program Direction

This funding supports Federal administrative costs associated with administering the agency’s programs.

Temporary Assistance for Needy Families Rulemaking.—The Committee is concerned that HHS’s October 2, 2023, proposed rule (Strengthening Temporary Assistance for Needy Families (TANF) as a Safety Net and Work Program (88 Fed. Reg. 67697)) threatens funding for crisis pregnancy centers. The Committee encourages HHS to ensure continued funding for pregnancy centers in any final rulemaking. These centers are a critical part of the safety net for pregnant and parenting women and offer a wide range of services including providing material support free-of-charge, aiding clients in developing critical life skills to gain economic self-sufficiency, providing sexual risk avoidance education and sexual integrity counseling, and offering or referring for both marriage enrichment and relationship counseling.

TANF Pilot Projects.—The Committee directs HHS to provide notice to the committees of jurisdiction of the States selected to participate in the TANF pilot projects authorized under section 302 of the Fiscal Responsibility Act (P.L. 118–5) at least seven days prior to public release.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2024	\$8,594,000,000
Budget request, fiscal year 2025	6,768,000,000
Committee Recommendation	6,768,000,000
Change from enacted level	- 1,826,000,000
Change from budget request	---

The Committee also provides an advance appropriation of \$3,600,000,000 for the first quarter of fiscal year 2026 to ensure timely completion of first-quarter grant awards.

Foster Youth and the Pediatric Care System.—The Committee directs the agency to include information in its fiscal year 2026 congressional justification detailing its ongoing inter-agency collaboration with CMS and SSA to ensure that youth aging out of foster care with medically-complex or special needs undergo a smooth transition out of the pediatric care system.

Within the total, the Committee provides \$4,796,000,000 for the Foster Care program. This mandatory program provides funds to States for foster care maintenance payments for children living in foster care. These funds also reimburse States for administrative costs to manage the program and training for staff and parents.

Within the total, the Committee provides \$4,659,000,000 for Adoption Assistance. This mandatory program provides funds to States to subsidize families who adopt children with special needs, such as older children, a member of a minority or sibling group, or children with physical, mental, and emotional disabilities. In addition, the program provides training for adoptive parents and State administrative staff. This annually appropriated entitlement provides alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total, the Committee provides \$365,000,000 for the Kinship Guardianship Assistance program. This mandatory program provides subsidies to a relative taking legal guardianship of a child for whom being returned home, or adoption are not appropriate permanency options.

Finally, within the total, the Committee provides \$143,000,000 for the Independent Living program. This mandatory program assists foster children age 16 or older make successful transitions to independence. Funds support a variety of services, including educational assistance, career exploration, vocational training, job placement, life skills training, home management, health services, substance abuse prevention, preventive health activities, and room and board. Each State receives funds based on the number of children on whose behalf the State receives Federal Foster Care Payments.

ADMINISTRATION FOR COMMUNITY LIVING
AGING AND DISABILITY SERVICES PROGRAMS

Appropriation, fiscal year 2024	\$2,548,042,000
Budget request, fiscal year 2025	2,634,043,000
Committee Recommendation	2,498,109,000
Change from enacted level	- 49,933,000
Change from budget request	- 135,934,000

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 provides \$415,000,000 for Home and Community-Based Supportive Services, which is an increase of \$5,000,000 from the fiscal year 2024 enacted level. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

Preventive Health Services

The Committee provides \$26,339,000 for Preventive Health Services, which is equal to fiscal year 2024 enacted level. This program funds formula grants to States to help seniors remain healthy and avoid chronic diseases. Funding supports a variety of healthy aging programs aimed to reduce disease and prevent injuries, including evidence-based programs to address the risk of falls, chronic diseases, mental health, and medication management.

Protection of Vulnerable Older Americans

The Committee provides \$26,658,000 for activities to protect vulnerable older Americans, which is equal to the fiscal year 2024 enacted level. These programs provide formula grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs.

The Committee continues to provide \$21,885,000 for the Long-Term Care Ombudsman program. This program works to improve the quality of life and care for individuals who reside in long-term care facilities. Ombudsmen work to ensure residents understand their care options and that strong beneficiary support systems are in place in all settings.

Family Caregivers

The Committee provides \$210,000,000 for the National Caregiver Support program, which is an increase of \$3,000,000 from the fiscal year 2024 enacted level. 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.

Native American Caregivers Support

The Committee provides \$16,000,000 for the Native American Caregivers Support program, which is an increase of \$4,000,000 from the fiscal year 2024 enacted level. This program provides formula grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Nutrition

The Committee provides a total of \$1,041,684,000 for senior nutrition. This is an overall decrease from the fiscal year 2024 enacted level. Funding for this population is also available from the Department of Agriculture. The recommendation includes \$543,342,000 for Congregate Meals and \$366,342,000 for Home Delivered Meals, a decrease from the fiscal year 2024 enacted levels but equal to the fiscal year 2023 enacted levels, and \$132,000,000 for the Nutrition Services Incentives program, an increase of \$20,000,000 from the fiscal year 2024 enacted level. These programs provide older Americans with 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.

Collaboration with the Department of Agriculture.—The Committee encourages ACL to deepen collaborations directly with the Department of Agriculture's Senior Farmers Market Nutrition Program to ensure seniors can continue to access locally grown fresh fruits and vegetables while also assisting local agricultural producers.

Grants for Native Americans

The Committee provides \$42,264,000 for Native American Nutrition and Supportive Services, which is an increase of \$4,000,000 from the fiscal year 2024 enacted level. This program provides for-

mula 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 provides \$21,796,000 for Aging Network Support Activities, which is a decrease from the fiscal year 2024 enacted level. This program supports activities that expand public understanding of aging and the aging process.

The Committee does not provide funding for Care Corps, the Direct Care Workforce Demonstration, or the Older Adult Equity Collaborative.

Holocaust Survivor Assistance Program.—The Committee provides \$8,500,000, which is equal to the fiscal year 2024 enacted level, for the Holocaust Survivor Assistance program. This program provides supportive services for aging Holocaust survivors living in the U.S.

Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities.—The Committee continues to provide \$1,000,000 for this effort.

Research, Demonstration, and Evaluation Center for the Aging Network.—The Committee continues to provide \$5,000,000 for the Research, Demonstration, and Evaluation Center for the Aging Network.

Alzheimer's Disease Program

The Committee provides \$31,500,000 for the Alzheimer's disease program, which is equal to the fiscal year 2024 enacted level. 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 Committee provides no less than \$2,000,000 for the National Alzheimer's Call Center.

Lifespan Respite Care

The Committee provides \$10,000,000 for Respite Care, which is equal to the fiscal year 2024 enacted level. The program funds competitive grants to ease the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Chronic Disease Self-Management Program

The Committee provides \$8,000,000 for the Chronic Disease Self-Management program, which is equal to the fiscal year 2024 enacted level. This program funds competitive grants and cooperative agreements to support 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 Falls Prevention

The Committee provides \$7,500,000 for the Falls Prevention program, which is equal to the fiscal year 2024 enacted level. Falls prevention competitive grants and cooperative agreements support

the promotion and dissemination of prevention tools delivered in community settings.

White House Conference on Aging.—The Committee recognizes that falls are the top cause of fatal and non-fatal injury among adults over 65. The Committee encourages ACL to incorporate the topic of elderly falls, including risk factors and evidence-based prevention strategies, within the 2025 White House Conference on Aging, including risk factors, evidence-based prevention strategies, and the cost effectiveness of policies such as home modification coverage, payments for physicians to conduct comprehensive fall risk assessments, and community-based fall prevention programs.

Elder Rights Support Activities

The Committee provides \$18,874,000 for Elder Rights Support Activities, which is a decrease from the fiscal year 2024 enacted level. These programs support efforts that provide information, training, and technical assistance to legal and aging services organizations working to prevent and detect elder abuse and neglect.

The Committee provides no funding for the State Adult Protective Services formula grant program. This program was first funded in the American Rescue Plan (P.L. 117–2).

Aging and Disability Resource Centers

The Committee provides \$8,619,000 for Aging and Disability Resource Centers (ADRCs), which is equal to the fiscal year 2024 enacted level. 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 \$55,242,000 for the State Health Insurance Assistance Program, which is equal to the fiscal year 2024 enacted level. The State Health Insurance Assistance Program funds grants to provide Medicare beneficiaries with information, counseling, and enrollment assistance.

Paralysis Resource Center

The Committee provides \$10,700,000 for the Paralysis Resource Center, which is equal to the fiscal year 2024 enacted level. 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 provides \$4,200,000 for the Limb Loss Resource Center, which is equal to the fiscal year 2024 enacted level. 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 provides \$16,118,000 for the Traumatic Brain Injury program. The Committee provides an increase of \$3,000,000 from the fiscal year 2024 enacted level for the State Protection and Advocacy Systems State formula grants. 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.

Developmental Disabilities State Councils

The Committee provides \$81,000,000 for State Councils on Developmental Disabilities, which is equal to the fiscal year 2024 enacted level. This program funds formula grants to States to Developmental Disabilities State Councils, which work to develop, improve, and expand the system of services and supports for people with developmental disabilities.

The Committee provides not less than \$800,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Developmental Disabilities Protection and Advocacy

The Committee provides \$45,000,000 for Developmental Disabilities Protection and Advocacy, which is equal to the fiscal year 2024 enacted level. 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 individuals who do not desire it. The Committee notes that actions to undermine and 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 encourages HHS to ensure that programs properly account for the needs and desires of individuals with disabilities, their families, legal representatives and caregivers, and the importance of affording individuals the proper setting for their care.

The Committee recognizes that the ADA encourages states to administer services for people with Intellectual and Developmental Disabilities (IDDs) in the most integrated setting appropriate to the needs of qualified individuals with IDD. Further, the Committee understands that while center-based work is not appropriate for every individual with a disability, center-based adult work programs chosen by individuals with severe IDDs and their families remain a viable choice that can provide dignity and purpose for a significant percentage of the IDD population. These work and service settings have been determined to be rewarding and appropriate by the individuals and family members directly involved in the decision-making process, and the Committee is concerned that some organizations receiving funding under the Developmental Disabil-

ities Assistance and Bill of Rights Act have targeted these setting for closure. The Committee encourages ACL to encourage stakeholders to coordinate to ensure that individuals with IDD's appropriately suited to participate in center based work programs are not deprived of the opportunity to do so.

Developmental Disabilities Voting Access for Individuals with Disabilities

The Committee provides \$10,000,000 for Voting Access for Individuals with Disabilities program, which is equal to the fiscal year 2024 enacted level. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to States 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 provides \$12,250,000 for Developmental Disabilities Projects of National Significance, which is equal to the fiscal year 2024 enacted level. 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 provides \$43,119,000 for University Centers for Excellence in Developmental Disabilities, which is equal to the fiscal year 2024 enacted level. The University Centers for Excellence in Developmental Disabilities Education, Research, and Service are a nationwide network of independent but interlinked centers, funded via competitive grants, 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 provides \$128,183,000 for the Independent Living program, which is equal to the fiscal year 2024 enacted level. Independent Living programs fund grants to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee provides \$119,000,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), which is equal to the fiscal year 2024 enacted level. 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 Committee continues to support the Traumatic Brain Injury Model Systems National Data and Statistical Center at no less than the fiscal year 2024 enacted level.

Assistive Technology

The Committee provides \$40,000,000 for Assistive Technology (AT), which is equal to fiscal year 2024 enacted level. AT supports programs providing formula grants to States for addressing AT needs of individuals with disabilities. The goal is to increase awareness of and access to AT 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 provides \$49,063,000 for Program Administration, which is an increase of \$1,000,000 from the fiscal year 2024 enacted level. This funding supports Federal administrative costs associated with administering ACL's programs.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2024	\$3,634,606,000
Budget request, fiscal year 2025	3,768,088,000
Committee Recommendation	3,630,597,000
Change from enacted level	- 4,009,000
Change from budget request	- 137,491,000

This account supports the activities of the Administration for Strategic Preparedness and Response (ASPR) to prevent, prepare for, and respond to the health consequences of chemical, biological, radiological, and nuclear threats and other public health emergencies, including pandemic influenza. 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.

Active Pharmaceutical Ingredients.—The Committee remains concerned that the U.S. is dependent on foreign sources for critical raw materials and manufacturing of essential medicines, including antivirals. The Committee is aware of the need to onshore critical raw materials and invest in companies through public-private partnerships for domestic manufacturing of essential medicines. Therefore, the Committee encourages ASPR to prioritize funding for companies that are investing in domestic manufacturing of medicines, especially products dependent on China for sourcing of raw materials. Additionally, within 180 days of enactment of this Act, the Committee directs ASPR to provide a report to Committee on the progress of onshoring investments to establish a resilient domestic supply chain for medicines, including antivirals.

Domestic Antibiotic Manufacturing.—The Committee recognizes the importance of the domestic pharmaceutical industrial base and the need to mitigate risks to the U.S. pharmaceutical supply chain, which is heavily reliant on foreign suppliers for critical drugs and active pharmaceutical ingredients, including generic antibiotics. Therefore, the Committee encourages ASPR, in coordination with the Secretary of Defense, to jointly implement a plan to evaluate the end-to-end supply chain for the biomanufacturing of fermentation-based essential antibiotics to ensure necessary domestic manufacturing capacity.

Essential Medical Devices.—The Committee supported BARDA’s investments to accelerate the expansion of domestic manufacturing capacity for ancillary supplies like needles and syringes during the COVID pandemic. However, to continue to ensure Americans have the essential medical devices necessary, the Committee encourages a more concerted effort to shore up domestic production and the U.S. supply chain. The Committee encourages the Office of Industrial Base Management and Supply Chain (IBMSC) to advance programs and policies that preserve and protect U.S. based manufacturing for essential medical devices.

Interagency Alignment of Biomedical Countermeasures Research and Development.—The Committee has prioritized investments in research and development of biodefense medical countermeasures to better prepare our country to detect and respond to biological threats. While funding for such priorities currently is allocated to different HHS agencies based on their missions and areas of expertise, the Public Health Emergency Medical Countermeasures Enterprise Advisory Committee (PHEMCE) is responsible for ensuring the alignment of medical countermeasures requirements, priorities, and projects across these agencies. To improve alignment and efficiency of research and development activities, the Committee directs ASPR to establish a formal mechanism to identify and track the alignment of medical countermeasure research and development programs of each relevant agency, while tracking them against prioritized national biodefense countermeasure needs to ensure the end-to-end development of needed products, technologies, or platforms; track previous and future transitions of development projects between agencies to ensure seamless and properly resourced end-to-end development programs; and identify areas of continually unmet research and development needs. The Committee encourages ASPR to coordinate with the Departments of Defense, Energy, and Homeland Security regarding similar research and development programs.

The Committee further encourages ASPR to prioritize research and development programs that focus on early-stage development and innovative platform-based technologies that can yield multiple products to address multiple threats. Finally, the Committee directs ASPR to make public relevant information on HHS-funded research and development programs, including development stages and target disease area. The Committee directs ASPR to provide a report on the status of this effort within 180 days of enactment of this Act and to include such information in the fiscal year 2026 congressional justification.

Interagency Coordination.—The Committee encourages ASPR, in coordination with DOD, to provide technical expertise to FDA’s Center for Biologics Evaluation and Research, as they further countermeasures for combatting emerging pathogens.

Neglected Tropical Diseases.—The Committee is aware of the increasing prevalence of neglected tropical diseases (NTDs) in the U.S. and the staggering global burden of these threats across the globe and is encouraged by the granting of more than 11 priority review vouchers for new NTDs interventions. Considering the magnitude of the NTD threat, the Committee directs ASPR to provide a report within 180 days of the enactment of this Act addressing whether additional incentives to redress market failures hindering

antimicrobial innovation, are needed to stimulate NTD research and development. Such report shall be made available on the agency's website.

Multiyear Budget.—The Committee notes that 42 U.S.C. 300hh–10 requires annual updates to the PHEMCE multiyear budget. The Committee appreciates the timely delivery of the fiscal year 2025 multiyear budget. The Committee continues to direct ASPR to notify the Committee 14 days in advance of any anticipated delay.

Public Health Emergency Medical Countermeasures Enterprise Advisory Committee.—The committee recognizes effective public-private partnerships are the best way to support our nation's preparedness and response capabilities, as these private sector partners are the primary developers of critical medical countermeasures (MCMs) such as diagnostics, therapeutics, and vaccines which have no commercial market. The Committee notes with concern that the PHEMCE, which is chaired by ASPR, has not established an advisory committee incorporating private sector and non-Federal partners and stakeholders despite recommendations from Congress and NASEM. The Committee encourages ASPR to establish this advisory committee with urgency to ensure timely and transparent communication with the government's private sector partners.

Rapid Detection of Bioterrorism Agents.—The Committee is concerned that the nation is not prepared to rapidly detect biological agents, such as anthrax, tularemia, melioidosis, glanders, and plague, even though Biomedical Advanced Research and Development Authority (BARDA) has successfully supported development of diagnostic technologies that detect such biothreats, in some cases simultaneously. The Committee encourages ASPR, in coordination with CDC, to prioritize partnerships with domestic manufacturers capable of producing rapid diagnostics that can detect such threats and develop a diagnostic testing preparedness plan for use during public health emergencies, disasters, and other serious public health threats.

Reporting.—The Committee directs ASPR to brief the Committee monthly regarding activities funded by this Act and other available appropriations. The agency is directed to notify the Committee at least 24 hours in advance of any obligation greater than \$25,000,000 from any appropriation available to ASPR. Such notification is directed to include the source of funding, including the applicable legislative citation, and a description of the obligation. In addition, ASPR is directed to submit a monthly obligation report in electronic format summarizing the details of these obligations to the Committee. ASPR is further directed to provide the report no later than 30 days after the end of each month and it is directed to be cumulative for the fiscal year with the most recent obligations listed at the top.

Strengthening Domestic Manufacturing and Production.—The Committee appreciates efforts by ASPR to expand upon the domestic industrial base to end the reliance on foreign-sourced medical equipment, personal protective equipment (PPE), diagnostic tests, medical devices, and to secure the pipeline for critical medicines, including antibiotics, such as through the National Biopharmaceutical Manufacturing Partnership (BioMaP) and Industrial Base Expansion. The Committee encourages IBMSC to use available

funds to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines in the event of a national health emergency. Further, the Committee encourages IBMSC to seek opportunities to expand domestic manufacturing facilities with end-to-end capabilities to produce bulk drug substances, support platform technologies for MCMs, and provide fill-finish capacity. The Committee encourages ASPR to use available funds to support manufacturers in building, expanding, upgrading, modifying, and, if necessary, recommissioning facilities in the U.S. to increase manufacturing capacity of critical medicines or their active pharmaceutical ingredients.

The Committee directs ASPR to brief the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate within 180 days of enactment of this Act, with an update on IBMSC efforts including programs, projects, and activities underway designed to ensure appropriate domestic supply, including domestic manufacturing, of essential medical equipment, PPE, diagnostic tests, medical devices, and critical medicines.

Vaccine Manufacturing.—The Committee recognizes the potential benefits of developing innovative continuous vaccine manufacturing processes and technology. The Committee encourages ASPR to support research in developing continuous downstream purification processes including two aqueous two-phase extraction steps as necessary.

RESEARCH, DEVELOPMENT, AND PROCUREMENT

Appropriation, fiscal year 2024	\$3,135,000,000
Budget request, fiscal year 2025	3,082,991,000
Committee Recommendation	3,277,991,000
Change from enacted level	+142,991,000
Change from budget request	+195,000,000

Biomedical Advanced Research and Development Authority

The Committee includes \$1,100,000,000 for the Biomedical Advanced Research and Development Authority, which is \$85,000,000 above the fiscal year 2024 enacted level and \$130,000,000 above the fiscal year 2025 budget request. BARDA supports the advanced development of vaccines, therapeutics, diagnostics, and devices for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases. The Committee supports ASPR’s ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines in the event of a national health emergency.

Antifungal Research and Development.—The Committee continues to support the research and development of novel antifungal therapies, particularly for multi-drug resistant fungal pathogens, to bolster national health security and minimize their impact on public health. Antifungal development faces similar challenges to antibacterial development and BARDA’s Advanced Research and Development program support will be critical to generate additional antifungal products, including for endemic fungal diseases, like

Valley Fever. In addition, the Committee encourages 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. The Committee requests a report within the 180 days of the date of enactment of this Act on actions taken.

Acceleration of Antibiotic Combination Drug Development.—The Committee is concerned about the increasing public health threat of antimicrobial resistance and the lack of new antibiotics entering the market. The Committee is encouraged that BARDA has invested in combination antibiotic drug development for both oral and intravenous administration. Therefore, the Committee encourages BARDA to continue to prioritize the development of combination drugs, particularly those with activity against CDC urgent threat pathogens which can offer increased efficacy, reduced costs, and reduce the emergence of AMR infections.

Antimicrobial Resistance.—The Committee continues to support advanced research and development of broad-spectrum antimicrobials, particularly for multi-drug resistant pathogens, and next-generation therapeutics that address the increasing incidence of antimicrobial resistance, including Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X).

Chemical, Biological, Radiological, and Nuclear Threats.—The Committee notes with concern the elevated risk posed by chemical, biological, radiological, and nuclear (CBRN) weapons across the globe and provides robust funding for BARDA's core national security mission to protect Americans against these deliberate, man-made threats. The Committee directs ASPR to provide, within 180 days of enactment of this Act, a report on the Rapid Response Partnership Vehicle (RRPV). The Committee encourages ASPR and BARDA to engage more frequently with private sector partners via the RRPV process to ensure adequate prioritization, timely development of new MCMs and stockpiling of existing MCMs against CBRN threats.

Drug Resistant Tuberculosis.—Drug resistant TB is identified as a serious threat level pathogen to the U.S. by CARB-X. As drug resistant TB cases are on the rise globally, the threat to the U.S. also grows and BARDA's investment in new TB diagnostics, drugs, and vaccines is critical. The Committee directs ASPR to provide a briefing on BARDA's investments in drug resistant diseases including TB within 180 days of the enactment of this Act.

Infectious Disease Outbreaks with Pandemic Potential.—The Committee supports robust funding for BARDA to engage in public-private partnerships to support advanced research and development of innovative platform technologies and medical countermeasure programs focused on vaccines, therapeutics, and other medical countermeasures for emerging infectious diseases, including novel pathogens and viral families with pandemic potential. The Committee encourages ASPR to prioritize the identification and development of promising technologies that can be leveraged to address a range of future pathogens, including virus families with significant pandemic potential.

Pathogen Reduction Technologies.—The Committee urges BARDA to continue investments in red blood cell pathogen reduction technology to ensure the completion of urgently needed nucleic

acid targeted pathogen reduction technology to significantly improve red blood cell transfusion safety for all blood products in the nation's blood supply.

Pharmaceutical Platform Technologies.—The Committee encourages BARDA to support the research, development, and facilitation of pharmaceutical platform technologies. The Committee notes that platform technologies supported by strong data production and computer power provide flexible systems for the discovery of novel cures at a much faster rate and a lower cost than traditional pharmaceutical discovery processes across a broad array of disease targets. Furthermore, the Committee recognizes the potential for machine learning, artificial intelligence, and high throughput systems to improve the development of foundational models. The Committee encourages BARDA to partner with domestic entities to bolster domestic capacity to respond to a variety of new threats more efficiently in the future.

Radiological and Nuclear Threats.—The Committee supports BARDA's effort to develop MCMs effective against radiological and nuclear threats and encourages BARDA to support innovative radioprotective technologies to enhance the nation's preparedness and response capabilities by supporting the advancement of novel therapeutic agents that mitigate the effects of radiation exposure.

Sustainable Blood Supply and National Blood Response Capability.—The Committee remains concerned regarding the continued vulnerability of the blood supply after the peak COVID shortages and receiving the report from the HHS Advisory Committee on Blood and Tissue Safety and Availability. That report indicated that, "the continued availability of a robust blood supply faces significant threats and challenges in the current environment," and recommended the "implementation of new technologies to improve the safety and reliability of the blood supply." The Committee encourages BARDA to meet its strategic objective of developing next generation blood products by including products that can be used regardless of the patient's blood group, expand availability to all hospitals, prevent shortages, and are suitable for use throughout the continuum of care, including first responders. The Committee encourages ASPR to rapidly expand the development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications encompassing treatment of hemorrhagic disease, use in general surgery, obstetrics and trauma.

Strengthening Domestic Supply Chain Resiliency.—The Committee appreciates ASPR taking steps to strengthen our nation's medical countermeasure enterprise, including through BioMaP and BARDA's Pharmaceutical Countermeasures Infrastructure (PIC) Division, and supports efforts to expand domestic manufacturing infrastructure for medical countermeasures. Given the global nature of certain clinical research, development, and manufacturing activities, it is critical for BARDA to strengthen, expand, and make progress in onshoring these programs. Within 180 days of enactment of this Act, ASPR is directed to brief the Committee on ASPR's fiscal year 2025 plans to support the onshoring of medical countermeasure development activities, including actions taken by BioMAP and PIC.

Project BioShield

The Committee provides \$850,000,000 for Project BioShield, which is \$25,000,000 above the fiscal year 2024 enacted level and \$30,000,000 above the fiscal year 2025 budget request. 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 provides \$1,000,000,000 for the Strategic National Stockpile, which is \$20,000,000 above the fiscal year 2024 enacted level and \$35,000,000 above the fiscal year 2025 budget request.

Addressing Domestic Personal Protective Equipment Purchasing.—The Committee recognizes the COVID pandemic highlighted both the vulnerability and necessity of maintaining a robust domestic supply of PPE. It is critical the U.S. maintain a robust domestic production base. Doing so is vital for both the national security interests and protection of public health in the face of international infectious disease threats. The Committee strongly recommends ASPR allocate not less than 10 percent of the budget of the Strategic National Stockpile (SNS) for the purchase of domestically manufactured personal protective equipment. In addition, the Committee directs ASPR to submit a report within 90 days of enactment of this Act for all PPE purchases for the prior fiscal year and current levels of each type of PPE in the SNS, including expiry dates.

The Committee includes a new provision prohibiting ASPR from purchasing MCMs from Chinese owned company.

Antimicrobial Resistance Class Review.—The Committee encourages the ASPR, in coordination with FDA and CDC, to implement a review system to regularly assess the safety, efficacy, and vulnerability to antimicrobial resistance of existing SNS assets that could be used to respond to CBRN and public health threats and to support efforts to maintain an inventory of medical countermeasures appropriate to respond to the continued evolution of antimicrobial resistant organisms.

Guidance to States.—The Committee recognizes that SNS focuses on chemical, biological, radiological, and nuclear threats, and therefore the Committee supports States' efforts to secure appropriate drugs, vaccines, and other biological products, medical devices, and other medical supplies necessary to respond to a public health emergency or a major disaster. The Committee recognizes the importance of guidance to States on how best to establish, expand, procure, replenish, maintain, and manage their own State stockpile, while ensuring appropriate collaboration with the SNS. ASPR is directed to provide a briefing to the committees of jurisdiction within 180 days of enactment of this Act on guidance and technical assistance related to State stockpiles.

Influenza MCM Diversification.—The Committee remains concerned about the perennial threat of pandemic influenza, which could be exacerbated by expiring antivirals in the Strategic National Stockpile. The Committee strongly urges HHS to diversify and replenish its stockpile of emergency influenza antivirals to en-

sure the nation has multiple current treatment options in the event of an influenza pandemic.

Pending Product Expiration.—The Committee directs ASPR to provide a report within 180 days of enactment of this Act, regarding agency awareness, planning, and utilization of products that have expired or will expire within 18 months.

Persistent Procurement Challenges.—The Committee is concerned about the Strategic National Stockpile's procurement process that has been mired by successful bid protests, repeated unanswered sources sought notices, and misuse of sole source awards under GAO determined faulty pretexts. The Committee has invested in efforts to bolster that nation's medical countermeasure preparedness against health security threats, especially for those chemical, biological, radiological, and nuclear countermeasures that lack a traditional marketplace. The Committee directs ASPR to have an independent outside audit performed to improve the procurement process and align strategic preparedness with CBRN threats. The Committee further directs ASPR to provide a briefing on the implementation of this directive within 180 days of the enactment of this Act.

Poxvirus Countermeasures.—The Committee notes that Administration decisions, including the decision to ship vaccine overseas, has depleted medical countermeasures that were previously developed, purchased, and stockpiled for domestic smallpox preparedness. The Committee is concerned there may now be an insufficient supply of poxvirus vaccine for immunocompromised individuals as well as poxvirus treatments in the stockpile, especially considering the continued national security threat of an intentional or accidental release of smallpox. Therefore, the Committee encourages ASPR to prioritize replenishment of medical countermeasures used during the monkey pox outbreak and directs ASPR to provide a briefing within 90 days of the date of enactment of this Act on the stockpiling requirements for poxvirus vaccine.

Shelf-Life Extension Program.—The Committee acknowledges the benefits of the Shelf-Life Extension Program (SLEP) and takes into consideration public skepticism of certain countermeasures in the program. In the annual SNS threat-based review, the Committee encourages ASPR to include the quantity of each countermeasure that is beyond 10 years of the initial FDA expiration date and the number of these aged products in the SLEP program that have no industry sponsor.

Security Countermeasures Modeling.—The Committee believes that robust quantitative modeling tools will help ensure ASPR is addressing the most significant threats to national security and implementing the most impactful and cost effective solutions. To build quantitative and economics analytics and modeling capabilities that effectively evaluate medical countermeasure programs, the Committee directs ASPR to provide a detailed analysis of the resources required and their potential deployment in the fiscal year 2026 congressional justification.

SNS Requirements.—The Committee notes with concern the Medical Countermeasure Preparedness Report, submitted to Congress as part of the required annual threat based review of SNS, found that SNS has not maintained adequate supplies of many medical countermeasures to reflect requirements established by

PHEMCE. In addition, GAO has recently upheld multiple bid protest decisions evidencing a concerning lack of quality control in the contract solicitation and review process. Therefore, the Committee directs ASPR, within 180 days of the enactment of this Act, to provide a report on processes put in place to better ensure adherence to all Federal contracting requirements.

Thermal Radiation Burns.—The Committee notes ASPR has the responsibility of developing and procuring MCMs for naturally occurring and intentional threat agents while ensuring that these are quickly available in the event of an emergency, and that these threats include nuclear and radiological events. The Committee encourages ASPR to ensure that an appropriate supply of these MCMs are available.

Warm Base Manufacturing for Diagnostics.—The Committee remains concerned the COVID pandemic has demonstrated the need for warm base manufacturing to ensure access to necessary diagnostics in the event of a future pandemic. The Committee encourages ASPR to continue to support the investments for testing, supply chain, and surge capacity for U.S. diagnostic manufacturing to maintain U.S. readiness and future preparedness. Further, the Committee encourages ASPR to promote policies for flexible contracting to improve public health.

Pandemic Influenza Preparedness

The Committee includes \$327,991,000, for the pandemic influenza preparedness program. This funding supports efforts to modernize influenza research and development of vaccines and preparedness testing and evaluation, as well as critical domestic vaccine manufacturing infrastructure.

The Committee encourages ASPR to support the development of pandemic influenza therapeutics and vaccines to ensure a robust pipeline of influenza countermeasures.

OPERATIONS AND EMERGENCY RESPONSE

Appropriation, fiscal year 2024	\$499,606,000
Budget request, fiscal year 2025	685,097,000
Committee Recommendation	352,606,000
Change from enacted level	- 147,000,000
Change from budget request	- 332,491,000

Office of Administration & Preparedness and Emergency Operations

The Committee includes \$80,407,000 for activities within the Assistant Secretary’s Immediate Office; the Office of the Chief Operating Officer; the Office of Acquisitions Management, Contracts, and Grants; the Office of Financial Planning and Analysis; and for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account also 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.

Addressing Emergency Medical Services Workforce Shortages and Readiness.—The Committee is keenly aware of the significant challenges the emergency medical services (EMS) community faces. Across the Federal government, there are a host of resources available to assist public, private, and nonprofit EMS agencies. Within

180 days of enactment of this Act, the Committee directs ASPR, in consultation with SAMHSA and the National Highway Traffic Safety Administration, to provide an overview of its resources available to address EMS readiness and workforce shortages; any actions taken to address EMS readiness and the workforce shortage; and recommendations on what additional resources and authorities are necessary to support EMS and community access to emergency healthcare services. Such overview shall be made available on the agency's website.

Healthcare and Public Health Sector Cybersecurity Performance Goals.—The Committee notes its significant concerns with cybersecurity threats to the healthcare and public health sector and urges HHS to rapidly roll out its proposed program to support the implementation of essential cybersecurity performance goals.

Supply Chain Control Tower.—The Committee recognizes the potential value of the Supply Chain Control Tower (SCCT) program, a voluntary collaboration between industry partners and ASPR, to provide end-to-end visibility for supply chain monitoring and readiness. In addition to providing insights for demand and supply forecasting, the Committee encourages ASPR to coordinate with FDA and CDC to use SCCT to monitor the availability of a broader list of essential health and medical products.

National Disaster Medical System

The Committee provides \$76,904,000 for the National Disaster Medical System (NDMS). NDMS deploys trained medical, mortuary, and veterinarian teams to communities impacted by public health and medical emergencies due to natural and manmade incidents. The Committee provides no funding for next generation air equipment.

Mission Zero.—The Committee provides \$4,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers, the same as the fiscal year 2024 enacted level.

Pediatric Disaster Care.—The Committee provides \$7,000,000 for the pediatric disaster care program, the same as the fiscal year 2024 enacted level.

Hospital Preparedness Program

The Committee provides \$185,055,000 for the Hospital Preparedness Program (HPP) formula grants, which is \$120,000,000 below the fiscal year 2024 enacted level and \$132,000,000 below the fiscal year 2025 budget request. HPP supports a variety of programs to strengthen the preparedness and response of the health care sector. Due to funding constraints, the Committee reduces funding for this program.

Emergency Medical Service Preparedness and Response.—The Committee encourages ASPR to clarify the extent to which the hospital preparedness program can better integrate emergency medical service operations, including both governmental and nongovernmental emergency medical services, into regional health care coalitions.

National Special Pathogen System.—The Committee provides \$28,500,000 for the National Special Pathogen System which is the same as the fiscal year 2024 enacted level.

National Emerging Special Pathogens Training and Education Center.—The Committee provides \$7,500,000 for the National Emerging Special Pathogens Training and Education Center.

Regional Emerging Special Pathogen Treatment Centers.—The Committee provides \$21,000,000 for Regional Emerging Special Pathogen Treatment Centers program and Special Pathogen Treatment Centers.

Medical Reserve Corps

The Committee provides \$6,240,000 for the Medical Reserve Corps, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

Preparedness and Response Innovation

The Committee provides \$4,000,000, which is the same as the fiscal year 2024 enacted level and \$4,000,000 above the fiscal year 2025 budget request, for a bilateral cooperative program with the Government of Israel for the development of health technologies.

In the fiscal year 2026 congressional justification the Committee requests an update on the investments this funding has produced since the program’s inception.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT (GDM)

Appropriation, fiscal year 2024	\$710,955,000
Budget request, fiscal year 2025	607,434,000
Committee Recommendation	467,164,000
Change from enacted level	– 223,791,000
Change from budget request	– 120,270,000

Of the funds provided, \$58,028,000 shall be derived from evaluation set aside funds available under section 241 of the PHS Act, which is \$6,800,000 less than fiscal year 2024 enacted level and \$16,466,000 below the fiscal year 2025 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.

Within the total provided for GDM, the Committee provides not less than the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Children’s Interagency Coordinating Council	\$3,000,000	\$3,000,000
Embryo Adoption	1,000,000	2,000,000
Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes	2,000,000	2,000,000
KidneyX	5,000,000	5,000,000
LymeX	5,000,000	5,000,000
Stillbirth Working Group	1,750,000	1,750,000

Advisory Council on Alzheimer’s Research, Care, and Services.—The bipartisan National Alzheimer’s Project Act (P.L. 111–375) re-

quires the Secretary of HHS, in collaboration with the Advisory Council on Alzheimer's Research, Care, and Services (Advisory Council), to create and maintain an annually updated National Alzheimer's Plan. The Committee supports efforts to establish the Advisory Council as outlined. The Advisory Council, made of both Federal members and expert non-Federal members, is an integral part of the planning process as it advises the Secretary in developing the annual National Alzheimer's Plan, makes recommendations to the Secretary and Congress, and assists in coordinating the work of Federal agencies involved in Alzheimer's research, care and services.

Artificial Intelligence Mammography.—The Committee is aware of the growing use of artificial intelligence (AI) in breast cancer screening and wants to ensure transparency in the use of AI and that such use of AI does not inadvertently exacerbate health disparities in breast cancer due to algorithms based on narrow data sets and lack of standardization. The Committee urges HHS to prioritize transparency in the use of AI by ensuring that patients are notified on their written report if their mammogram is analyzed using AI-assisted technology. The Committee also urges the NIH to support research to help validate the use, scaling, and outcomes of AI in breast cancer screening. The Committee requests an update on this topic in the fiscal year 2026 congressional justification.

Bill Wide Requirements.—The Committee notes the inclusion of a bill wide requirements section of this report. This section contains requirements which apply to all agencies funded by this Act.

Biomarkers.—The Committee is pleased with the progress made in precision medicine with the creation of tests that examine biomarkers to guide clinical decisions. This advancement holds potential for improving clinical trials and speeding up the creation of new treatments for patients requiring them. The Committee requests HHS to provide an update on the Department's work towards promoting and incorporating precision medicine tools into the healthcare system in the fiscal year 2026 congressional justification.

Brain Aneurysms.—The Committee recognizes that although 1 in 50 Americans have a brain aneurysm, there are typically no warning signs or symptoms unless they rupture. Currently, 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 healthcare professionals, such as first responders and emergency room physicians. The Committee reiterates the language provided in fiscal year 2019 (H. Rept. 115–862 and S. Rept. 115–289) which directed the Secretary, in consultation with appropriate stakeholders—including healthcare providers (e.g., neurosurgeons, neurologists, neuro-interventional surgeons, emergency physicians), 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. In doing so, 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 is urged, in consultation with appropriate stakeholders, to develop a strategy for disseminating information about the best practices and begin implementation.

Child Cancer Survivorship.—The Committee urges the Secretary to convene a stakeholder group to develop best practices to improve survivorship care as children and adolescents transition from active oncological care to primary care. The stakeholder group will evaluate the best mechanisms and practices for every childhood cancer survivor to receive a comprehensive care summary and follow-up plan, based on guidelines, once they complete their cancer care. The Committee directs the Secretary to make a report publicly available online within 180 days of the date of enactment of this Act based on the stakeholder group's recommendations.

Children's Interagency Coordinating Council.—The Committee continues to include \$3,000,000 for the Children's Interagency Coordinating Council and supports the continued partnership between the Assistant Secretary for Planning and Evaluation and NASEM.

Cognitive Decline and Dementia.—The Committee encourages the Department of Health and Human Services to identify and implement a comprehensive set of actions that assesses risk, reserve, and resilience factors for cognitive decline and dementia, with an emphasis on historically underserved communities. Actions should include: conducting health risk assessments, such as the detection of cognitive impairment included as part of the Medicare Annual Wellness Visit; identifying opportunities to address cognitive strength and possible risk for cognitive decline and dementia by addressing known factors, including patient and provider education; offering reimbursement incentives to providers to promote cognitive and brain health; providing payments for prevention and care delivery models that incorporate cognitive and brain health as part of care and treatment of other conditions that may modify dementia risk, reserve, and resilience; and developing and implementing quality measures specifically related to cognitive and brain health.

Creative Arts Therapies and Mental Health.—The Committee supports continued collaboration between HHS and the National Endowment for the Arts to better understand the role of creative arts therapies in addressing mental health, including for youth and other vulnerable populations, drawing on the NEA's successful Creative Forces program in partnership with the Department of Defense.

Cybersecurity Threats in Grantmaking.—The Committee strongly urges the Department to adopt more proactive measures to strengthen its cybersecurity infrastructure against the ever-evolving threat of social engineering attacks. As the custodian of vast repositories of sensitive data, HHS is a prime target for malicious actors seeking to exploit system vulnerabilities. Implementing training programs to educate staff about the tactics employed in social engineering attacks, as well as bolstering technological defenses, are crucial steps in safeguarding HHS' systems. Moreover, HHS is urged to maintain robust communication channels with other Federal grant-making agencies to promptly alert them of cybersecurity incidents that may put their systems at risk. The Committee urges an interagency collaborative approach to create a shared defense

for grant-making agencies and their IT systems, enabling them to share insights quickly and effectively, and fortifying their defenses against ongoing cybersecurity threats.

Drug Shortages.—The Committee notes that prescription drug shortages persist as a pressing issue across various treatment categories. While previous efforts have examined the frequency of these shortages, there remains a gap in understanding their full impact on consumer expenses and the healthcare system. Increased out-of-pocket expenses, elevated insurance premiums, and compromised health outcomes can result if shortages are not addressed. The Committee urges ASPE to research options to address drug shortages.

In addition, the Committee notes that certain generic drugs have consistently made up most drugs in a shortage, and that the lowest cost generics are often the most impacted. Additionally, some shortages have lasted for years, and in some cases have risen to their highest levels in a decade. The Committee is concerned about these persistent generic drug shortages, particularly impacting generic sterile injectables, which include cancer drugs, emergency medicines, and anesthesiology medications. Accordingly, the Committee directs HHS to provide a report to the Committee and to post on a publicly available website no later than 180 days after enactment of this Act examining how payment policy can impact the supply chain, including economic dynamics that influence market stability for generic drugs.

Electric Vehicle.—The Committee does not include funding for a new electric vehicle program.

Embryo Adoption Awareness Campaign.—The Committee increases funding 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.

Federal Poverty Guidelines.—The Committee directs HHS to include in its fiscal year 2026 congressional justification information on how the agency calculates and determines the Federal poverty guidelines, most recently published by the Department in the Federal Register on January 19, 2023 (88 Fed. Reg. 3424). Additionally, the Committee directs HHS to make publicly available on its website no later than 90 days after enactment of this Act, a list of all Federal means tested public benefit programs, within the jurisdiction of the Department, that utilize such guidelines for eligibility determination or for purposes of or determining the allocation of Federal funds to state or local grantees.

Food as Medicine.—The Department developed a Food as Medicine initiative in response to direction from the Committee in fiscal year 2023. The Committee includes \$3,000,000, an increase of \$1,000,000 above the fiscal year 2024 enacted level, to continue the Food as Medicine pilot program, an integrative model for healthcare that uses healthy, nutritious, and affordable foods to prevent, treat, and manage chronic conditions to advance health. As part of the pilot program, the Department will need to better

understand challenges and opportunities to advance Food as Medicine models. The Committee urges HHS to include in its annual reports details on how community pharmacies may be able to play a critical role in the Food as Medicine approach, specifically how they can help improve nutrition-related outcomes and prevent chronic diseases. These reports should also be posted on the agency's website.

Global Health Research.—The Committee requests an update in the fiscal year 2026 congressional budget justification on how CDC, FDA, BARDA, NIH—including the Fogarty International Center—and other agencies jointly coordinate global health research activities with specific metrics to track progress and collaboration toward agreed upon health goals.

Highly Pathogenic Avian Influenza.—The Committee notes the Department's response to the outbreak of avian influenza among cattle in multiple states including transmission to humans in Texas and Michigan. Within 30 days of the enactment of this Act, the Committee directs the Department to publicly release a report on the Department's response to the outbreak detailing the Department's response including State requests for assistance from CDC and ASPR. The Department is further directed to detail State and community requests for supplies from the strategic national stockpile.

Hospital Acquired Pneumonia.—The Committee notes concern with the current rate of non-ventilator hospital acquired pneumonia (NVHAP) with a recent study of over six million hospital admissions finding that NVHAP may account for 1 in 14 hospital deaths. Regular oral care during inpatient stays might help prevent such incidents according to results from the Department of Veterans Affairs (VA) Hospital-Acquired Pneumonia Prevention by Engaging Nurses initiative that has been implemented at every VA medical center in the nation and showed declines in NVHAP of 40 to 60 percent. The Committee urges the Secretary to prioritize the prevention of NVHAP, including by working with CDC and CMS to review such health system initiatives and, building off CDC's recently issued Oral Health in Healthcare Settings to Prevent Pneumonia Toolkit, establish a concrete plan to reduce the prevalence and associated patient harm from this potentially preventable hospital-acquired condition.

Hospital Closures.—The Committee is deeply concerned with the accelerated rate of community hospital closures and the impact of closures on access to health care for vulnerable patient populations. The Committee directs GAO to conduct a study that identifies hospital closures across the U.S. over the last 10 years, the ownership model of each closure, and the impact these closures have had on health care outcomes for communities. The study shall be completed within 180 days of enactment of this Act.

Interagency Task Force on Improving Access to Treatment for Myopic Children and Myopic Patients in Underserved Areas.—The Committee urges HHS to establish a task force to improve access to treatment for myopic children and other myopic patients in underserved areas. Such a task force could identify, evaluate, and make recommendations regarding best practices with respect to children who have been diagnosed as myopic and have been unable to get access to treatment and ways in which Federal agencies can

better coordinate with each other in D.C. and through all regional offices across the country to inform the public regarding treatment options that are available through Federal programs to underserved patients.

Joint Funding Arrangement.—The Committee continues to direct the agency to include all amounts assessed from any operating division and the methodology used to determine such amounts.

Laboratory Biosecurity.—The Committee is committed to ensuring improved and comprehensive laboratory biosecurity. Currently, laboratory biosafety and biosecurity reporting are fractured across different agencies and data recorded is not used to create evidence-based biosafety and biosecurity standards. The rapid advancement of biotechnology necessitates a single comprehensive laboratory incident reporting system that is non-punitive (also referred to as “no-fault”), and which accommodates privacy considerations. Such a reporting system would collect information on laboratory accidents and near misses to learn from real-world incidents, generating data to develop evidence-based standards for biosafety and biocontainment. The Committee directs HHS to conduct a deliberative study in consultation with biosafety officers to determine the design of such a laboratory incident reporting system. Further, the Federal Select Agent Program (FSAP) is uniquely positioned to pilot the laboratory incident reporting system once the study has been concluded and prior to any department-wide implementation. Within 1 year of enactment of this Act, the Committee directs HHS to report on the study results and deliver an FSAP pilot implementation plan.

Lyme and Other Tick-Borne Diseases.—The Committee strongly encourages the Secretary to establish within the Office of the Assistant Secretary for Health a TBD coordinating office to track, monitor and provide technical assistance on TBD activities throughout HHS, including its operating divisions, and to serve as an HHS-wide facilitator for TBD activities. The coordinating office would be able to monitor and report to the Secretary on implementing the “National Public Health Strategy to Prevent and Control Vector-Borne Diseases in People.” The Committee further encourages such office to establish a program for temporary agency/stakeholder panels or commissions to address a need or gaps related to TBD goals and objectives in an HHS agency or across agencies. The agency/stakeholder panels could consist of a range of stakeholders, similarly to the TBD working groups, except on a smaller scale, to operate for a short period of time, e.g., 120 days, to address a particular need or gap in the TBD knowledge base or TBD activity. The overarching purpose is to facilitate transitioning products to patients, health care practitioners, researchers, academia—including Vector-Borne Diseases (VBD) Centers of Excellence, industry, State, and local governments. In addition, the Committee urges the Office of the Secretary and NIH, in consultation with CDC and FDA, to enter into discussions on the potential benefits of establishing a National Network of Academic Research and Clinical Centers of Excellence for Tick-Borne diseases.

Marijuana Research.—The Committee is concerned about reports of the mental health hazards of regular use of high-potency marijuana, particularly among youth. The Committee encourages HHS to support research on high-potency marijuana and its effects on

the adolescent brain, specifically regarding addiction and mental illness such as schizophrenia or psychosis.

Medically Tailored Meals.—The Committee notes the use of medically tailored meals (MTMs) and produce prescription programs. MTMs are home-delivered meals tailored to the nutrition needs of individuals living with severe, complex, and chronic illness by a Registered Dietician Nutritionist through a referral from a medical professional or health care plan. The Committee urges the Secretary to identify programs that could allow coverage for MTMs. Produce prescriptions programs are a medical treatment or preventative service for diet-related health risks and are referred by a healthcare provider or health insurance plan. These produce prescriptions are fulfilled through food retail or delivery and enable patients to access healthy produce at low or no cost to the patient. The Committee supports efforts to include, where permissible, such meals and produce plans as a component of a program.

Nonrecurring Expenses Fund.—The Committee directs HHS to provide quarterly reports for all ongoing projects. The report shall include the following for each project: the agency each project is funded under; a description for each project; the date the project was notified to the Committee; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; and any expected future obligations. For any project ongoing for more than 3 years, the report should include a narrative describing the cause of delay and steps being taken by the agency to ensure prompt completion. In addition, the Committee requests bi-annual reports on expired balances that are eligible for transfer to the Nonrecurring Expenses Fund (NEF). Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year. To ensure appropriate Congressional oversight into use of the NEF, the Committee includes a new provision limiting the amount for additional notifications for use of the NEF.

Obesity Therapies.—The advent of a new class of anti-obesity medications, glucagon-like peptide-1 (GLP-1) receptor agonists, has given physicians effective new tools to address the obesity epidemic. Combined with preventative measures, these new medicines have transformed the treatment of obesity as a disease and could improve quality of life for individuals with obesity across the country. Emerging research suggests that these drugs may also have a potential benefit for individuals suffering from alcohol and other substance use disorders. The Committee urges the Department to evaluate the work being done across agencies on the risks and benefits of GLP-1 agonists, including clinical trials and basic research that enhances our understanding of the physiological processes and pathways affected by these drugs, with an appreciation of the potential for sex-specific effects. The Secretary shall provide an update on scientific progress and discoveries, including research opportunities that can be addressed by NIH, FDA, SAMHSA and other agencies as appropriate in the fiscal year 2026 congressional justification.

Other Transaction Authority.—Congress has authorized HHS and several offices within the Department, to use other transaction au-

thority (OTA). Under this authority, agencies may develop agreements that are not required to follow a standard format or include terms and conditions that are typically required when using traditional mechanisms. Agreements executed using traditional mechanisms, such as a contract, grant, cooperative agreement, or cooperative research and development agreement, contain terms and conditions to ensure compliance with statutory requirements applicable to those mechanisms (such as the Federal Acquisition Regulation (FAR)). Conversely, OTA agreements are not generally subject to these requirements, and the terms and conditions of each individual agreement may be tailored to meet the specific situation and need. The Committee notes, however, that GAO and others have previously reported that agencies' use of OTA has caused reduced accountability and transparency, in part because other transaction agreements are usually exempt from the FAR and government cost accounting standards. Recognizing these issues, the Committee directs HHS to submit a consolidated report no later than 120 days following enactment of this Act, that details a comprehensive narrative of OTA usage within the Department for the most recent fiscal year for which data is available. The report shall include the following for each active OTA award: agency the award is funded under; the OTA authority cited for the award; the justification for using OTA authority instead of a traditional acquisition mechanism; a description for each award; the date of award; the anticipated date of completion; and total obligations to date. For any award ongoing for more than 5 years in excess of \$25,000,000, the report should include a narrative describing the status of the project.

Patient Advocate Program.—The Committee is concerned about barriers patients face during hospitalization, time of discharge, and the subsequent coordination of care at and after discharge. While some patients are able to contribute to the decision-making process regarding healthcare, there are other patients who are unable to access the comprehensive coordination of care from acute care or acute rehabilitation facilities, including access to nurse case managers, social workers, or mental health care providers. Where applicable, the Committee encourages the Secretary to coordinate efforts across the agency related to this issue.

Primary Care Physician Shortages.—The Committee urges the Assistant Secretary for Planning and Evaluation to conduct a review of trends and factors contributing to the nation's challenges with primary care physician recruitment and retention. Such a report could include a review and analysis of challenges recruiting and retaining primary care physicians; what Federal policies and programs are effective in recruitment and retention, including increased reimbursement, loan forgiveness and repayment programs, and training programs serving underserved and diverse patient populations; and geographic and demographic characteristics of areas facing the greatest challenges or shortages. The Committee supports such report being made available on the agency's website and to include recommended policies to address primary care physician shortages, improve primary care physician recruitment and retention, and enhance primary care access for all Americans.

Program Support Center.—The Committee is concerned by the status of operations at the Program Support Center (PSC). Accord-

ing to its website, PSC provides more than 40 services and products that support financial management, occupational health, and real estate, logistics, and operations. The Committee is aware that many HHS operating divisions and staff divisions are no longer using PSC for its services. Rather, these offices are outsourcing for their needs, several choosing the Department of Interior. The Committee requests a briefing with PSC and the Assistant Secretary for Administration within 120 days of enactment of this Act detailing: (1) the number of HHS operating divisions and staff divisions where PSC acted as the main service provider for each of the last 5 years; (2) the name and location of each PSC office; (3) the number of full-time staff (including Federal employees and contractors) at each office; (4) the number of full-time staff (including Federal employees and contractors) that are fully remote; (4) the number of outside agencies where PSC acted as the main service provider for each of the last 5 years; and (5) what efforts PSC is undertaking to ensure HHS and external customers are being provided a high-level of customer service.

Rare Diseases.—The Committee recognizes that multiple Federal departments, agencies, and programs exist to address the needs of people impacted by rare diseases and improve the lives of members of the rare disease community. The Committee would like to see enhanced coordination and collaboration across the Federal government and urges the Secretary of HHS to develop a framework for an Interagency Coordinating Committee for Rare Diseases. The coordinating committee should focus on optimizing rare disease activities across the government and produce a report assessing all agency activities concerning rare diseases, including regulatory flexibilities in rare disease therapy reviews, current and emerging biomedical research opportunities, current and future rare disease surveillance and epidemiological activities, programs to support rare disease patients and caregivers, overall programmatic funding, and other topics to be added by the committee members.

Return to Work.—Excessive abuse of telework across the Federal government must end. For the average American showing up to work every day is a fact of life; they deserve a government that reflects that reality. Approvals for remote work should be made on an individual case by case basis and done only to serve the best interests of the program and the American public. The agency is directed to provide to the Committee within 60 days of enactment of this Act a report detailing the number of full-time employees by subcomponent who are receiving the Washington D.C. area locality pay but have not reported to an in person office in the DC area more than one day a week for the past year. Considering the remote work abuse seen at several agencies, administrative funding for the Secretary has been reduced accordingly. The Committee urges the Secretary to bring Federal employees back to the workplace to fulfill the mission of serving the American public.

Rural News Media and Advertising Campaigns.—The Committee continues to recognize the critical role that local media plays in delivering lifesaving messages to small and rural communities. Therefore, the Committee urges the Secretary to ensure that local media in small and rural markets are a key component in the Department's public health advertising campaigns which is critical in improving the delivery of public health messages to these small

and rural communities. To further this goal the Committee urges the Secretary, in coordination with the Assistant Secretary for Public Affairs and the Department's buyer contractors, to utilize local news media in small and rural areas for public health advertising campaigns for HHS and its related agencies to reach citizens with key health messages. Local media includes newspapers, specifically non-daily newspapers, television, and radio. The Committee directs the Office of the Secretary within 90 days of enactment of this Act to provide an update to the Committee on the efforts of the Department in its utilization of local media in small and rural areas as part of the Department's public health advertising campaigns for the most recent fiscal year for which data is available and plans for subsequent fiscal years. The Committee also directs the Assistant Secretary for Public Affairs in consultation with the CDC's Office of Rural Health to undertake a review of the use of local media in small and rural communities in an HHS public Health advertising campaign for the most recent fiscal year for which data is available, in several states to better understand their role as a key delivery system to reach small and rural communities with critically important health messages. The Committee requests an update from the Assistant Secretary for Public Affairs within 180 days of enactment of the Act on the status of this review and requests a final report by the end of the fiscal year.

Safe Patient Handling.—The Committee is concerned that preventable injuries and musculoskeletal disorders related to patient handling are forcing nurses and nurse assistants to leave the profession, thus exacerbating the nationwide nurse shortage and negatively impacting patient care. The Committee notes that voluntary national guidelines based on best practices on safe patient handling and injury prevention that incorporate the use of lift equipment to move patients may significantly improve workplace safety outcomes in healthcare settings. The Committee encourages the Department to identify ways to help existing training and nurse education programs adopt the use of safe patient handling equipment and requests an update on these efforts in the fiscal year 2026 congressional justification.

Self-Governance.—For over forty years, Indian Tribes have proven that utilizing self-governance through the Indian Self-Determination and Education Assistance Act in Federal funding is a successful approach for improving program performance. For decades, Indian Tribes have requested the Department to expand this authority beyond the Indian Health Service to other critical HHS programs serving Tribes. Over twenty years, multiple reports and workgroups have produced evidence of the feasibility of the expansion of self-determination and self-governance within the Department. The Committee directs HHS to work with Tribal representatives to provide a plan for the expansion of self-governance at HHS including specific actions the Department can take to advance this process. Such plan is due within 180 days of enactment of this Act. In addition, the Department shall report to the Committee the amount of funding that is going to Indian Tribes for the 4 largest block grants administered by HHS within 90 days of enactment of this Act.

Smoking Cessation.—The Committee acknowledges the Department's work on smoking cessation but remains concerned that its

approach does not include a focus on the need for new smoking cessation therapies to help adult smokers be more successful in quitting. The Committee urges the Department to acknowledge the importance of advancing smoking cessation treatment innovation and requests an update from the Department on how it will incorporate a focus on smoking cessation treatment innovation in the Department's smoking cessation work in the fiscal year 2026 congressional justification.

Staffing Reports.—The Committee includes a general provision requiring the Department to submit a biannual staffing report to the Committee. The Excel table shall include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous 180 days.

Stillbirth Working Group.—The Committee includes funding for the Secretary to prioritize implementation of the Stillbirth Working Group's recommendations across the Department and continue to engage in efforts to promote evidence-based stillbirth awareness and prevention activities. The Committee looks forward to reviewing the Department's report on its progress, as requested in the joint explanatory statement which accompanied the Further Consolidated Appropriations Act, 2024 (P.L. 118–47).

Supply Chain.—The Committee directs the Secretary, in consultation with the Secretaries of Defense and Homeland Security as well as with the Director of the Office of Pandemic Preparedness and Response Policy, to provide a comprehensive risk assessment of the pharmaceutical supply chain within 18 months of enactment of this Act. The assessment shall identify, in coordination with the private sector, a list of medicines that: (1) are reasonably likely to be required to respond to a public health emergency or CBRN threat; (2) whose shortage would pose a significant threat to the U.S. health care system or at-risk populations; and (3) whose shortage would pose a risk to national security. The assessment shall also assess and identify: (1) key starting materials and excipients used in manufacturing the active pharmaceutical ingredients and drugs on the essential medicines list; (2) current domestic manufacturing capabilities with respect to drugs, including key starting materials, excipients, and active pharmaceutical ingredients; (3) critical vulnerabilities, including cybersecurity threats; and (4) any deficiencies, lack of authorities, or limitations in policy or process that limit the Departments of Health and Human Services, Defense, or Homeland Security to address vulnerabilities in the pharmaceutical supply chain and how it will mitigate such vulnerabilities.

Suspension and Debarment.—The Committee notes with concern the infrequent utilization of suspensions and debarments, as well as the associated timeliness challenges and the underutilization of suspensions prior to debarment, within HHS. These concerns were also noted in a 2022 report from the Office of Inspector General, entitled, "HHS's Suspension and Debarment Program Helped Safeguard Federal Funding, But Opportunities for Improvement Exist (Report No. OEI–04–19–00570)." As the largest grantmaking agency in the Federal government, HHS awarded over \$778 billion in grants during fiscal year 2023. Federal suspension and debarment programs play a critical role in maintaining the integrity of Federal

grant programs and ensure that the government conducts business only with responsible individuals or entities. If recipients lack honesty, integrity, or satisfactory business performance, they can be suspended or debarred from receiving further Federal grants. These mechanisms are essential for accountability and proper allocation of taxpayer funds. The Committee requests a report within 120 days of enactment of this Act. Such a report shall include: (1) the number of suspension or debarment referrals received by the HHS Office of Recipient Integrity Coordination for each of the last 5 years; (2) the number of final decisions issued by the Suspension and Debarment Official for each of the last 5 years; (3) the number of referrals and final decisions that were fact-based; (4) the number of referrals and final decisions that were conviction-based; and (5) the procedures the Department has in place to ensure bad actors are timely listed as suspended or debarred on SAM.gov.

Test-To-Treat.—The Committee believes the home test-to-treat model can make treatments for infectious diseases available more quickly and reduce disease transmission and illness severity. The availability of accurate diagnostics and the rapid prescription of treatments is especially critical given the recent co-circulation of multiple respiratory diseases during the winter season. The Committee believes the home test-to-treat model should be evaluated for the confluence of influenza, COVID, and RSV, given the availability of multiple diagnostic tests and antivirals. The Committee requests HHS provide an update in the fiscal year 2026 congressional justification on the findings of the NIH Home Test-to-Treat demonstration for influenza, lessons learned from the COVID Federal Retail Pharmacy Program, and the design of a potential test-to-treat demonstration for COVID, influenza, and RSV to serve vulnerable populations.

Tuberculosis.—The Committee remains concerned regarding the repeated instances of TB cases associated with viable bone matrix material. The repeated contamination of the biologics market and the failure to implement effective quality control measures cost the lives of ten Americans. The Committee directs the Secretary, no later than 90 days following the enactment of this Act, to initiate an internal review of existing guidance for determining eligibility of donors of human cell and tissue products, and if necessary, issue or update any Food and Drug Administration guidance related to reducing the risk of transmission of mycobacterium tuberculosis by human cells, tissues, and cellular and tissue-based products. Within 180 days of enactment of this Act, the Secretary is directed to provide the Committee a briefing on the actions being taken by the Department to ensure that immunocompromised Americans are not exposed to TB through the biologic supply chain.

Minority HIV/AIDS Fund

The Committee includes \$45,000,000 for the Minority HIV/AIDS Fund (MHAF), which is \$15,000,000 below the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

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 increases the Tribal set aside within the MHAF to \$6,000,000, which is \$1,000,000 above the fiscal year 2024 enacted level.

Office of the Assistant Secretary for Health

Abortion Hotline.—The Committee includes a new provision prohibiting funds for the abortion hotline.

Reproductive Rights.—No funds are provided to support www.reproductiverights.gov nor any similar website.

Traumatic Brain Injury Data Summit.—The Committee recognizes the need for standardized data collection practices across the care continuum to capture and integrate real world data on TBI with data collected for research purposes to improve patients' identification and outcomes. In 2022, at the request of the U.S. Army Medical Research and Development Command, NASEM published a TBI Roadmap that stated, "Data cannot be integrated across the care continuum from prehospital care environments to hospital-based care, rehabilitation settings, and community services." Further, the report notes the lack of standardized TBI information from electronic health records that limits research, such as comparative effectiveness trials using causal inference methods. The Committee urges the Office of the Assistant Secretary for Health to convene a summit of Federal agency staff, including representatives from HHS, the Departments of Defense, Veterans Affairs, and Transportation, and others, and private sector researchers and stakeholders to identify and recommend key data elements and terms that should be collected to improve the consistency of TBI health data derived from different sources to improve patient outcomes. Additional items that could be addressed at this meeting include: utilizing data from the National Concussion Surveillance System to determine accurate numbers on national incidence of TBI; identifying the parameters and elements necessary to conceptualize a national TBI registry; addressing patient privacy and securing patient information; and determining how best to leverage data from and improve the interoperability with existing national programs and State registries.

Office of Climate Change and Health Equity

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

Office of Minority Health

The Committee includes \$59,835,000 for the Office of Minority Health (OMH), which is \$15,000,000 below the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

The OMH works with public health service agencies and other agencies of the Department to address the health status and quality of life for minority populations in the U.S. OMH develops and implements new policies; partners with States, Tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Within the total provided for OMH, the Committee provides not less than the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Achieving Equitable Maternal Health Outcomes	\$7,000,000	\$7,000,000
Center for Indigenous Innovation and Health Equity	4,000,000	4,000,000
National Lupus Training, Outreach, and Clinical Trial Education	2,000,000	2,000,000
Promoting Language Access Services	4,000,000	4,000,000

Center for Indigenous Innovation and Health Equity.—The Committee continues funding for this center to advance Indigenous solutions for improved health outcomes. The Committee recognizes the center’s efforts to partner with Tribal nations and institutions of higher education with a focus on Indigenous health research, education, and policy among American Indians and Alaska Natives, as well as Native Hawaiian and Pacific Islander organizations and institutions of higher education with a focus on Indigenous health research, education, and policy and innovation among Native Hawaiians and Pacific Islanders. The Committee encourages OMH to both continue and expand these efforts.

Kidney Disease Initiative.—Rates of severe kidney disease are significantly higher in Black Americans than in other ethnic groups, with approximately 13 percent of African Americans carrying two APOL1 variants. The Committee encourages OMH to support activities to reduce genetic kidney disease among populations disproportionately affected by the disease, including a health education program on genetic kidney disease and coordination with NIH to develop clinical trial education interventions to recruit and retain minority populations affected by the disease.

Language Access and Communications Services for Limited English Proficient Communities.—The Committee supports efforts to improve communications, which should include mediums such as television and radio, to reach limited English proficient (LEP) communities. However, to improve implementation, the Committee encourages the Department to review the communication practices and create uniform applications across all agencies to strengthen communication practices to include digital, television, and radio advertising when working with LEP communities. The Committee further urges agencies under HHS with annual advertising budgets to include information in the fiscal year 2026 congressional justification on funding allocated to local media advertising to include digital, television, and radio. The Committee encourages agencies to support outreach funding to ethnic media outlets that work with hard-to-reach communities to ensure equal access across all media outlets.

Office on Women’s Health

The Committee includes \$34,140,000 for the Office on Women’s Health (OWH), which is \$10,000,000 below the fiscal year 2024 enacted level and \$20,000,000 below the fiscal year 2025 budget request.

OWH provides consultation to the Secretary on women’s health and establishes short and long-range goals and objectives for women’s health within the Department. OWH monitors activities regarding women’s health and coordinates across the Department on disease prevention, health promotion, service delivery, research, and public and health care professional education, and other women’s health concerns throughout their lifespan. OWH leads the co-

ordination of activities to promote women’s health programs and policies with the private sector and to share information with the public. OWH also leads the Coordinating Committee on Women’s Health and the National Women’s Health Information Center.

Within the total provided for OWH, the Committee provides not less than the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Committee Combatting Violence Against Women	\$10,100,000	\$10,100,000
Eating Disorders Research	750,000	750,000
Pregnant and Lactating Women’s Advisory Committee	200,000	200,000

Eating Disorders Research.—The Committee remains concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, with girls and women at heightened risk for developing an eating disorder during their lifetime. The Committee recognizes OWH’s efforts to address the rise in eating disorders amongst adolescent girls. The Committee continues funding and urges focus on early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder. The Committee encourages OWH to prioritize projects to address the lack of pediatric and adolescent screening in the primary care and pediatrics settings. The Committee urges OWH to coordinate with outside organizations, eating disorders specialists, and other groups as necessary to identify research needs of eating disorders amongst women and girls.

Pregnant Women and Lactating Women Advisory Committee.—The Committee continues funding for the advisory committee to continue activities within the 2020 Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC) Implementation Plan. The Committee requests an update in the fiscal year 2026 congressional justification on progress and Federal activities undertaken to implement the PRGLAC recommendations and recommendations for further implementation of PRGLAC recommendations.

Office of the Assistant Secretary for Administration

Cybersecurity

The Committee provides \$100,000,000, the same as the fiscal year 2024 enacted level and \$20,500,000 below the fiscal year 2025 budget request, for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department’s cybersecurity posture.

In addition, the Committee permits the transfer of \$20,000,000 from the Nonrecurring Expenses Fund.

Office of National Security

The Committee provides \$9,983,000, which is \$1,000,000 above the fiscal year 2024 enacted level and \$5,000,000 below the fiscal year 2025 budget request, for the Office of National Security to maintain the security of the Department’s personnel, systems, and critical infrastructure.

Office of Global Affairs

The Committee provides \$7,009,000, the same as the fiscal year 2024 enacted level and \$1,000,000 below the fiscal year 2025 budget request, for the Office of Global Affairs work related to pandemic influenza.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2024	\$39,798,000
Budget request, fiscal year 2025	56,798,000
Committee Recommendation	39,798,000
Change from enacted level	— —
Change from budget request	– 17,000,000

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.

National Council on Disability Recommendations.—The Committee is aware of a National Council on Disability report entitled, “The Danger of Assisted Suicide Laws,” which raises concern that such laws could lead to a two-tiered system that results disproportionately in the deaths of people with disabilities. Accordingly, the Committee strongly encourages the OCR to clarify that all HHS suicide prevention grants and services must comply with existing disability rights laws, including the Americans with Disabilities Act, sections 504 and 508 of the Rehabilitation Act, and section 1557 of the Affordable Care Act, including the provisions requiring accessible communications, so that all videos, documents, and other products ensure access to persons with disabilities. The Committee further strongly encourages OCR to clarify that sections 504 and 508 of the Rehabilitation Act require physicians to provide people with disabilities with information on the full array of available clinical treatments and available long-term services and supports and to require that referrals to such treatments and services be given if requested.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriation, fiscal year 2024	\$69,238,000
Budget request, fiscal year 2025	86,000,000
Committee Recommendation	69,238,000
Change from enacted level	— —
Change from budget request	– 16,762,000

The Office of the National Coordinator for Health Information Technology (ONC) is the principal Federal entity charged with coordinating efforts to implement and use health information technology and exchange electronic health information.

Health Artificial Intelligence.—The Committee appreciates efforts by HHS—including FDA and ONC—to accelerate adoption of artificial intelligence-based tools to improve patient care, health care payment, operations, and public health. The Committee is concerned, however, that new policies could duplicate existing authorities and negatively affect U.S. competitiveness in the development of artificial intelligence innovations. Within 9 months of enactment of this Act, the Committee directs the Secretary to submit a report

outlining all existing authorities that could apply to the development and use of artificial intelligence-based tools, including those that may either be artificial intelligence as stand-alone and/or interface with, enabled by, or supplied by medical devices, health information technology, and decision support interventions. The report shall provide an update to the Department's response to OMB M-21-06 and explain how existing authorities that were not initially developed for artificial intelligence can still apply to artificial intelligence-based technologies used in care. The report should clearly explain what gaps, if any, exist in HHS authorities and proposed approaches to fill those gaps.

Information Blocking.—The Committee recognizes that ONC's rule to implement the interoperability and information blocking provisions of the 21st Century Cures Act took significant steps forward to give patients greater access to and improve the electronic flow of electronic health information across care settings. Given the significant penalties and other consequences for information blocking, the Committee urges ONC to provide regulated entities and other stakeholders with clear, practical guidance regarding the rule, which should include how regulated entities can evaluate their circumstances and scenarios under the rule, and answer inquiries by covered actors about how ONC interprets its regulations and how the regulations apply to a specific set of facts. ONC and OIG should only apply standards of conduct that have been publicly stated in a manner that would not cause unfair surprise.

Patient Matching.—The Committee is concerned there is no consistent and accurate way to link patients to their health information as they seek care across the continuum. Health information must be accurate, timely, and robust to inform clinical care decisions for every patient. The recommendation includes \$3,000,000, the same as the fiscal year 2024 enacted level, for ONC to work with industry to develop matching standards that prioritize interoperability, patient safety, and patient privacy.

Standards for Interoperability.—ONC and CMS have published final rules to implement interoperability provisions contained in the Cures Act, including the ONC final rule, 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program and the related CMS final rule, including the adoption of Fast Healthcare Interoperability Resources (FHIR) as the foundational standard to support health information sharing without "special effort" on the part of the user. FHIR-based application programming interfaces are now required for all health stakeholders that exchange data in compliance with the rules that support the Act. The Committee's recommendation includes not less than \$5,000,000, the same as the fiscal year 2024 enacted level, to support interoperability and information sharing efforts related to the implementation of implementation standards.

The Committee urges ONC to ensure that the post-acute Fast Healthcare Interoperability Resources standard for cognitive status is implemented in electronic health record systems and should offer guidance on including fields for cognitive status by default without configuration being necessary.

MEDICARE HEARINGS AND APPEALS

Appropriation, fiscal year 2024	\$196,000,000
Budget request, fiscal year 2025	196,000,000
Committee Recommendation	196,000,000
Change from enacted level	---
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.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2024	\$87,000,000
Budget request, fiscal year 2025	97,384,000
Committee Recommendation	87,000,000
Change from enacted level	---
Change from budget request	-10,384,000

The Committee recommends \$87,000,000 for OIG, which is the same as the fiscal year 2024 enacted level and \$10,384,000 below the fiscal year 2025 budget request.

In addition, within the Health Care Fraud and Abuse Control (HCFAC) program discretionary appropriations for fiscal year 2025, the Committee provides the OIG with \$111,508,000, which is \$3,773,000 above the fiscal year 2024 enacted level and the same as the fiscal year 2025 budget request. Mandatory appropriations for this office are also contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996.

The Committee supports the OIG as an independent and objective entity charged with conducting oversight, preventing waste, fraud and abuse, and promoting economy, efficiency, and effectiveness in the Department's programs and operations.

Marijuana Scheduling.—The Committee is also concerned about deviations from established drug scheduling evaluation standards in the FDA 2023 marijuana scheduling review. The Committee supports efforts to compile a report on the 2023 marijuana scheduling review including: (1) deviations from the established five-factor currently accepted medical use test, (2) justification for a new, two-factor currently accepted medical use test and whether this will be the standard for all future reviews, (3) use of a limited number of hand-selected comparator substances, and (4) inclusion of research results that are not statistically significant or inconclusive.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriation, fiscal year 2024	\$792,691,000
Budget request, fiscal year 2025	894,795,000
Committee Recommendation	894,795,000
Change from enacted level	+102,104,000
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.

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 use of 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 modifies a provision providing 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 limiting the assignment of employees for work with certain organizations.

Sec. 212. The Committee modifies a provision to allow funding for HHS international HIV/AIDS and other infectious diseases, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

(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 \$5,000,000 per project with a total limit for NIH of \$100,000,000.

(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 modifies a provision requiring HHS to include information regarding full-time Federal employees and contractors working on the Affordable Care Act in the fiscal year 2026 budget request.

Sec. 220. The Committee modifies a provision for a report on CMS's Health Insurance Exchange activities in the fiscal year 2026 budget request.

Sec. 221. The Committee continues a provision prohibiting the CMS Program Management account from being used to support risk corridor payments.

(TRANSFER OF FUNDS)

Sec. 222. The Committee modifies a provision directing the spending of the Prevention and Public Health Fund.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2025, the level appropriated for the fund is \$1,225,900,000 after accounting for sequestration. The Committee includes bill language in section 222 of this Act that requires that funds be transferred within 45 days of enactment of this Act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY 2024 Enacted	FY 2025 Committee
ACL	Alzheimer's Disease Program	\$14,700,000	\$14,700,000
ACL	Chronic Disease Self-Management	8,000,000	8,000,000
ACL	Falls Prevention	5,000,000	5,000,000
CDC	Hospitals Promoting Breastfeeding	9,750,000	9,750,000
CDC	Diabetes	66,412,000	110,758,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000	40,000,000
CDC	Healthcare Associated Infections	12,000,000	12,000,000
CDC	Heart Disease and Stroke Prevention Program	29,255,000	110,759,000
CDC	Million Hearts Program	5,000,000	5,000,000

Agency	Budget Activity	FY 2024 Enacted	FY 2025 Committee
CDC	Section 317 Immunization Grants	681,933,000	681,933,000
CDC	Lead Poisoning Prevention	51,000,000	51,000,000
CDC	Public Health Data Modernization	--	160,000,000
CDC	Early Care Collaboratives	5,000,000	5,000,000
SAMHSA	Garrett Lee Smith—Youth Suicide	12,000,000	12,000,000

Sec. 223. The Committee modifies a provision related to breast cancer screening.

(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 a provision related to certain Congressional notification requirements.

Sec. 226. The Committee continues a provision related to funding for the Medicare program.

Sec. 227. The Committee continues a provision related to a report on staffing.

Sec. 228. 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. 229. The Committee continues a provision related to donations for unaccompanied alien 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 alien children.

Sec. 231. The Committee continues 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 continues a provision related to primary and secondary school costs for eligible dependents of personnel stationed in a U.S. territory.

Sec. 234. The Committee includes a new provision modifying the Community Services Block Grant Act.

(RESCISSION AND INCLUDING TRANSFER OF FUNDS)

Sec. 235. The Committee modifies a provision related to unobligated balances in the Nonrecurring Expenses Fund.

Sec. 236. The Committee includes a new provision related to NIH and workplace investigations related to a principal investigator or key personnel.

Sec. 237. The Committee includes a new provision related to facilities and administration costs.

Sec. 238. The Committee includes a new provision related to fetal tissue.

Sec. 239. The Committee includes a new provision related to physician training for abortions.

Sec. 240. The Committee includes a new provision restricting funding to certain health care entities.

Sec. 241. The Committee includes a new provision related to providing information on abortion.

Sec. 242. The Committee includes a new provision related to referral for abortions.

Sec. 243. The Committee includes a new provision related to executive orders addressing reproductive services.

Sec. 244. The Committee includes a new provision limiting funds for a proposed rule for the Temporary Assistance for Needy Families program.

Sec. 245. The Committee includes a new provision regarding a CMS rule related to vaccination requirements.

Sec. 246. The Committee includes a new provision regarding Executive Order 13988 (Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation).

Sec. 247. The Committee includes a new provision limiting funding for certain elective services.

Sec. 248. The Committee includes a new provision related to rulemaking for section 1557 of the Affordable Care Act.

Sec. 249. The Committee includes a new provision related to placement under Titles IV–E and IV–B of the Social Security Act.

Sec. 250. The Committee includes a new provision related to the unaccompanied alien children foundational rule.

Sec. 251. The Committee includes a new provision related to placement of unaccompanied alien children.

Sec. 252. The Committee includes a new provision related to nursing home staffing standards.

Sec. 253. The Committee includes a new provision related to a final rule for short term, limited duration health plans.

Sec. 254. The Committee includes a new provision related to a proposed rule for the Medicaid program.

Sec. 255. The Committee includes a new provision related to a public health emergency and a citizen’s Second Amendment rights.

TITLE III—DEPARTMENT OF EDUCATION

Appropriation, fiscal year 2024	\$79,052,238,000
Budget request, fiscal year 2025	82,491,976,000
Committee Recommendation	67,948,452,000
Change from enacted level	- 11,103,786,000
Change from budget request	- 14,543,524,000

The U.S. Department of Education’s (Education) discretionary spending encompasses the budget allocated to various education programs, determined through annual appropriations. In 2012, Education’s discretionary funding stood at approximately \$68 billion, while the student loan portfolio balance was \$950 billion. By fiscal year 2024, Education’s discretionary funding had increased to just under \$80 billion; yet, in that same time, the Federal student loan portfolio exceeded \$1.6 trillion, with nearly 43 million borrowers, and 90 percent of the outstanding balances owned by Education. This growth in student loan debt has substantially outpaced Education’s discretionary spending, reflecting the rapidly increasing cost associated with direct loans for higher education.

Notably, much of the growth in Education’s student loan balance is not being driven by undergraduate loans. Instead, it stems from individuals pursuing advanced graduate degrees—such as master’s, doctoral, and professional programs—often facing substantial financial strain to attain such degrees. These graduate students rely heavily on Federal loans to cover tuition, expenses, and living costs. Unfortunately, the earnings potential after completing these degrees often does not align with the debt incurred, leading to a significant burden on the borrower and the American taxpayer who financed the direct loan. Consequently, the sustainability and long-term implications of Education overseeing and administering a rapidly growing Federal loan portfolio is in question, as new loans are disbursed at a faster rate than existing loans are repaid.

This bill provides just under \$69 billion in discretionary budget authority for the Department of Education, a reduction of 13 percent over fiscal year 2024 enacted level. The Department of Education comprises 37 percent of the total 302(b) allocation for this subcommittee.

OFFICE OF ELEMENTARY AND SECONDARY EDUCATION
EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2024	\$19,107,790,000
Budget request, fiscal year 2025	19,287,790,000
Committee Recommendation	14,389,212,000
Change from enacted level	-4,718,578,000
Change from budget request	-4,898,578,000

This appropriation account includes compensatory education programs authorized under title I and subpart 2 of part B of title II of the Elementary and Secondary Education Act of 1965 (ESEA) and section 418A of the Higher Education Act (HEA).

Of the total amount available, \$4,399,178,000 is appropriated for fiscal year 2025 for obligation on or after July 1, 2025, and \$10,841,177,000 is appropriated for fiscal year 2026 for obligation on or after October 1, 2025.

Grants to Local Educational Agencies

For fiscal year 2025, the Committee provides \$14,626,490,000, for Title I grants to Local Educational Agencies (LEAs or school districts), which is \$3,780,312,000 below the fiscal year 2024 enacted level.

The Committee proposes reduced formula funding for public schools. The Committee notes that despite annual increases in funding for Title I formula grants, student test scores continue to decline. The latest test scores published by the Department showed that overall math and reading scores for both fourth and eighth graders have fallen sharply. Math scores for eighth graders in 2022 fell to a 20-year low. Nationwide, only 36 percent of fourth graders and 26 percent of eighth graders are proficient in math, and only 33 percent of fourth graders and 31 percent of eighth graders are proficient in reading. Federal tax dollars have not been shown to result in meaningful improvement in student achievement. Moreover, the partisan American Rescue Plan (P.L. 117-2) invested more than \$150,000,000,000 into American schools. Despite the un-

precedented direct Federal support for schools, U.S. student achievement continues to lag other industrialized nations.

The Committee also notes that traditional public schools were quick to shut down in 2020 at the behest of teachers' unions and stayed closed for nearly two years, while most private and charter schools reopened. During the pandemic, these public schools failed their students, and the effects will be felt by an entire generation of students. In December 2023, EdChoice polling showed that nearly two-thirds of American parents feel that K–12 education is on the wrong track. The same polling showed that 71 percent of parents support charter schools. Predictably, public school enrollment has been declining and charter school enrollment accelerated during the pandemic. Between 2010 and 2021, according to data from the Department of Education, enrollment in public elementary and secondary schools declined by 3 percent. During this same period, charter school enrollment more than doubled by nearly 2 million students. The National Center for Education Statistics projects additional losses of 2.4 million students by 2031. The Committee recognizes this shift in demand for alternatives to traditional public schools and responds by increasing funding for charter schools in this bill.

The Committee also notes that both Democrat and Republican led States are taking advantage of budget surpluses due to Federal stimulus dollars and high tax revenues and making record investments in their education budgets. South Dakota, Arkansas, and Iowa have all passed teacher pay raises this year, and similar efforts are being considered in Alabama, Virginia, South Carolina, and Missouri this legislative session. According to the National Education Association, the national average public school teacher salary in 2022–2023 increased 4.1 percent from the previous year and is projected to grow a further 3.1 percent in 2023–2024. These are the largest teacher pay increases in over a decade.

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 or guardians serving full-time in the military often 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 more than half a 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.

Basic Grants

Of the amounts provided for Title I programs, the Committee provides \$3,614,089,000 for Basic Grants to LEAs, which is \$2,845,312,000 below the fiscal year 2024 enacted level. Of this amount, \$763,776,000 is available for fiscal year 2026. Basic grants

are awarded to school districts with at least 10 low-income children who make up more than 2 percent of the school-age population.

High-Quality Tutoring.—The Committee encourages the Department to promote and provide technical assistance to LEAs and support partnerships between LEAs and education-related community based organizations to implement evidence-based tutoring models.

Concentration Grants

The Committee provides \$1,362,301,000, the same as the fiscal year 2024 enacted level for Title I Concentration Grants. These grants target funds to school districts in which the number of low-income children exceeds 6,500 or 15 percent of the total school-age population.

Targeted Grants

The Committee provides \$4,825,050,000, which is \$467,500,000 below the fiscal year 2024 enacted level for Title I Targeted Grants. Within this amount, \$4,357,550,000 is available for fiscal year 2026. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

Education Finance Incentive Grants

The Committee provides \$4,825,050,000, which is \$467,500,000 below the fiscal year 2024 enacted level for Title I Education Finance Incentive Grants (EFIGs). Within this amount, \$4,357,550,000 is available for fiscal year 2026. EFIGs are allocated according to one of the four allocation formulas authorized under ESEA Title I, Part A for providing Federal education funding to the States for the education of disadvantaged pupils.

Innovative Approaches to Literacy

The Committee provides \$30,000,000 for Innovative Approaches to Literacy, which is the same as the fiscal year 2024 enacted level. This program provides competitive grants to support school libraries.

The Committee is supportive of efforts to equip educators with comprehensive literacy resources via a free, website format with a specific focus on children in kindergarten through sixth grade. The Committee encourages the Department to build upon existing programs that leverage public partnerships and multidisciplinary tools and have demonstrated outcomes of success.

Pediatric Literacy Program.—The Committee encourages the Department to support pediatric literacy programs that are provided during well-child visits by medical providers trained in research-based methods of early language and literacy.

Comprehensive Literacy Development Grants

The Committee provides \$194,000,000 for Comprehensive Literacy Development Grants, which is the same as the fiscal year 2024 enacted level. Competitive grants are awarded to States to subgrant to school districts and/or early education programs to improve literacy instruction for disadvantaged students.

Science of Reading.—The Committee notes with concern that many school districts continue to use reading instruction methods that have been shown to be ineffective at helping all students, and

especially struggling readers, learn to read. The Committee is aware of recent reporting which has demonstrated that many schools in our country continue to use ineffective reading programs that teach students to guess words rather than to learn how to read words. Neuroscience research has shown that skilled readers process all of the letters in words when they read them. After several exposures, the word becomes recognizable on sight, through a process called orthographic mapping. Even so, many early reading programs are designed to teach students to make better guesses to learn words, a process known as three-cueing. This method teaches children that they don't need to look at all of the letters that make up words in order to read them. As they progress in grades and do not have pictures or other context to learn words, many students struggle with reading and, as a result, may even be identified as in need of special education services when they may just not have been taught to read properly.

The Committee is aware that many teachers may not know that cueing strategies do not comport with the scientific evidence base around teaching reading. The Committee intends that funds provided under the comprehensive literacy development grants program be used solely for reading programs that promote science-based reading instruction and therefore directs the Department to ensure that all grants funded through this program adhere to the highest evidence-based standards of research for practices for teaching reading, supporting struggling readers, and developing them into strong readers. Programs must include systematic instruction in phonological awareness, phonics, and fluency and should be externally validated to show reading success with the lowest-achieving students rather than relying on a proprietary reading program's own self-assessment.

State Agency Programs: Migrant

The Committee provides \$375,626,000 for the State Agency Program for Migrant Education, which is the same as the fiscal year 2024 enacted level. This formula grant 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 / High Risk Youth

For the State Agency Program for Neglected and Delinquent Children, the Committee provides \$49,239,000, which is the same as the fiscal year 2024 enacted level. 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 provides \$52,123,000 for the Special Programs for Migrant Students, which is the same as the fiscal year 2024 enacted level. These programs make competitive 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 recruits migrant students aged 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 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 2024	\$1,625,151,000
Budget request, fiscal year 2025	1,618,112,000
Committee Recommendation	1,630,000,000
Change from enacted level	+4,849,000
Change from budget request	+11,888,000

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 provides \$1,477,000,000 for Basic Support Payments to LEAs, which is an increase of \$3,000,000 from the fiscal year 2024 enacted level. 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.

Special Education Needs at Impact Aid Schools.—In the fiscal year 2026 congressional justification, the Committee requests data and analysis on special education needs at Impact Aid schools, including data on the percent of students at Impact Aid schools who receive special education services compared to the percent of such students at non-Impact Aid schools.

Payments for Children with Disabilities

The Committee provides \$49,000,000 for Payments for Children with Disabilities, which is an increase of \$684,000 from the fiscal year 2024 enacted level. These payments compensate school districts for the increased costs of serving Federally connected children with disabilities.

Facilities Maintenance

The Committee provides \$6,000,000 for Facilities Maintenance, which is an increase of \$1,165,000 from the fiscal year 2024 enacted level. Capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee provides \$19,000,000 for the Construction program, which is the same as the fiscal year 2024 enacted level. This program provides formula grants for building and renovating school facilities to school districts that educate Federally connected students or have Federally-owned land.

Payments for Federal Property

The Committee provides \$79,000,000 for payments for Federal property, which is the same as the fiscal year 2024 enacted level. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

Appropriation, fiscal year 2024	\$5,776,178,000
Budget request, fiscal year 2025	5,781,178,000
Committee Recommendation	3,164,523,000
Change from enacted level	-2,611,655,000
Change from budget request	-2,616,655,000

The School Improvement account includes programs authorized under Titles I, II, IV, VI, and VII of the ESEA; the McKinney-Vento Homeless Assistance Act; Title IV–A of the Civil Rights Act; and section 203 of the Educational Technical Assistance Act of 2002.

Supporting Effective Instruction State Grants

The Committee does not provide fiscal year 2025 funding for these formula grants to States. This funding has not been shown to improve teacher quality or advance student achievement.

Additionally, the Committee notes that according to the Department’s August 2023 report (“State and District Use of Title II, Part A Funds in 2021–2022”), professional development was the most popular use of Title II–A funds among school districts. Seventy five percent of districts reported funding professional development for teachers, and 56 percent of districts reported funding professional development for principals and other school leaders. Among districts that invested Title II–A funds in teacher professional development, 78 percent funded topics related to “content knowledge.” The Committee is concerned that school districts are using these Federal funds to train teachers in divisive ideologies.

For these reasons, the Committee directs the Department in the Departmental Management section of this report to submit a report to the Committee on the specific uses of these funds by school district and schools.

State Assessments

The Committee does not provide funding for this program. The Committee believes that State and local funds should cover these activities.

Education for Homeless Children and Youth

The Committee provides \$129,000,000 for the Education for Homeless Children and Youth program, which is the same as the fiscal year 2024 enacted level. Formula grants are allocated to

States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee does not provide funding for this program. The Committee is concerned that this funding is used to push divisive trainings and ideologies on public school teachers and other officials through training on how to address racial and sexual bias in teaching materials, school discipline policies, and school climates.

Nita M. Lowey 21st Century Community Learning Centers

The Committee provides \$1,329,673,000 for Nita M. Lowey 21st Century Community Learning Centers, which is the same as the fiscal year 2024 enacted level. This program awards formula grants to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities. Funds may be used to provide activities that complement and reinforce the regular school-day program for participating students and may also fund local activities that are included as part of an expanded learning time program.

Student Support and Academic Enrichment Grants

The Committee provides \$1,390,000,000 for Student Support and Academic Enrichment State Grants, which is an increase of \$10,000,000 from the fiscal year 2024 enacted level. The Every Student Succeeds Act eliminated several narrowly focused competitive grant programs and replaced them with this formula grant program. States and school districts have flexibility to focus these resources on locally determined priorities to provide students with access to a well-rounded education, including rigorous coursework, and to improve school conditions and the use of technology.

Rural Education

The Committee provides \$225,000,000 for Rural Education programs, which is an increase of \$5,000,000 from the fiscal year 2024 enacted level. 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.

Native Hawaiian Education

The Committee provides \$45,897,000 for the Education for Native Hawaiian program, which is the same as the fiscal year 2024 enacted level. These funds are used to provide competitive grants for supplemental education services to the Native Hawaiian population.

The Committee is supportive of resources to public elementary and secondary schools that serve Native Hawaiian students, including activities for construction, renovation, and modernization of any public elementary school, secondary school, or structure related

to a public elementary school or secondary school, as authorized under part B of Title VI. The Committee encourages the Department to prioritize funding to organizations with construction needs that have experience providing supplemental education services to Native Hawaiian children and youth. In addition, the Committee continues to support the Native Hawaiian Education Council.

Alaska Native Education

The Committee provides \$44,953,000 for the Alaska Native Education program, which is the same as the fiscal year 2024 level. These funds are used to provide competitive grants for supplemental education services to the Alaska Native population.

Comprehensive Centers

The Committee does not provide funding for this program. The Committee is concerned that the Department is providing technical assistance via comprehensive centers on social and emotional learning rather than on efforts to improve academic achievement.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2024	\$457,000,000
Budget request, fiscal year 2025	507,000,000
Committee Recommendation	291,000,000
Change from enacted level	- 166,000,000
Change from budget request	- 216,000,000

This appropriation account includes programs authorized under parts of Title IV of the ESEA.

Promise Neighborhoods

The Committee does not provide funding for these competitive grants. The Committee notes that this program provides neighborhood social services such as healthcare, counseling, and job training that are duplicative of other free and subsidized government programs that serve the same population. The Committee believes the core role of the Department should be to support schools and districts in educating children in areas such as reading, writing, and math. The Committee also believes that these initiatives to broaden the role and influence of schools in a child’s upbringing, in some cases, can present a negative impact on parental rights and decrease parental responsibility.

School Safety National Activities

The Committee provides \$216,000,000 for School Safety National Activities, which is the same as the fiscal year 2024 enacted level. The Committee’s recommendation provides up to \$10,000,000 for the Project School Emergency Response to Violence (Project SERV) program, which is an increase of \$5,000,000 from the fiscal year 2024 enacted level. The Project SERV program provides counseling and referral to mental health services as well as other education-related services to LEAs and Institutions of Higher Education (IHEs) in which the learning environment has been disrupted by a natural disaster or violent crisis.

Elementary and Secondary School Emergency Relief Funds Uses.—As the deadline of September 30, 2024, approaches for districts to obligate these funds, the Committee encourages the De-

partment to clarify that the following are eligible uses of Elementary and Secondary School Emergency Relief funds: video surveillance; student monitoring; updated doors, locks, and window panels; universal master key access boxes; mental health training; information technology that is able to transmit a text or video notification; crowd flow security technology; removable, semi-permanent, or permanent barriers or shields; and traffic pattern analytic software.

The Committee also notes that funds made available through the Bipartisan Safer Communities Act (P.L. 117–159), for the Stronger Connections Grant program may be used for information technology to improve the safety of the school environment in high need LEAs. Guidance documentation published by the Department also includes information regarding other related eligible uses of funds including equipment and minor remodeling.

Grants to Schools for Federal Law Enforcement Training.—The Committee recognizes that highly trained School Resource Officers (SROs) play a crucial role in ensuring the safety and well-being of students, faculty, and staff within K–12 schools. Their specialized training equips them with the skills to effectively handle various situations, including emergencies, conflicts, and other potential threats. Beyond security, SROs also serve as mentors, mediators, and positive role models, fostering a sense of trust and community within schools. However, many K–12 schools do not have the necessary funding available to provide continued training to their SROs. As such, the Committee provides \$20,000,000 for a new competitive grant program for K–12 schools to provide SROs with enhanced training at the Federal Law Enforcement Training Centers (FLETC). The FLETC offers a variety of training that focuses on maintaining a safe K–12 school environment. These types of specialized trainings are vital in supporting the unique, important, and varied roles that SROs must fulfill to ensure the safety and well-being of K–12 school communities. The Committee directs the Department to provide a briefing within 90 days of enactment of this Act to the Committee on its plans for carrying out these competitive grants. In addition, the Committee directs the Department to provide notice to the Committees at least seven days before any notice of funding opportunity is published or any grantee is announced.

Parental Consent.—The Committee encourages the Department to provide technical assistance and guidance to School-Based Mental Health Services grantees to ensure that they are following all applicable district, State, and Federal laws and policies regarding parental consent.

Rural Grant Applications.—The Committee is concerned with the difficulties that underserved and rural communities face accessing and applying for Federal school safety grants. The committee encourages the Department to prioritize technical assistance to rural and underserved grant applicants.

School Infrastructure.—The Committee provides \$136,000,000 for a new competitive grant program to help schools implement best practices to improve school safety. This includes several things that were recommended in the Department of Justice’s January 18, 2024, report, “Critical Incident Review: Active Shooter at Robb Elementary School,” such as updated doors and locks that can be

locked from the inside, metal detectors, or other deterrent measures; wi-fi to ensure emergency alerts are received in a timely manner; universal master key access boxes; school resource officers and security personnel; and training and preparedness exercises coordinated between students, school personnel, local law enforcement and first responders, and local government agencies. The Committee directs the Department to provide a briefing within 90 days of enactment of this Act to the Committee on its plans for carrying out these competitive grants. In addition, the Committee directs the Department to provide notice to the Committees at least seven days before any notice of funding opportunity is published or any grantees for a new competition are announced.

Student Mental Health Grants.—The Committee provides \$25,000,000 for the Mental Health Services Professional Demonstration Grants program. The Committee also provides \$25,000,000 for the School-Based Mental Health Services Grants program with the requirements established in the explanatory statement accompanying P.L. 116–94, including that no less than 50 percent of grants support LEA recipients, that awards include a 25 percent match from grantees, and that the awards do not supplant existing mental health funding. The Committee notes that the Bipartisan Safer Communities Act (P.L. 117–159) provides \$100,000,000 each fiscal year over fiscal years 2022–2026 to support each program. The Department is directed to provide quarterly obligation and expenditure reports to the Committee for each program funded in such Act.

Full Service Community Schools

The Committee provides \$75,000,000 for Full-Service Community Schools, which is a decrease of \$75,000,000 from the fiscal year 2024 enacted level. This program makes competitive grants to support school-based comprehensive services for students, families, and communities, such as mental health and nutrition services. The Committee believes the core role of the Department should be to support local school districts in educating children in areas such as reading, writing, and math. Some of the services provided by community schools are duplicative of other free and subsidized government programs that serve the same population.

INDIAN EDUCATION

Appropriation, fiscal year 2024	\$194,746,000
Budget request, fiscal year 2025	194,746,000
Committee Recommendation	202,246,000
Change from enacted level	+7,500,000
Change from budget request	+7,500,000

This account supports programs authorized by part A of title VI of the ESEA.

Grants to Local Educational Agencies

The Committee provides \$110,381,000 for Grants to Local Educational Agencies, which is the same as the fiscal year 2024 enacted level. 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 Amer-

ican Indian students, including preschool children. Grantees must develop a comprehensive plan and ensure that the programs they carry out will help American 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 provides \$72,000,000 for Special Programs for Indian Children, which is the same as the fiscal year 2024 enacted level. These programs make competitive grants to improve the quality of education for American Indian students.

Demonstration Grants.—The Committee directs the Department to award \$5,000,000 in new demonstration grants to eligible nonprofits who provide education and related services to students with disabilities to establish on-site, early intervention, and special education services for K–12 students in Bureau of Indian Education Resource Centers. The grantees shall design and provide services for an educational, behavioral, therapeutic, and vocational program for individuals with special needs from birth to 21 years of age.

National Activities

The Committee provides \$19,865,000 for National Activities, which is an increase of \$7,500,000 from the fiscal year 2024 enacted level. Of that amount, \$9,800,000 is provided for State-Tribal Education Partnerships, \$7,000,000 is provided for Native Language Immersion Schools and Programs, and \$3,065,000 is provided for Native American Language Resource Centers.

Funds under this authority support: (1) research, evaluation, and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs; (2) grants to support Native language immersion schools and programs; and (3) grants to Tribes for education administrative planning, development, and coordination.

OFFICE OF INNOVATION AND IMPROVEMENT

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2024	\$1,115,000,000
Budget request, fiscal year 2025	1,208,000,000
Committee Recommendation	882,000,000
Change from enacted level	– 233,000,000
Change from budget request	– 326,000,000

This appropriation account includes programs authorized under portions of Titles II and IV of the ESEA.

American History and Civics Academies

The Committee provides \$3,000,000 for this program, which is the same as the fiscal year 2024 enacted level. This program supports academies for teachers and high school students to strengthen their knowledge on American history, Civic, and government education.

American History and Civics National Activities

The Committee does not provide funding for these competitive grants. The Committee is concerned that the Department is using these grants to push divisive ideology onto school children, such as the widely discredited 1619 project. The Committee notes that the most recent Nation's Report Card scores found only 13 percent of eighth graders were proficient in U.S. history and only 22 percent proficient in civics. This program has become over politicized under the current Administration and fails to sufficiently address the educational needs of students.

Teacher and School Leader Incentive Grants

Due to funding constraints, the Committee does not provide funding for these competitive grants.

Supporting Effective Educator Development

The Committee does not provide funding for these competitive grants. The Committee is unaware of any findings demonstrating that these grants have improved teacher quality or student achievement. Additionally, the Committee is concerned that school districts are using these Federal funds to train teachers in divisive ideology.

Charter Schools Grants

The Committee provides \$450,000,000 for Charter School Program (CSP) Grants, which is an increase of \$10,000,000 from the fiscal year 2024 enacted level.

The Charter Schools Grants program awards competitive grants to State Educational Agencies (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.

The Committee believes, in contrast to the Department's flawed justification in its fiscal year 2025 budget proposal for cutting this program, that increased funding for CSP is strongly supported by recent research and data on charter school performance and increasing demand for charter schools, despite efforts by the Administration to decrease the amount of successful grant applicants through burdensome regulations and inadequately staffing the program office. For example, the office at the Department that oversees social and emotional learning, mental health, trauma, and school climate has 40 percent more staff than the charter school program office but oversees less competitive grant funding.

The Committee notes that high-quality charter schools continue to yield strong academic results, especially for students from low-income families and students of color. A 2020 Harvard study ("Changes in the Performance of Students in Charter and District Sectors of U.S. Education: An Analysis of Nationwide Trends") found greater academic gains for students in charter schools, with the difference amounting to almost an additional half year of learning for students in charter schools over the course of the study, and the most significant gains found for Black and low-income stu-

dents. Additionally, a 2021 meta-analysis of three decades of research, conducted by the National Institute of Economic Research (“Charter Schools’ Effectiveness, Mechanisms, and Competitive Influence”), found that charter schools located in urban areas boost student test scores, particularly those of Black, Hispanic, and low-income students, that charter school attendance is associated with increases in college enrollment and voter turnout, and that the presence of a charter school can have a beneficial influence on neighboring public schools. Recognizing these impacts, the Congressional Black Caucus Institute’s 21st Century Council 2023 Annual Report supports the CSP’s effectiveness in leveling the playing field for public charter schools, including through equal treatment of public charter schools as public schools and expanding access to public charter schools.

The Committee also notes that parents’ support for charter schools is strong, and charter school enrollment continues to climb, while district public school enrollment falls. A 2022 Harris poll found that three in four parents support expanding the number of slots in charter schools in their communities, and the same percentage said that they would consider sending their child to a charter school if one were available. Further, 84 percent of parents responding to the poll stated that charter schools should be an available option for parents and students. The Committee also notes that the Department’s 2023 Report on the Condition of Education found that between fall 2019 and fall 2020, while traditional public-school enrollment decreased by 4 percent, public charter school enrollment increased by 7 percent. Moreover, from the 2021–2022 to the 2022–2023 school year, charter school enrollment increased again by 72,241 students (2 percent) while enrollment remained flat for traditional public schools.

Facilities Grants.—The Committee provides an increase of \$5,000,000 for State Charter School Facilities Incentive Grants and the Credit Enhancement for Charter School Facilities Program. The Committee is supportive of construction and renovation of charter school facilities, including storm shelters, safe rooms, and other infrastructure improvements such as fortified roof and wall construction to improve windstorm, tornado, and hurricane resilience.

Magnet Schools Assistance

The Committee provides \$139,000,000 for this program, which is the same as the fiscal year 2024 enacted level. 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.

Ready to Learn Television Programming

The Committee provides \$31,000,000 for this program, which is the same as the fiscal year 2024 enacted level. 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 does not provide funding for these competitive grants. The Committee believes that considering the continued decline of public-school performance and student achievement across the country, funding provided by the Department should be focused on core education such as reading, writing, and math.

Javits Gifted and Talented Education

The Committee does not provide funding for these competitive grants. The Committee is concerned that the Department's focus on equity within the gifted and talented program further divides American students and leaves them less prepared to compete in a challenging global economy. The Committee believes this program should be merit based.

Statewide Family Engagement Centers

The Committee does not provide funding for these competitive grants. The Committee is concerned that despite the millions of dollars appropriated for these grants in recent years, there is no evidence that the grants have fostered trusting relationships between families and schools. In fact, the country witnessed the deterioration of that relationship during and in the aftermath of the COVID pandemic for reasons these grants are not designed to address.

Education Innovation and Research

The Committee provides \$259,000,000 for the Education Innovation and Research (EIR) program, which is the same as the fiscal year 2024 enacted level. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations.

Grant Priorities.—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled up in different settings. The Committee encourages the Department to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation.

Publicizing Research Findings.—The Committee continues to be supportive of efforts by the Department to publicize research findings from the EIR program as described in House Report 117–96. The Committee encourages the Department to take additional steps to publicly release, widely publicize, and support the use of research findings from this critical program and its predecessor, the Investing in Innovation program, to stakeholders at the Federal, State, and local levels. The Committee specifically encourages the Department to 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 Committee directs the Department to submit a report to the Committee no later than 120 days after enactment of this Act, with an update on the Department's goals, outcome measures, and corrective measures for achieving the widest possible dissemination and use of this information in SEA and LEA decision making.

Rural Set Aside.—The Committee supports the required 25 percent set aside within the EIR program for rural areas and encourages the Department to invest in rural, high-need communities by ensuring grants are awarded to a diverse set of institutions, affecting varied geographic locations, including areas with substantial minority students, which have submitted high-quality applications meeting EIR program requirements.

School Readiness.—The Committee encourages the Department to support EIR awards that promote evidence-based school readiness programming in preschool, elementary, and secondary education.

STEM and Computer Science Grants.—In addition, within the total for EIR, the Committee provides \$87,000,000 for STEM education, including computer science, the same as the fiscal year 2024 enacted level.

Tutoring.—The Committee notes the importance of high-dosage tutoring in accelerating student learning and supporting student success. As States and districts are implementing and scaling up tutoring programs aligned with research-based components, the Committee encourages the Department to support high-dosage tutoring through new EIR awards.

OFFICE OF ENGLISH LANGUAGE ACQUISITION

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2024	\$890,000,000
Budget request, fiscal year 2025	940,000,000
Committee Recommendation	— —
Change from enacted level	– 890,000,000
Change from budget request	– 940,000,000

Due to funding constraints, the Committee does not provide funding for these formula and competitive grants.

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

SPECIAL EDUCATION

Appropriation, fiscal year 2024	\$15,467,264,000
Budget request, fiscal year 2025	15,673,264,000
Committee Recommendation	15,497,264,000
Change from enacted level	+30,000,000
Change from budget request	– 176,000,000

These grants help States and localities pay for a free, appropriate education for students with disabilities aged 3 through 21.

Teachers of Blind or Visually Impaired Children.—The Committee encourages the Department to support continuing education opportunities for teachers of blind or visually impaired children, enrichment projects to improve the capacity of blind or visually impaired children to learn and live independently, programs within institutions of higher education for the preparation of teachers of children who are blind or visually impaired, and facilitate cooperation with nonprofit organizations with expertise and experience serving children who are blind or visually impaired.

Intervener Services.—The Committee encourages the Department to make technical assistance available to SEAs and LEAs in matters related to supporting students who are deafblind to address the unique needs of these students. In addition, the Committee en-

courages the Department to assist SEAs and LEAs seeking to facilitate the availability of intervener services at State and local levels, so students who are deafblind have access to information, communication, and interaction in educational environments.

Grants to States

The Committee provides \$14,238,704,000 for Part B Grants to States, which is an increase of \$25,000,000 from the fiscal year 2024 enacted level. 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.

Preschool Grants

The Committee provides \$420,000,000 for Preschool Grants, which is the same as the fiscal year 2024 enacted level. 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 provides \$540,000,000 for Grants for Infants and Families, which is the same as the fiscal year 2024 enacted level. 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 continues bill language to promote the continuity of services for eligible infants and their families.

IDEA National Activities

The Committee provides \$257,560,000 for IDEA National Activities, which is the same as the fiscal year 2024 enacted level. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

State Personnel Development.—The Committee provides \$38,630,000 for State Personnel Development, which is the same as the fiscal year 2024 enacted level. 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.

Technical Assistance and Dissemination.—The Committee provides \$39,345,000 for Technical Assistance and Dissemination, which is the same as the fiscal year 2024 enacted level. 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 improve results for children with disabilities.

Personnel Preparation.—The Committee provides \$115,000,000 for Personnel Preparation, which is the same as the fiscal year 2024 enacted level. This program supports competitive grants 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.

Parent Information Centers.—The Committee provides \$33,152,000 for Parent Information Centers, which is the same as the fiscal year 2024 enacted level. 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.

Educational Technology, Media, and Materials.—The Committee provides \$31,433,000 for Educational Technology, Media, and Materials, which is the same as the fiscal year 2024 enacted level. This program makes competitive grants to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities. The Committee encourages the Department to expand this program’s reach to students with disabilities in higher education, given the value that exists to both K–12 and higher education through educational technology improvements and the importance of providing seamless pathways for students with disabilities to improve their completion of postsecondary education.

Special Olympics Education Programs

The Committee provides \$41,000,000 for Special Olympics Education Programs, which is an increase of \$5,000,000 from the fiscal year 2024 level, to support activities authorized by the Special Olympics Sport and Empowerment Act. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

REHABILITATION SERVICES

Appropriation, fiscal year 2024	\$4,110,241,000
Budget request, fiscal year 2025	4,118,156,000
Committee Recommendation	4,118,156,000
Change from enacted level	+7,915,000
Change from budget request	---

The programs in this account are authorized by the Rehabilitation Act of 1973 and the Helen Keller National Center Act.

Vocational Rehabilitation State Grants

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 re-

habilitation services to persons with the most significant disabilities.

Randolph-Sheppard Program.—The Committee directs the Department to provide participants in the Randolph-Sheppard program with technical assistance and support in applying for funding opportunities available under the Office of Special Education and Rehabilitative Services. In the fiscal year 2026 congressional justification, the Committee requests an update on such efforts from fiscal year 2024 and planned efforts in fiscal years 2025 and 2026.

Client Assistance State Grants

The Committee provides \$13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2024 enacted level. Client Assistance State Grants support services for eligible individuals and applicants of the vocational rehabilitation 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 provides \$29,388,000 for the Training program, which is the same as the fiscal year 2024 enacted level. 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.

Demonstration and Training Programs

The Committee provides \$5,796,000 for Demonstration and Training Programs, which is the same as the fiscal year 2024 enacted level. These programs authorize competitive grants to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Protection and Advocacy of Individual Rights

The Committee provides \$20,150,000 for Protection and Advocacy of Individual Rights, which is the same as the fiscal year 2024 enacted level. 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 provides \$22,548,000 for Supported Employment State Grants, which is the same as the fiscal year 2024 enacted level. 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.

Services for Older Blind Individuals

The Committee provides \$33,317,000 for Services for Older Blind Individuals, which is the same as the fiscal year 2024 enacted level. 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 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 provides \$19,000,000 for the Helen Keller National Center for Deafblind Youth and Adults, which is the same as the fiscal year 2024 enacted level. These funds are used for the operation of a national center that provides intensive services for deafblind 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 2024	\$303,292,000
Budget request, fiscal year 2025	301,292,000
Committee Recommendation	305,792,000
Change from enacted level	+2,500,000
Change from budget request	+4,500,000

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2024	\$43,431,000
Budget request, fiscal year 2025	43,431,000
Committee Recommendation	44,431,000
Change from enacted level	+1,000,000
Change from budget request	+1,000,000

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 provides \$44,431,000 to meet 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. In addition, within amounts provided for the Printing House, the Committee includes up to \$6,000,000, which is an increase of \$1,000,000 from fiscal year 2024 enacted level, to support additional field testing and initial production and distribution of an innovative braille and tactile display products developed by the Printing House and its partners.

Center for Assistive Technology Training.—The Committee includes \$6,000,000, which is equal to the fiscal year 2024 enacted level, to continue the current Center for Assistive Technology regional partnership.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriation, fiscal year 2024	\$92,500,000
Budget request, fiscal year 2025	92,500,000
Committee Recommendation	93,000,000
Change from enacted level	+500,000
Change from budget request	+500,000

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.

Regional STEM Center.—The Committee includes \$9,500,000, which is equal to the fiscal year 2024 enacted level, to continue NTID's current Regional STEM Center partnership.

GALLAUDET UNIVERSITY

Appropriation, fiscal year 2024	\$167,361,000
Budget request, fiscal year 2025	165,361,000
Committee Recommendation	168,361,000
Change from enacted level	+1,000,000
Change from budget request	+3,000,000

Gallaudet University is a private, nonprofit 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.

Early Learning Acquisition Project.—The Committee includes \$9,000,000, which is an increase of \$500,000 from the fiscal year 2024 enacted level, to continue the current regional partnership through the Early Learning Acquisition Project with the current partner as the lead agent for program expansion.

OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriation, fiscal year 2024	\$2,181,436,000
Budget request, fiscal year 2025	2,268,436,000
Committee Recommendation	2,186,436,000
Change from enacted level	+5,000,000
Change from budget request	-82,000,000

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.

Career and Technical Education: State Grants

The Committee provides \$1,449,848,000 for Career and Technical Education (CTE) State Grants, which is an increase of \$10,000,000 from the fiscal year 2024 enacted level.

State Grants support a variety of career and technical education programs developed in accordance with a State's submitted 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.

Upcoming Regulatory Actions.—The Committee is concerned about the Department’s recently announced plans to regulate the Carl D. Perkins Career and Technical Education Act (Perkins V). The Committee notes that Congress included a provision in the 2018 Strengthening Career and Technical Education for the 21st Century Act, section 218, which specifically limits the issuance of regulations under this Act unless it is necessary to administer and ensure compliance with the specific requirements of Perkins V. The Committee encourages the Department to explicitly, and expeditiously, clarify the scope and content of these forthcoming regulations.

Career and Technical Education: National Programs

The Committee provides \$7,421,000 for National Programs, which is a decrease of \$5,000,000 from the fiscal year 2024 enacted level. This program supports the conduct and dissemination of research in career and technical education.

Adult Education State Grants

The Committee provides \$715,455,000 for Adult Basic and Literacy Education State Grants, which is the same as the fiscal year 2024 enacted level. 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 provides \$13,712,000 for National Leadership Activities, which is the same as the fiscal year 2024 enacted level. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

The Committee recognizes the potential that innovative technologies have in addressing adult literacy challenges and directs no less than \$2,000,000 to the Department to partner with an institution of higher education that specializes in high performance computing to develop a pilot program utilizing innovative technologies including artificial intelligence and machine learning to develop a personalized literacy program for adults.

OFFICE OF POSTSECONDARY EDUCATION

HIGHER EDUCATION

Appropriation, fiscal year 2024	\$3,283,296,000
Budget request, fiscal year 2025	3,343,247,000
Committee Recommendation	2,849,272,000
Change from enacted level	– 434,024,000
Change from budget request	– 493,975,000

*Aid for Institutional Development**Strengthening Institution*

The Strengthening Institutions program under Part A of title III of the Higher Education Act 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.

The Committee provides \$117,070,000 for the Strengthening Institutions program, which is \$5,000,000 above the fiscal year 2024 enacted level and \$22,930,000 below the fiscal year 2025 budget request.

The Committee directs the Department to establish a competitive preference priority for eligible institutions with needs for developing and improving academic programs or construction, maintenance, and related improvements in classrooms, laboratories, and other instructional facilities, that are within the geographic area of the Delta Regional Authority (7 U.S.C. 2009aa et seq.), the Northern Border Regional Commission (40 U.S.C. 15101 et seq.), or the Appalachian Regional Commission (40 U.S.C. 14101 et seq.). The Committee further directs the Department to prioritize grants for academic programs that address workforce shortages in the healthcare and aviation fields.

Developing Hispanic-Serving Institutions

The Committee provides \$232,890,000 for the Developing Hispanic-Serving Institutions (HSI) program, which is \$4,000,000 above the fiscal year 2024 enacted level and \$13,657,000 below the fiscal year 2025 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.

New Hispanic-Serving Institutions.—The Committee recognizes the importance of supporting HSIs, particularly those that have recently received this designation. The Committee encourages the Department to provide technical assistance to newly designated HSIs on all Federal resources and grants available to them.

Promoting Postbaccalaureate Opportunities for Hispanic Americans

The Committee provides \$27,451,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, the same as the fiscal year 2024 enacted level. 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.

Strengthening Historically Black Colleges and Universities

The Committee provides \$407,966,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is \$7,000,000

more than the fiscal year 2024 enacted level. 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.

The Committee recognizes that many students' postsecondary education and career goals are well-supported by two-year programs offered by Historically Black Community Colleges and seeks to further support educational opportunities for students at these schools. The Committee continues language and funding for this program, dedicating this increased funding for supplemental awards to junior or community colleges that are eligible under the Historically Black Colleges and Universities program.

Strengthening Historically Black Graduate Institutions

The Committee provides \$101,286,000 for the Strengthening Historically Black Graduate Institutions program, which is the same as the fiscal year 2024 enacted level. 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.

Strengthening Predominantly Black Institutions

The Committee provides \$22,412,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is the same as the fiscal year 2024 enacted level. This program provides grants to PBIs to increase their capacity to serve the academic needs of students.

Strengthening Asian American and Native American Pacific-Islander-Serving Institutions

The Committee provides \$18,682,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program, which is the same as the fiscal year 2024 enacted level. 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.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee provides \$24,555,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is the same as the fiscal year 2024 enacted level. Through the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, the Department provides grants to assist institutions of higher education in serving Alaska Native and Native Hawaiian students.

Strengthening Native American Serving Non-Tribal Institutions

The Committee provides \$14,462,000 for the Native American Serving Non-Tribal Institutions program, which is \$3,000,000 more than the fiscal year 2024 enacted level. 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.

Strengthening Tribally Controlled Colleges and Universities

The Committee provides \$55,807,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is \$4,000,000 more than the fiscal year 2024 enacted level. This program makes grants to TCCUs to increase their capacity to serve the academic needs of students.

Strengthening HBCU Masters Program

The Committee provides \$20,037,000 for the Strengthening HBCU Masters Programs, which is the same as the fiscal year 2024 enacted level. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the Master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

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.

Domestic Programs

The Committee provides \$73,282,000 for the Domestic Programs of the International Education and Foreign Languages Studies program, which is \$2,071,000 less than the fiscal year 2024 enacted level.

Overseas Programs

The Committee provides \$8,249,000 for the Overseas Programs, which is \$2,062,000 less than the fiscal year 2024 enacted level and the same as the budget request.

Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities

The Committee provides \$13,800,000 for the Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) program, which is the same as the fiscal year 2024 enacted level. TPSID supports grants to create model transition programs into postsecondary education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee provides \$16,370,000 for the Minority Science and Engineering Improvement Program, which is the same as the fiscal year 2024 enacted level. 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 provides \$15,953,000 for the Tribally Controlled Postsecondary Career and Technical Institutions program, which is \$4,000,000 more than the fiscal year 2024 enacted level. This 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 provides \$1,191,000,000 for TRIO programs, which is the same as the fiscal year 2024 enacted level. 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 provides \$388,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which is the same as the fiscal year 2024 enacted level. 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 skills, encouragement, and scholarships successfully to pursue 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. Additionally, the Committee continues to direct the Department 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 does not provide funding for the Graduate Assistance in Areas of National Need program. This program funds fellowships for students pursuing a doctoral degree or the highest degree in the field available at their institution, and who are studying in areas considered to be of national need. The Committee recognizes that institutions of higher education or non-Federal sources

of postsecondary funding could more appropriately support such graduate fellowships. The Committee is concerned that the program performance is not meeting its targets. The target completion rate for fellows to finish their degree is only 65 percent, but the actual completion rate in 2021 was 63 percent. Additionally, the program’s cost per PhD and for students who pass preliminary exams exceeded the target of \$68,000 in both 2020 and 2021, for which data is most recently available.

Teacher Quality Partnership Grants

The Committee does not provide funding for the Teacher Quality Partnerships program. The Committee notes this program’s purpose duplicates those of other Federal programs related to teacher preparation and development. The Committee recognizes that K–12 education is inherently local in nature, and therefore States and districts can be most responsive to needs regarding teacher recruitment and development in local schools. Therefore, they are best positioned to make funding decisions for such activities.

Child Care Access Means Parents in School

The Committee does not provide funding for the Child Care Access Means Parents in School program. The Committee notes that this program has a duplicative function of the Child Care and Development Block Grant, which supports childcare for low-income families and for which the Committee has provided resources.

Fund for the Improvement of Postsecondary Education

The Committee recommendation includes \$100,000,000 for the Fund for the Improvement of Postsecondary Education, which is \$71,000,000 less than the fiscal year 2024 enacted level and \$162,000,000 below the fiscal year 2025 budget request.

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

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Basic Needs Grants	\$10,000,000	---
Centers of Excellence for Veteran Student Success Program	9,000,000	---
HBCU, TCU, and MSI Research and Development Infrastructure Grants	50,000,000	---
HSI and LEA Partnerships	---	\$2,500,000
Increasing Hispanic PhDs Pilot	---	2,500,000
Open Textbook Pilot	7,000,000	---
Postsecondary Student Success Grants	45,000,000	45,000,000
Rural Postsecondary and Economic Development Grant Program	45,000,000	50,000,000
Transitioning Gang-Involved Youth to Higher Education	5,000,005	---

Hispanic-Serving Institutions and Local Educational Agencies Partnerships.—The Committee includes \$2,500,000 for grants to promote and support collaboration between Hispanic-Serving Institutions and local educational agencies that serve a significant number or percentage of Hispanic or Latino students for the purpose of improving educational attainment, including increasing high school graduation rates and postsecondary enrollment, transfer and completion rates among Hispanic or Latino students, such as by strengthening pathways to postsecondary and workforce development programs. The Department shall also ensure such funds are used to improve educational outcomes for English learners served

by such local educational agencies, including recently arrived English learners and long-term English learners.

Increasing Hispanic-Serving Institutions PhDs Pilot.—The Committee recognizes that Hispanic professionals are underrepresented in postsecondary education. The Committee includes \$2,500,000 for competitive grants to HSIs or consortiums of HSIs that award PhDs. The Department is directed to make awards to at least four institutions of higher education, as defined by section 101 of the HEA, to support programs that seek to bolster PhD attainment. Grant priority will go to institutions with 25 percent or higher Pell enrollment, and HSIs located in areas with 25 percent or higher Hispanic or Latino population. Funding should be used to develop and test new models of cross-institutional partnerships that facilitate mutually reinforcing activities such as resource-sharing learning communities, mentorship programs for PhD students, graduate research experiences, faculty mentor capacity-building, and other associated uses.

Postsecondary Student Success Grants.—The Committee provides \$45,000,000, which is the same as the fiscal year 2024 enacted level, for grants to support evidence-based activities to improve postsecondary retention and completion rates, including critical persistence benchmarks. Eligible applicants may include institutions of higher education, a consortium of institutions of higher education, Statewide systems of higher education, a nonprofit organization, or any of the preceding entities in partnership with a nonprofit or business.

Rural Postsecondary and Economic Development Grants.—The Committee provides \$50,000,000, which is \$5,000,000 above the fiscal year 2024 enacted level, for the Rural Postsecondary and Economic Development Grants (RPED) program. The Committee is aware that although rural students graduate from high school at rates that may exceed their urban and suburban peers, they are also significantly less likely than their peers in other areas to attend post-secondary education opportunities. The Committee recognizes that rural-serving institutions and communities face unique challenges and barriers when compared to their urban and suburban counterparts. Smaller, rural-serving colleges, universities, and nonprofit organizations may have significantly fewer staff, and less experience, in preparing to respond to Federal grant opportunities. The Committee encourages the Department of Education to consider ways to better support rural applicants by recognizing the unique challenges facing rural communities, including but not limited to providing greater flexibility, longer application timelines, and targeted technical assistance for RPED grants and other funding opportunities across the Department.

Augustus F. Hawkins Centers of Excellence

The Committee does not provide funding for the Hawkins Centers of Excellence program, recognizing there are duplicative Federal programs related to improving and expanding the availability of teachers. The Committee instead prioritizes resources for other programs providing aid to institutions of higher education and aid that goes directly to students, such as Pell Grants.

HOWARD UNIVERSITY

Appropriation, fiscal year 2024	\$304,018,000
Budget request, fiscal year 2025	297,018,000
Committee Recommendation	253,928,000
Change from enacted level	- 50,090,000
Change from budget request	- 43,090,000

The Committee provides \$253,928,000 for Howard University, which is \$50,090,000 less than the fiscal year 2024 enacted level. Howard University is a leading research university located in the District of Columbia and provides undergraduate liberal arts, graduate, and professional instruction to students. Of the amounts provided, the Committee recommendation includes no less than \$3,405,000 for the matching endowment grant, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

Howard University Hospital.—Within the funds provided for Howard University, the Committee recommends \$70,235,000 for the Howard University Hospital. Of this amount, \$27,235,000 is for ongoing hospital operations, the same as the fiscal year 2024 enacted level. The Committee also includes new language in section 311 providing legislative authority for the Secretary to transfer up to \$43,000,000 in unobligated amounts from the Department of Education’s Nonrecurring Expenses Fund to Howard University for completion of the construction of the new Howard University Hospital. This funding follows the \$257,000,000 for hospital construction that Congress has provided since fiscal year 2021. This funding will complete the University’s request of \$300,000,000.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2024	\$298,000
Budget request, fiscal year 2025	328,000
Committee Recommendation	298,000
Change from enacted level	- - -
Change from budget request	- 30,000

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 2024	\$20,678,000
Budget request, fiscal year 2025	20,731,000
Committee Recommendation	20,678,000
Change from enacted level	- - -
Change from budget request	- 53,000

The Committee provides \$20,678,000 for the HBCU Capital Financing program, which is the same as the fiscal year 2024 enacted level. 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.

Within the total provided for this program, the Committee recommendation includes \$528,000 for the administrative expenses to carry out the program and \$20,150,000 for loan subsidy costs.

OFFICE OF FEDERAL STUDENT AID (FSA)

90/10 Rule.—The 90/10 rule under the HEA requires proprietary institutions of higher education to derive at least 10 percent of their tuition and fee revenue from non-Title IV sources. In October 2022, the Department updated the rule to include other Federal education assistance funds from other Federal agencies, not just Title IV funds, as required by P.L. 117–2. The rule is effective July 1, 2023, for institutional fiscal years that begin on or after January 1, 2023, such that some institutions were required to comply starting January 1. The Committee is aware that some commenters raised questions about this timing and asked for clarification on the statutory authority the Department used to determine the timing. Others questioned the rule’s requirement that institutions cannot count as non-Federal revenue the funds they get from distance learning programs that are ineligible for Title IV funds, for calculating 90/10 compliance. They noted that distance learning is a valuable form of education. The Committee continues to be concerned with the Department’s use of preamble language to regulate distance education. Given the complexities of the rule and its significant effects on proprietary institutions and students, the Committee urges the Department to ensure it provides clear communication and information on these regulations.

Collective Adjudication of Borrower Defense Claims.—The Committee acknowledges concerns regarding the recent expansion of borrower defense that allows the Department to collectively apply an adjudicated decision of an individual claim for borrower defense to another group of borrowers, including groups formed by third-party requestors, rather than adjudicating individual claims separately. The Committee is concerned that such “group” processing of borrower claims may result in the inadvertent approval of meritless claims solely based on their grouping with legitimate claims. The Committee directs the Department to ensure that the adjudication and review process for borrower defense claims involving groups of borrowers, including those formed by third-party requestors, shall be conducted on an individual basis, and reviewed for materiality. The Department is encouraged to establish clear criteria for assessing the materiality and reliability of third-party submitted claims and is directed to report to the Committee within 180 days of enactment of this Act on the implementation of these procedures and any additional measures taken to mitigate the risk of improper claim approvals.

Public Service Loan Forgiveness.—The Committee remains concerned about the fiscal and distributional impact associated with the Public Service Loan Forgiveness (PSLF) program, particularly considering executive actions and new regulations issued by the Department. The Committee requests a report be provided to the Committee and the Committee on Education and the Workforce of the House of Representatives, the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate within 90 days of enactment of this Act and published on the Department’s website describing the distributional impact of the PSLF program. The report shall include information on the amounts forgiven under PSLF based on borrower characteristics, including, type of employment, household income, highest

level of degree obtained, and amount borrowed. The Secretary shall develop employment categories for purposes of meeting this requirement, which may include using information from the Department’s eligible employer database, aligning categories with the Bureau of Labor Statistics standard occupation classification system, or other methods.

Responsiveness to GAO Information Requests.—The Committee notes that the Department of Education has unreasonably and unnecessarily delayed the routine production of information to GAO in response to GAO information requests regarding ongoing reviews of the rollout of the simplified Free Application for Federal Student Aid (FAFSA) (engagement code 107407) and the FAFSA processing system launch (engagement code 107396). Such information requested by GAO is necessary for GAO to complete its work. The Committee directs FSA to immediately comply with all ongoing GAO information requests related to the two FAFSA reviews and to comply fully with all future GAO information requests related to the two FAFSA reviews no later than 7 calendar days after each GAO request or such other timeframe as GAO may specify. GAO has well-established statutory authority to access agency records under 31 U.S.C. 716(a), and there is no question that the information GAO has requested from the Department for its reviews falls squarely within GAO’s authority. The Committee further directs GAO to provide the Committee periodic updates on the Department’s responsiveness to GAO’s information requests on the two FAFSA reviews. The Department shall include in the fiscal year 2026 congressional justification the status of any outstanding recommendation, not fully implemented, from any prior GAO publication.

Student Loan Debt Relief.—The Committee expresses growing concern about the fiscal and distributional impact associated with the Department’s student debt relief efforts. The Department’s stated total debt relief provided as of May 21, 2024, through various waivers, executive actions, and new regulations is \$167 billion, and hundreds of billions more is expected to be realized over the next decade. The Committee requests a report be provided to the Committee and the Committee on Education and the Workforce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate within 30 days of enactment of this Act and published on the Department’s website. This report shall describe the distributional impact of the Department’s debt relief efforts. The report shall include the amounts cancelled, waived, or otherwise discharged through each of the Administration’s debt relief actions carried out under the Higher Education Act of 1965 and the Higher Education Relief Opportunities Act of 2003 and cover actions undertaken since January 1, 2021. In addition, such information shall be disaggregated by household income, highest level of degree obtained, and amount borrowed.

STUDENT FINANCIAL ASSISTANCE

Appropriation, fiscal year 2024	\$24,615,352,000
Budget request, fiscal year 2025	26,716,352,000
Committee Recommendation	23,545,352,000
Change from enacted level	– 1,070,000,000
Change from budget request	– 3,171,000,000

Pell Grants

The Committee provides \$22,475,352,000 in discretionary funding for the Pell Grant program, the same as the fiscal year 2024 enacted level. These funds will support Pell Grants to students for the 2025–2026 award year.

The Committee recommendation includes \$6,335 for the discretionary portion of the maximum Pell grant award, the same as the fiscal year 2024 enacted level. Combined with mandatory funding of \$1,060, this would provide a total maximum award of \$7,395 for the 2025–2026 award year.

Pell Grants are the foundation of Federal postsecondary student aid programs. Pell Grants increase 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.

Federal Supplemental Educational Opportunity Grants

The Federal Supplemental Educational Opportunity Grant program provides need-based grant aid to eligible undergraduate students to help reduce financial barriers to postsecondary education. Federal funding allocations are awarded to qualifying postsecondary institutions under a statutory formula. The Committee provides \$455,000,000, which is \$455,000,000 below the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

Federal Work Study

The Federal work study (FWS) program provides funds for part-time employment to help low income students to finance the costs of postsecondary education. Students can receive FWS funds at approximately 3,400 participating postsecondary institutions. The Committee provides \$615,000,000, which is \$615,000,000 below the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2024	\$2,058,943,000
Budget request, fiscal year 2025	2,659,126,000
Committee Recommendation	1,529,472,000
Change from enacted level	– 529,471,000
Change from budget request	– 1,129,654,000

Programs administered under the Student Aid Administration (SAA) include Pell Grants, campus-based aid programs, Teacher Education Assistance for College and Higher Education grants, and Federal student loan programs.

Salaries and Expenses

Within the total provided for SAA, the Committee provides \$529,472,000 for salaries and expenses, which is \$529,471,000 less than the fiscal year 2024 enacted level and \$805,271,000 below the fiscal year 2025 budget request.

Servicing Activities

Within the total provided for SAA, the Committee provides \$1,000,000,000 for Loan Servicing Activities, which is the same as the fiscal year 2024 enacted level, and \$324,383,000 below the budget request. The Committee notes that in fiscal year 2024, SAA received a \$25,000,000 increase in funding specifically designated for the continuation of student loan servicing activities, including supporting borrowers reentering repayment. The Committee underscores the importance of prioritizing loan servicing and assisting borrowers in repaying their loans. The Committee urges the Department to abandon its unfair and fiscally irresponsible student loan forgiveness schemes.

Enforcement.—The Committee expresses growing concern about the escalating frequency of targeted enforcement actions against specific categories of postsecondary institutions. Objective, unbiased oversight, devoid of ideology and conflicts of interest, is essential. Any punitive measures, fines, or penalties must be impartially assessed based on neutral criteria. The department has repeatedly conducted specific investigations into individual colleges and universities, certain types of institutions, and companies in the education sector, often based on unfounded claims, a *de minimis* basis for opening an investigation, or sheer political motives. The failure to adhere to professional audit, oversight, and enforcement standards negatively impacts the institution and undermines service provisions. As part of the Administration’s announcement to modernize the Office of Federal Student Aid, the Committee strongly recommends increased caution and a thorough evaluation of ongoing, and any planned future, investigations to ensure objective and unbiased results.

In 2021, the Department established an Enforcement Office within FSA. The Committee is aware of concerns that the Enforcement Office is targeting proprietary schools, rather than investigating all institutions of higher education. The Committee directs the Department to provide the Committees with a briefing on the Office’s investigations work, particularly its targeted, proactive investigations and the resources allocated for such activities, including across different sectors of higher education, within 90 days of enactment of this Act. Such briefing should include information on the Office’s methods for prioritizing investigations. Additionally, the Committee requests that the Department include, in the fiscal year 2026 congressional justification, information on the number of staff in the Enforcement Office as of the end of each fiscal year since it was established.

Free Application for Federal Student Aid.—The Committee notes the myriad problems with the implementation of the 2024–2025 FAFSA. This chaotic rollout has caused repeated delays in the Department sending completed FAFSA information to college financial aid administrators, in turn delaying when students and their families can receive information on their financial aid eligibility. It has caused tremendous frustration and confusion among students and their families. The Committee is concerned that the Department prioritized resources for its repeated student loan forgiveness efforts at the expense of adequately preparing for the FAFSA implementation. The Committee requests an update in the fiscal year 2026 congressional justification on the estimated resources, both

monetary and employees and contractors, the Department spent on FAFSA and the various loan cancellation initiatives. The Committee notes the Department's regular communications regarding the FAFSA implementation and strongly encourages it to continue this practice, especially as it relates to the anticipated timeline for the 2025–2026 FAFSA release.

Quarterly Briefings.—The Department is directed to provide quarterly briefings to the Committee on the implementation of the Unified Servicing and Data Solution.

Reprogramming of Funds.—Any reallocation of funds between administrative costs and servicing activities within this account should be treated as a reprogramming of funds, and the Department is directed to notify the Committee in advance of any such changes, pursuant to section 514 of this Act.

Spend Plans.—No later than 45 days after enactment of this act, the Committee directs the Department to provide a detailed spend plan of anticipated uses of funds made available in this account for fiscal year 2025 and provide quarterly updates on this plan (including contracts awarded, change orders, bonuses paid to staff, reorganization costs, and any other activity carried out using amounts provided under this heading for fiscal year 2025). The Department is expected to conduct briefings with appropriate subject matter experts to answer questions on these topics to limit the need for follow up information after the briefing.

Student Loan Forgiveness.—The Committee is deeply disappointed by the Department's continued partisan effort to cancel student loans, rather than focus taxpayer resources on ensuring a successful return to repayment for borrowers. This massive accumulation of loan forgiveness is on top of the income-based repayment plan, called SAVE or Saving on a Valuable Education, that the Department created through regulatory action. It is the most generous income-based repayment plan ever, and the Congressional Budget Office estimates it will cost taxpayers more than \$150,000,000,000. The plan makes more borrowers eligible to have \$0 monthly payments, and for borrowers who still must pay some amount, it cuts their monthly payments in half. Additionally, the Department announced even more loan cancellation efforts it will pursue through regulation, including waiving potentially thousands of dollars in accrued interest per borrower regardless of their income. Another concerning aspect of this new scheme is a proposal for the Secretary of Education to be able to cancel debt for borrowers that the Department "predicts" will be in default within a specified time frame. Despite the Supreme Court's decision to overturn the Department's blanket student loan cancellation plan, the Department has demonstrated its obstinate determination to cancel as much in student loans as possible incrementally. The Administration's repeated promises of future loan cancellation further weakens any message it gives borrowers about reentering repayment and paying back their loans. Such mixed messages create the wrong incentives for future students, who may make borrowing decisions based on assumptions that little if any of their loans will have to be repaid. The Committee includes legislative language to stop the taxpayer funded bailout of student loans.

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2024	\$793,106,000
Budget request, fiscal year 2025	815,455,000
Committee Recommendation	740,373,000
Change from enacted level	– 52,733,000
Change from budget request	– 75,082,000

This account supports education research, statistics, dissemination, evaluation, and assessment activities.

Research, Development, and Dissemination

The Committee provides \$245,000,000 for Research, Development, and Dissemination, which is the same as the fiscal year 2024 enacted level. 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 provides \$122,500,000 for the activities of the National Center for Education Statistics (NCES), which is \$1,000,000 above the fiscal year 2024 enacted level. 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.

Civics Assessment.—The Committee requests an update from NCES and the National Assessment Governing Board on the plans, budgetary requirements, and timeline for the National Assessment of Educational Progress Civics Assessment in the fiscal year 2026 congressional justification.

School Phone Usage.—The Committee directs NCES to study and issue a report on cell phone use in schools and any policies that limit cell phone use in K–12 schools, and any correlation between phone use and student academic achievement. The Committee provides an increase of \$1,000,000 for this purpose.

Regional Educational Laboratories

The Committee does not provide funding for this program. The Regional Education Laboratories support dissemination and technical assistance activities that are duplicative of existing investments in areas of training, technical assistance, and professional development to build State capacity to provide high-quality education. States can use Title I funds to pay for these services directly. States may reserve funds under Title I that may be used to obtain needed technical assistance, and LEAs are not limited in the amount of Title I funds that may be used for reasonable and necessary technical assistance services related to the effective implementation of Title I program requirements.

Research in Special Education

The Committee provides \$64,255,000 for Research in Special Education, which is the same as the fiscal year 2024 enacted level. This program supports competitive grants 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 provides \$13,318,000 for Special Education Studies and Evaluations, which is the same as the fiscal year 2024 enacted level. 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 Longitudinal Data Systems

The Committee provides \$28,500,000 for this program, which is the same as the fiscal year 2024 enacted level. These competitive grants are awarded to States to design and maintain longitudinal data systems.

Assessment

The Committee provides \$193,300,000 for Assessment, which is the same as the fiscal year 2024 enacted level. This amount includes \$8,300,000 for the National Assessment Governing Board (NAGB), the same as the fiscal year 2024 enacted level. 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, citizenship, literature, art, and music. The NAEP is operated by contractors through competitive grants made by the NCES. The NAGB formulates the policy guidelines for the program.

Program Administration

The Committee provides \$73,500,000 for Program Administration, which is the same as the fiscal year 2024 enacted level.

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

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2024	\$627,407,000
Budget request, fiscal year 2025	716,702,000
Committee Recommendation	418,407,000
Change from enacted level	– 209,000,000
Change from budget request	– 298,295,000

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2024	\$419,907,000
Budget request, fiscal year 2025	476,846,000
Committee Recommendation	210,907,000
Change from enacted level	-209,000,000
Change from budget request	-265,939,000

The Committee recommends \$210,907,000 for Program Administration, which is \$209,000,000 less than the fiscal year 2024 enacted level and \$265,939,000 below the fiscal year 2025 budget request. These funds are used for expenses related to staff and other costs of administering programs and activities at the Department. Such expenses 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.

Bill-Wide Requirements.—The Committee notes the inclusion of a bill-wide requirements section of this report. This section contains requirements which apply to all agencies funded by this Act.

Chronic Absenteeism.—The Committee is concerned about the rise in chronic student absenteeism across the country and the effectiveness of efforts at the Federal level to address it. Therefore, the Committee directs the GAO to review (1) how the Department of Education assesses States' efforts to improve chronic absenteeism for States that include it as an indicator in their Statewide accountability systems, and (2) any opportunities to improve Federal oversight of these efforts. GAO should begin this work no later than September 30, 2024, and issue a final report on a date thereafter as agreed between GAO and the Committee.

Cost Savings of Inclusive Access Programs Study.—The Committee is concerned the Department's proposed changes to the Cash Management regulations related to Books and Supplies for Title IV funds could unintentionally increase prices and limit first-day access for students receiving Federal financial aid. The Committee directs GAO to report on the potential cost savings and accessibility of "Inclusive Access" and other "first-day" programs that provide students with books and materials at below market rates by the first day of class. The report shall consider the potential impact of "Inclusive Access" and other "first-day" programs on access and affordability for students receiving Federal financial aid, as well as other topics GAO determines appropriate.

Credit Transfer.—The Committee is aware that students face challenges when seeking to transfer credits to institutions of higher education, and this can result in the loss of credit. The Committee is also aware of barriers to students in obtaining college credit, certification, or advanced standing toward further education through learning outside the traditional academic environment. The Committee emphasizes that credit for prior learning can be beneficial to students, by helping them accelerate their program completion, saving them time and money.

Cybersecurity Training.—The Committee recognizes the rapid changes and costs of cybersecurity training and urges the Department of Education to recognize and support public, private, and proprietary institutions of higher education that have accelerated their programs within the field of training cybersecurity profes-

sionals for the emerging national need demonstrated by the estimated 700,000 open public and private cybersecurity jobs.

Nonrecurring Expenses Fund.—The Committee directs the Department to provide quarterly reports for all ongoing projects. The report shall include the following for each project: agency project is funded under; a description for each project; the date the project was notified to the Committees; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; and any expected future obligations. For any project ongoing for more than 3 years, the report should include a narrative describing the cause for delay and steps being taken by the agency to ensure prompt completion. In addition, the Committee requests biannual reports on expired balances that are eligible for transfer to the Nonrecurring Expenses Fund (NEF). Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year. To ensure appropriate Congressional oversight into use of the NEF, the Committee includes a new provision limiting the amount for additional notifications for use of the NEF.

Opioid Overdose Reversal Agents.—The U.S. continues to see a rise in known or suspected opioid overdoses at educational institutions to include both colleges and universities. The Committee commends the Department of Education for preparing for opioid-related emergencies for K–12 Schools and institutions of higher education. However, the Committee remains concerned that schools have inconsistent policies and may have uncertainty around the purchasing and use of overdose reversal medication to respond to a student or employee emergency. The Committee supports efforts to ensure schools and institutions of higher education have access to overdose reversal medication in the event of an emergency. Therefore, the Committee also supports efforts to train employees on overdose reversal as appropriate.

Office of Communications and Outreach.—The Department is reminded of the statutory anti-lobbying restrictions in place in 18 U.S.C. 1913, which prohibits lobbying by Federal agencies. The Secretary is directed to ensure compliance with these laws on all public statements, and to make all central office based employees receive training on the Hatch Act and its application to ensure official Department resources are being used in a nonpartisan manner.

Program Administration.—The Committee remains concerned about the Department's prioritization of staff resources in the Program Administration account. The fiscal year 2023 agreement directed the Department to begin rebalancing the agency's ratio of career staff to non-career staff, to prioritize career staff for executing core programs at the Department, and not to expand its non-career staff on board above the December 2022 levels. Despite the clear Congressional directive, the level of non-career staff remained above the December 2022 level for all fiscal year 2023. For this reason, the fiscal year 2024 bill included new language prohibiting funds from being used on or after August 15, 2024, to support a non-career employee number that is above the number of non-career employees as of December 31, 2022. The Committee continues bill language prohibiting funds from being used to support a num-

ber of non-career employees that is above the number of non-career employees as of December 31, 2022 for fiscal year 2025.

Reports to Congress.—The Department is directed to provide 5 business days’ notice to the Committees before release of any congressionally directed report.

Responsiveness to GAO.—The Committee notes that there have been prior engagements where the Department of Education unnecessarily delayed in providing GAO with timely and complete information in response to GAO requests. The Committee directs the Department to provide timely and complete information to GAO on its engagements within timeframes as GAO may specify. The Committee further directs GAO to develop timeliness criteria to measure the Department of Education’s responsiveness to GAO requests for information. GAO activities are crucial to Congressional oversight, and the development of such criteria will assist GAO in the timely completion of work. GAO should consult with the Department, as GAO determines appropriate, in developing such criteria.

Return to Work.—Excessive abuse of telework across the Federal government must end. For the average American showing up to work every day is a fact of life; they deserve a government that reflects that reality. Approvals for remote work should be made on an individual case by case basis and done only to serve the best interests of the program and the American public. The agency is directed to provide to the Committee within 60 days of enactment of this Act a report detailing the number of full-time employees by subcomponent who are receiving the Washington D.C. area locality pay but have not reported to an in person office in the D.C. area more than one day a week for the past year. Considering the remote work abuse seen at several agencies, administrative funding for the Secretary has been reduced accordingly. The Committee urges the Secretary to bring Federal employees back to the workplace to fulfill the mission of serving the American public.

Staffing Report.—Consistent with the fiscal year 2024 explanatory statement, the Committee continues to request, no later than 30 days after enactment of this Act, an operating plan identifying the total full time equivalent (FTE) and non-personnel allocations supported by the program administration appropriation in total for the Department, and FTE and non-personnel allocations for each program office supported by the program administration appropriation provided by this Act. In addition, the Department shall provide monthly the number of on-board staff, attrition, approved hires not yet on-board and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each program office supported by, and in total for, the program administration appropriation provided by this Act. The monthly reports should be detailed by career and non-career staff. In addition, the Department shall separately identify in such plans and reports total FTE allocations supported by other funding sources. The Department shall also provide the Committee on a biannual basis an excel file which includes the names, titles, grades, program office, and date of hire of all political appointees employed by the Department for the previous 180 days.

Title II-A Funds.—The Department is directed to provide the Committee, within 180 days from the date of enactment of this Act, a report that lists any use of this funding for the most recent year

data is available, by schools or school districts to pay outside consultants or firms for the purposes of teacher and/or school leader training or professional development. The report shall include the specific names of any applicable consultants or firms who were paid using Title II–A funds and where possible a description of the training or other materials provided.

Transparency about Foreign Influence in American Postsecondary Education.—The Committee remains concerned about the ongoing risks associated with malign foreign influence in American postsecondary education, as well as the Department’s limited enforcement of section 117 of the Higher Education Act. The Committee requests a report be provided to the Committee and the Committee on Education and the Workforce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate no later than 60 days after enactment of this Act and published on the Department’s website describing how the Department is enforcing section 117. This report shall include staffing levels for enforcement, enforcement actions taken, section 117 compliance reviews opened and closed for the most recent fiscal year for which data is available, how the Department verifies data submitted by institutions, and a description of how the Department shares information with other Federal agencies. The report shall also include totals of disclosed foreign contributions reported by postsecondary institutions by type of contribution and country of origin, year to year comparisons by type of contribution and country of origin, and the number of disclosures submitted anonymously.

The Department is urged to modernize its College Foreign Gift and Contract Report website to allow disclosed information to be individually identified and compared and searchable and sortable by date received, type, date filed, and country of origin. The Department is urged to implement technical improvements to its public database, including improving upload functionality by allowing institutions to batch upload one file with all required information. The Department is further encouraged to publish a database users guide, including information on how to edit an entry and how to report errors.

Women’s Health Education and Training on Reproductive Conditions.—The Committee recognizes the importance of empowering women with a medically sound knowledge of their reproductive system, fertility window, tracking their monthly cycle, the health risks related to hormonal birth control and medically induced menopausal medication, medical and non-medical approaches to reproductive conditions excluding abortion, and what symptoms to consider as it relates to hormonal imbalances, endometriosis, polycystic ovary syndrome, adenomyosis, uterine fibroids, interstitial cystitis, and irregular menstrual cycles. To ensure that women receive such information, they need to give informed consent. This includes age-appropriate coursework and resources. Materials that should be taught (or available) in both middle school and high school sex education courses. Teacher licensing requirements for sex education courses should also include training and education materials to prepare teachers to cover these topics. The Committee encourages the Department of Education to explore funding opportunities for these educational trainings and resources.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2024	\$140,000,000
Budget request, fiscal year 2025	162,359,000
Committee Recommendation	140,000,000
Change from enacted level	---
Change from budget request	- 22,359,000

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 supports efforts by the Office for Civil Rights to provide technical assistance regarding antisemitism on campus and to complete pending investigations of complaints relating to anti-semitism under Title VI of the Civil Rights Act of 1964.

Antisemitism Investigations.—The Committee is concerned by the explosion of antisemitism at IHEs across the U.S. following the terrorist attack on Israel and the subsequent failure of many IHEs to address antisemitic conduct on their campuses. It is unclear what actions OCR has taken to date in response to the numerous complaints received. The Committee requests that OCR produce a quarterly report on the status of OCR shared ancestry investigations and provide an initial report to the Committee and the Committee on Education and the Workforce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate no later than 30 days after enactment of this Act. Such report should include a brief overview, including timeline, status of the investigation, and any actions taken by the Department.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2024	\$67,500,000
Budget request, fiscal year 2025	77,497,000
Committee Recommendation	67,500,000
Change from enacted level	---
Change from budget request	- 9,997,000

The Office of Inspector General has authority to inquire into all program and administrative activities of the Department, as well as 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.

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 modifies a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2025 through September 30, 2026.

Sec. 304. The Committee modifies a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 305. The Committee modifies a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 306. The Committee modifies 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.

Sec. 308. The Committee modifies a provision allowing up to 0.5 percent of funds appropriated in this Act for programs authorized under the HEA, except for the Pell Grant program, to be used for evaluation of any HEA program.

(INCLUDING TRANSFER OF FUNDS)

Sec. 309. The Committee continues a provision regarding centralized support costs for the Institute of Education Sciences.

(RESCISSION)

Sec. 310. The Committee includes a new provision rescinding various unobligated balances.

(RESCISSION AND INCLUDING TRANSFER OF FUNDS)

Sec. 311. The Committee includes a new provision rescinding amounts from the Nonrecurring Expenses Fund and transferring funds to Howard University.

Sec. 312. The Committee includes a new provision regarding participation in athletic programs.

Sec. 313. The Committee includes a new provision prohibiting certain rules regarding Title IX of the Education Amendments of 1972.

Sec. 314. The Committee includes a new provision regarding protection for religious student groups at institutions of higher education.

Sec. 315. The Committee includes a new provision prohibiting certain Federal student loan cancellations, and rules related to income-driven repayment, borrower defense to repayment, 90/10, and gainful employment.

TITLE IV—RELATED AGENCIES

Appropriation, fiscal year 2024	\$17,081,955,000
Budget request, fiscal year 2025	18,421,516,000
Committee Recommendation	14,962,530,000
Change from enacted level	-2,119,425,000
Change from budget request	-3,458,986,000

This bill provides just under \$15 billion in discretionary budget authority for the title IV Related Agencies, a reduction of 12 percent over fiscal year 2024 enacted level. The agencies within title

IV comprise 8 percent of the total 302(b) allocation for this subcommittee.

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$13,124,000
Budget request, fiscal year 2025	14,800,000
Committee Recommendation	13,124,000
Change from enacted level	---
Change from budget request	-1,676,000

The Committee for Purchase from People Who Are Blind or Severely Disabled, an independent Federal agency, oversees and manages the AbilityOne Program, which uses the purchasing power of the Federal government to buy products and services from participating, community-based nonprofit agencies nationwide dedicated to training and employing individuals with disabilities.

Office of Inspector General.—The Committee provides not less than \$3,150,000 for the Office of Inspector General, the same as the fiscal year 2024 enacted level.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

Appropriation, fiscal year 2024	\$975,525,000
Budget request, fiscal year 2025	1,046,276,000
Committee Recommendation	361,158,000
Change from enacted level	-614,367,000
Change from budget request	-685,118,000

The Corporation for National and Community Service (CNCS) funds various service and volunteer programs.

Data Collection.—The Committee directs CNCS to clearly communicate with grantees involved in any data collection, whether the information being collected is optional for reporting or required information as part of a grant.

The Committee is concerned that several audits have found the agency does not conduct proper oversight of its grants:

- 2016: Major AmeriCorps Grantee Allowed Members to Provide Abortion-Related Services Prohibited by Law (OIG–2016–003)
- 2017: Grants Management: Monitoring Efforts by Corporation for National and Community Service Could Be Improved (GAO–17–90)
- 2017: Grants Management: Corporation for National and Community Service’s Grant Monitoring Process Could Be Improved (GAO–17–528T)
- 2017: Information Technology Modernization: Corporation for National and Community Service Needs to Develop a System That Supports Grant Monitoring (GAO–17–267)
- 2024: Grants: AmeriCorps Should Take Multiple Actions to Better Manage Fraud Risks (GAO–24–106564)
- 2024: Performance Audit of AmeriCorps Grants Awarded to YouthBuild USA (OIG–AR–24–05)

Due to the lack of oversight and financial management necessary for Federal funding, the Committee does not provide funding for

several programs. Given the agency’s longstanding inability to properly manage its grants, CNCS should focus on oversight of existing grantees and improved program operations and management. Instead, the agency is dedicating significant attention, staff time, and resources to the newly launched American Climate Corps.

Domestic Volunteer Service Programs

The Committee includes \$103,285,000 for Volunteers in Service to America, which is the same as the fiscal year 2024 enacted level and \$33,232,000 below the fiscal year 2025 budget request.

National Senior Volunteer Corps

The funding breakout by program is as follows:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
National Senior Volunteer Corps:		
Foster Grandparents Program	125,363,000	\$125,363,000
Senior Companion Program	56,449,000	56,449,000
Retired Senior Volunteer Program	55,105,000	55,105,000

The Retired Senior Volunteer Program provides grants to organizations to engage Americans aged 55 years and older in volunteer service.

National and Community Service Programs

The Committee does not include funding for AmeriCorps State and National grants, which is \$557,094,000 below the fiscal year 2024 enacted level and \$591,336,000 below the fiscal year 2025 budget request.

The Committee does include \$14,706,000 for innovation, assistance, and other activities, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

The Committee does include \$6,250,000 for evaluation, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

The Committee does not include funding for the National Civilian Community Corps, which is \$37,735,000 below the fiscal year 2024 enacted level and \$42,491,000 below the fiscal year 2025 budget request.

The Committee does not include funding for the State Commission Support grants, which is \$19,538,000 below both the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

Innovation, Assistance, and Other Activities

National Days of Service.—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. The Committee encourages CNCS to prioritize eligible organizations with expertise in representing families of victims of the September 11, 2001, terrorist attacks and other impacted constituencies when planning for the September 11 National Day of Service and Remembrance.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriation, fiscal year 2024	\$180,000,000
Budget request, fiscal year 2025	159,951,000
Committee Recommendation	—
Change from enacted level	- 180,000,000
Change from budget request	- 159,951,000

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.

The Committee rescinds \$140,000,000 from the National Service Trust.

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$99,686,000
Budget request, fiscal year 2025	127,104,000
Committee Recommendation	79,686,000
Change from enacted level	- 20,000,000
Change from budget request	- 47,418,000

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2024	\$7,595,000
Budget request, fiscal year 2025	8,762,000
Committee Recommendation	8,595,000
Change from enacted level	+1,000,000
Change from budget request	- 167,000

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee modifies a provision requiring the agency 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 hours of service positions.

Sec. 407. The Committee continues a provision related to Volunteers in Service to America members' education awards.

(RESCISSION)

Sec. 408. The Committee includes a new provision rescinding unobligated balances.

CORPORATION FOR PUBLIC BROADCASTING

Appropriation, fiscal year 2024	\$525,000,000
Budget request, fiscal year 2025	655,000,000
Committee Recommendation	—
Change from enacted level (for FY 2025)	- 60,000,000
Change from budget request	- 655,000,000

The Committee continues \$535,000,000 in funding for the Corporation of Public Broadcasting (CPB) for fiscal year 2025.

The Committee does not believe CPB should receive a two-year advance appropriation and does not provide the fiscal year 2027 advance request of \$595,000,000. The Committee does not provide funding for the interconnection system, which is \$60,000,000 below the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$53,705,000
Budget request, fiscal year 2025	53,705,000
Committee Recommendation	53,705,000
Change from enacted level	---
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 2024	\$18,012,000
Budget request, fiscal year 2025	17,572,000
Committee Recommendation	18,012,000
Change from enacted level	---
Change from budget request	+440,000

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 2024	\$294,800,000
Budget request, fiscal year 2025	280,000,000
Committee Recommendation	249,515,000
Change from enacted level	-45,285,000
Change from budget request	-30,485,000

Within the total for the Institute of Museum and Library Services (IMLS), the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2025 Committee
Library Services Technology Act:		
Grants to States	\$180,000,000	\$180,000,000
Native American Library Services	5,763,000	5,763,000
National Leadership: Libraries	15,287,000	---
Laura Bush 21st Century Librarian	10,000,000	---
Museum Services Act:		
Museums for America	30,330,000	30,330,000
Native American/Hawaiian Museum Service	3,772,000	3,772,000
National Leadership: Museums	9,348,000	---
African American History and Culture Act:		
Museum Grants for African American History and Culture	6,000,000	6,000,000

Budget Activity	FY 2024 Enacted	FY 2025 Committee
National Museum of the American Latino Act:		
Museum Grants for American Latino History and Culture	6,000,000	6,000,000
Museum and Library Services Act General Provisions:		
Research, Analysis and Data Collection	5,650,000	---
Program Administration	22,650,000	17,650,000

America250.—The Committee recognizes IMLS’s commitment to the 250th Anniversary of the U.S. IMLS has a key role in supporting existing activities and new projects at the State and local levels that enhance civic engagement, innovation, and community collaboration in preparation for the 250th Anniversary. The Committee fully funds IMLS library formula grants to States and museums for America formula grants to States to support local libraries and museums interested in hosting historical programming ahead of the celebration.

Grant Decision Making.—The Committee encourages IMLS in its grant review process to consider the full scope of an organization’s work or activities before awarding grants, regardless of whether the IMLS grant will directly fund such work or activities.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$9,405,000
Budget request, fiscal year 2025	10,698,000
Committee Recommendation	9,405,000
Change from enacted level	---
Change from budget request	-1,293,000

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.

The Committee supports the role played by MACPAC in providing nonpartisan policy recommendations and data analysis on a wide array of issues affecting Medicaid and CHIP. The Medicaid program is at a unique juncture. Growing costs for the program, driven by the maldistribution of resources away from the nation’s most vulnerable towards individuals who qualify for other forms of coverage or are otherwise ineligible for the program, threaten to undermine access in the State budgets to afford reimbursement rate increases for providers or an expansion of new services. As the program continues to navigate these uncertain times, the Committee encourages MACPAC to include in their policy recommendations additional specific recommended policy changes to the program that can result in savings to help improve access to care for beneficiaries or accompany any policy changes that may entail additional costs to offset those proposed increases in spending. Additionally, the Committee encourages MACPAC to include more detailed cost estimates and actuarial analyses for costs that would be incurred by the Federal government and the States to better understand the actual implications of the Commission’s recommendations.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$13,824,000
Budget request, fiscal year 2025	14,477,000
Committee Recommendation	14,477,000
Change from enacted level	+653,000
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 (FFS) program, MedPAC is also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

Differential Coding in Medicare Fee For Service.—The Committee is aware of the dynamic noted in MedPAC's 2024 Report to the Congress that FFS Medicare claims offer little incentive to record all relevant diagnoses of FFS patients. The Committee directs MedPAC to, within 12 months of enactment of this Act, issue a report estimating the extent to which this incentive results in different relative rates of diagnostic coding for Medicare Advantage and FFS beneficiaries and the extent to which such coding differences may result in payment differentials between Medicare Advantage and FFS.

Medicare Beneficiaries' Access to Care.—The Committee is concerned that despite MedPAC's conclusion in its March 2024 Report to the Congress, Medicare and Medicare Advantage patients report longer wait times for routine health care appointments than patients with private health insurance plans. The Committee requests a report on Medicare beneficiaries' access to care, including the share of primary care providers that refuse to accept or limit the acceptance of new Medicare patients and data on Medicare patients' wait times for visits with new primary care providers.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$3,850,000
Budget request, fiscal year 2025	4,000,000
Committee Recommendation	3,850,000
Change from enacted level	---
Change from budget request	- 150,000

The National Council on 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 2024	\$299,224,000
Budget request, fiscal year 2025	320,002,000
Committee Recommendation	200,000,000
Change from enacted level	- 99,224,000
Change from budget request	- 120,002,000

The National Labor Relations Board (NLRB) is responsible for enforcing U.S. labor law related to collective bargaining and unfair labor practices, including the National Labor Relations Act of 1935. The Committee notes with significant concern that NLRB resources are being used to support regulatory and enforcement actions inconsistent with the National Labor Relations Act. These actions include:

- General Counsel Memo 22–04 asserting that employer discussions of statutory labor rights are “inherently” unlawful in contradiction of *NLRB v. Agents’ Int’l Union, Chamber of Commerce v. Brown*, and *Thomas v. Collins*;
- Denying employees the privacy of the voting booth and disregarding the outcomes of secret-ballot elections established in *Gissel Packing Co. v. NLRB* and *Linden Lumber v. NLRB*;
- Proposing an employment status test rejected by the U.S. Court of Appeals for the D.C. Circuit in *FedEx Home Delivery v. NLRB*;
- General Council Memo 21–04 asserting that the NLRB has enforcement powers in contradiction of *H. K. Porter Co. v. NLRB*.

The Committee further notes that the allocation of staff time and resources to curtail employer rights protected under the First Amendment, circumvents due process, and undermines civil rights laws. Moreover, such actions contradict the agency’s claims that additional resources are necessary to perform core functions in a manner consistent with its authorized responsibilities. Given such pronouncements, the Committee directs the Board to include case intake statistics at the regional level disaggregated by unfair labor practice and representation in the NLRB’s fiscal year 2026 congressional justification. The Committee further directs the NLRB to include information detailing the number of full-time equivalent staff assigned to each regional office.

ADMINISTRATIVE PROVISIONS

Sec. 409. The Committee continues language restricting the use of electronic voting.

Sec. 410. The Committee includes a new provision related to joint employer status.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$15,113,000
Budget request, fiscal year 2025	15,113,000
Committee Recommendation	15,113,000
Change from enacted level	---
Change from budget request	---

The National Mediation Board coordinates labor-management relations within the U.S. railroads and airlines industries.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$15,449,000
Budget request, fiscal year 2025	16,278,000
Committee Recommendation	15,449,000
Change from enacted level	-----
Change from budget request	- 829,000

The Occupational Safety and Health Review Commission provides administrative trial and appellate review related to contests of citations or penalties resulting from Occupational Safety and Health Administration (OSHA) inspections of American workplaces.

RAILROAD RETIREMENT BOARD
DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2024	\$8,000,000
Budget request, fiscal year 2025	7,000,000
Committee Recommendation	7,000,000
Change from enacted level	- 1,000,000
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 is concerned that the Railroad Retirement Board (RRB) has yet to implement and integrate an enterprise risk management (ERM) system including a lack of measurable goals and implementation timeline. The Committee notes that the RRB's pervasive challenges in risk management extend to program integrity, as evidenced by persistent findings of material weaknesses in financial reporting that the RRB's Office of Inspector General (OIG) has identified. The Committee also notes that the RRB has not had its current internal assessment substantiated by the OIG or an independent auditor or contractor. The Committee, therefore, notes that the RRB's ERM process merits further evaluation.

The Committee also notes that in prior years, the OIG issued a disclaimer of opinion for the RRB's overall financial statements. RMA Associates, an independent public accounting firm, audited the RRB's fiscal year 2022 financial statements. RMA identified 9 material weaknesses and 1 non-compliance with laws and regulations, and it made 15 recommendations to address the material weaknesses identified. RMA did not make recommendations for two findings, because they were repeated from prior OIG reports and remain open. The Committee is concerned that the RRB non-concurred with the RMA findings.

Additionally, the Committee notes that RMA did not express an opinion on the fiscal year 2022 financial statements. RMA did not express an opinion on the effectiveness of the RRB's internal control over financial reporting, and RRB could not provide sufficient

appropriate evidential matter to support its internal control over financial reporting due to inadequate process, controls, and records.

The RRB is directed to provide the Committee with a corrective action plan explaining how the RRB will address these areas of concern, within 120 days of enactment of this Act. Additionally, the RRB’s Audit Compliance Section (ACS) does not provide adequate audit coverage of railroad employees. Such a deficiency is troubling, and therefore the RRB is directed to brief the Committee within 120 days of enactment of this Act on the ACS and how it plans to provide adequate coverage in this area.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriation, fiscal year 2024	\$150,000
Budget request, fiscal year 2025	150,000
Committee Recommendation	150,000
Change from enacted level	---
Change from budget request	---

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2024	\$126,000,000
Budget request, fiscal year 2025	134,000,000
Committee Recommendation	100,000,000
Change from enacted level	-26,000,000
Change from budget request	-34,000,000

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2024	\$14,000,000
Budget request, fiscal year 2025	14,600,000
Committee Recommendation	14,000,000
Change from enacted level	---
Change from budget request	-600,000

SOCIAL SECURITY ADMINISTRATION

In fiscal year 2024, the Social Security Administration (SSA) anticipates exceeding \$1.5 trillion in total spending on social security retirement, disability insurance, and supplemental security income (SSI) payments. SSA’s total outlays have grown a staggering 145 percent since 2008 as mandatory entitlement programs continue to grow on autopilot. The SSA Old-Age and Survivors Insurance Trust Fund, which funds retirement and survivor benefit payments, is projected to be depleted in 2033, at which time, Americans will see a 21 percent cut to their benefits. SSA’s discretionary budget authority for fiscal year 2024, which funds the agency’s administrative expenses, totals \$14 billion, an increase of only 42 percent since 2008. The escalating pace of mandatory entitlement-driven spending remains the primary cost driver within SSA.

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2024	\$10,000,000
Budget request, fiscal year 2025	15,000,000
Committee Recommendation	15,000,000
Change from enacted level	+5,000,000
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 2024	\$45,365,042,000
Budget request, fiscal year 2025	46,555,635,000
Committee Recommendation	46,159,083,000
Change from enacted level	+794,041,000
Change from budget request	-396,552,000

The Committee provides \$22,100,000,000 in advance funding for the first quarter of fiscal year 2026, as requested.

Research and Demonstration

Section 1110 of the Social Security Act provides authority to the Social Security Administration for conducting research and demonstration projects related to SSA's programs. Within the appropriation for Supplemental Security Income, the Committee provides \$91,000,000 for research and demonstration activities.

Administration

Within the appropriation for SSI, the Committee provides \$4,516,083,000. 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 2024	\$14,225,978,000
Budget request, fiscal year 2025	15,400,924,000
Committee Recommendation	13,824,776,000
Change from enacted level	-401,202,000
Change from budget request	-1,576,148,000

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 (SSI) programs, and associated costs for support to the Centers for Medicare and Medicaid Services in administering their programs.

Within the total for LAE, the Committee provides not less than \$1,450,000,000 for Information Technology and not less than \$4,050,000,000 for field offices, equal to fiscal year 2024 levels.

The Committee notes that SSA's budget for fiscal year 2024 allocates close to \$3,000,000,000 or 20 percent, of agency costs to the Baltimore and Washington, D.C. offices, including automatic pay increases and career ladder promotions. However, of the 5,900 employees across these offices, only 39 percent are reporting to work in the office at least three days a week.

Moreover, the Committee is disappointed by the agency's decision to provide all SSA employees with administrative leave and close all SSA offices on the afternoons of Friday, May 10, 2024, and Friday, May 24, 2024, with less than 48 hours advance notice to the public. Each day, approximately 170,000 Americans visit and 250,000 call one of SSA's 1,200 field offices nationwide for various reasons, such as to file disability claims, ask questions, or update their information. Americans who had appointments at SSA field offices for those afternoons had to wait longer, and those without appointments or who picked up the phone to call found offices closed with no explanation. This shortsighted decision, especially during a customer service crisis, was a disservice to those Americans who rely on SSA services.

Given SSA's bloated budget for the Baltimore and Washington, D.C. offices, including excessive use of telework, and the agency's disappointing decision to close all SSA offices with limited notice, the Committee proposes reduced funding for SSA. For the average American showing up to work every day is a fact of life; they deserve a government that reflects that reality. Approvals for remote work should be made on an individual case by case basis and done only to serve the best interests of the program and the American public. The Committee urges the Commissioner to bring Federal employees back to the workplace to fulfill the mission of serving the American public and directs the agency to provide to the Committee within 60 days of enactment of this Act a report detailing the number of full-time employees by subcomponent who are receiving the Washington D.C. area locality pay but have not reported to an in person office in the Baltimore or D.C. area more than one day a week for the past year.

Bill Wide Requirements.—The Committee notes the inclusion of a bill wide requirements section of this report. This section contains requirements which apply to all agencies funded by this Act.

Disability Backlogs.—The Committee continues to direct SSA to submit to the Committee quarterly reports on disability hearings backlogs until SSA has eliminated the hearings backlog and achieved its monthly average processing time goal.

Hiring and Retention.—The Committee continues to direct SSA to provide a quarterly staffing report to the Committee detailing full-time equivalents and new hires by component and retention rates of new hires by component.

Information Technology (IT).—The Committee is concerned that the SSA's antiquated IT service management system is adversely impacting agency staff's ability to deliver the value, service, and efficiency that the public expects and deserves. The Committee recognizes that the SSA began modernizing its IT Service Management tools in fiscal year 2021 and directs SSA to continue working on IT solutions to improve customer service, ensure high availability and service continuity, optimize operational efficiency, and maximize enterprise productivity.

Occupational Information System (OIS).—The Committee continues to direct SSA to include information in its congressional justifications detailing efforts to fully implement the OIS project, including the status of implementation and timeline for transitioning entirely to OIS, an action plan to accomplish said timeline, and the costs associated with the project.

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 congressional justifications. In addition, the Committee requests the fiscal year 2026 congressional justification include a historical table of costs and fiscal year 2026 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.

SSI Income Support and Maintenance (ISM).—The Committee directs SSA to complete an assessment and submit to the committees of jurisdiction a report within 120 days of enactment of this Act on the effects that omitting food from the ISM calculation

would have on supplemental State program financing and administration. Additionally, the Committee directs the agency to make such information publicly available on its website.

Work Incentives Planning and Assistance and Protection and Advocacy for Beneficiaries of Social Security.—The recommendation includes \$23,000,000 for Work Incentives Planning and Assistance grants and \$10,000,000 for Protection and Advocacy for Beneficiaries of Social Security.

Continuing Disability Reviews, Redeterminations, and Program Integrity Activities

The Committee provides \$1,903,000,000 for program integrity activities as authorized by section 251 of the Balanced Budget and Emergency Deficit Control Act of 1985.

The bill includes language transferring up to \$20,000,000 to the OIG for the cost of jointly operating co-operative disability investigation units.

Social Security Advisory Board

The Committee provides \$2,700,000 for the Social Security Advisory Board, which is the same as the fiscal year 2024 enacted level.

User Fees

In addition to the other amounts provided, the Committee provides \$171,000,000 for administrative activities funded from user fees. Of this amount, \$170,000,000 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.

OFFICE OF THE INSPECTOR GENERAL

Appropriation, fiscal year 2024	\$114,665,000
Budget request, fiscal year 2025	121,254,000
Committee Recommendation	114,665,000
Change from enacted level	— —
Change from budget request	– 6,589,000

The Office of the Inspector General 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. 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.

Nonwork Social Security Numbers.—The Committee encourages the OIG to update its 2020 audit report, “Assignment of Nonwork Social Security Numbers” (A–08–18–50500) that examined whether SSA appropriately assigned Social Security numbers to noncitizens with a valid nonwork reason.

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 Federal 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 the use of funds for any abortion.

Sec. 507. The Committee continues a provision providing exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program, or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Sec. 508. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 509. 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. 510. The Committee continues a provision prohibiting use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 511. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 512. 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. 513. 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. 514. The Committee modifies a provision regarding procedures for reprogramming of funds.

Sec. 515. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 516. The Committee modifies 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. 517. The Committee modifies 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. 518. 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. 519. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 520. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 521. The Committee continues a provision related to reporting requirements for conference expenditures.

Sec. 522. The Committee continues a provision related to disclosure of U.S. taxpayer funding for programs used in advertising.

Sec. 523. The Committee modifies a provision requesting quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Sec. 524. The Committee continues a provision related to grant notifications.

Sec. 525. The Committee modifies a provision related to needle exchange.

Sec. 526. The Committee continues a provision related to questions for the record.

Sec. 527. The Committee modifies a provision related to research and evaluation funding flexibility.

Sec. 528. The Committee modifies a provision to make funds from the Child Enrollment Contingency Fund unavailable for obligation in fiscal year 2025.

(RESCISSION)

Sec. 529. The Committee includes a new provision rescinding unobligated balances from the American Rescue Plan.

Sec. 530. The Committee includes a new provision prohibiting certain actions related to a sincerely held religious belief.

Sec. 531. The Committee includes a new provision related to the display of flags over Federal facilities.

Sec. 532. The Committee includes a new provision related to executive orders related to climate change.

Sec. 533. The Committee includes a new provision related to certain executive orders related to diversity, equity, and inclusion.

Sec. 534. The Committee includes a new provision related to diversity, equity, and inclusion.

Sec. 535. The Committee includes a new provision related to Critical Race Theory.

Sec. 536. The Committee includes a new provision related to teaching and training activities.

Sec. 537. The Committee includes a new provision related to antisemitism.

Sec. 538. The Committee includes a new provision related to gain of function research in certain countries.

Sec. 539. The Committee includes a new provision related to COVID mask and vaccine mandates.

Sec. 540. The Committee includes a new provision related to certain actions with specific entities or subsidiaries.

SPENDING REDUCTION ACCOUNT

Sec. 541. The Committee includes a Spending Reduction Account.

HOUSE OF REPRESENTATIVES REPORT 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.

PROGRAM DUPLICATION

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.

TRANSFERS OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following list includes the transfers included in the accompanying bill:

TITLE I—DEPARTMENT OF LABOR

OFFICE OF DISABILITY EMPLOYMENT POLICY

Language is included under “Office of Disability Employment Policy” which provides for the transfer of funds to the “State Unemployment Insurance and Employment Service Operations.”

SPECIAL BENEFITS

Language is included under “Special Benefits” which provides for the transfer of funds from the “Postal Service” account.

BLACK LUNG DISABILITY TRUST FUND

Language is included under “Black Lung Disability Trust Fund” which provides for the transfer of funds to the “Office of Workers’ Compensation Programs,” “Departmental Management,” and “Office of Inspector General” salaries and expenses accounts and to the “Department of the Treasury, Miscellaneous Expenses” account.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Language is included under “Office of Disability Employment Policy” which provides for the transfer of funds to “State Unemployment Insurance and Employment Service Operations.”

GENERAL PROVISIONS

A general provision is included permitting up to one percent of any discretionary appropriation to be transferred between an existing program, project, or activity of the Department of Labor, provided that no program, project, or activity is increased by more than three percent by any such transfer.

A general provision is included permitting the transfer of “Employment and Training Administration” funds for technical assistance to “Program Administration” when such activities would be more effectively performed by Federal employees. The provision also authorizes the transfer of 0.5 percent of “Employment and Training Administration” discretionary grants to “Program Administration” for purposes of program integrity activities.

A general provision is included that allows for the transfer of up to 0.75 of funds under the “Training and Employment Services,” State Unemployment Insurance and Employment Service Operations,” Employee Benefits Security Administration,” Office of Workers Compensation Services,” 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,” and “Veterans’ Employment and Training” accounts to “Departmental Management” for purposes of evaluating programs or activities funded under such accounts.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

Language is included under “Centers for Disease Control and Prevention, Buildings and Facilities” that directs that prior-year unobligated balances from individual learning accounts for former employees be credited and merged with the amounts made available for the replacement of the mine safety research facility.

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 Diseases Rapid Response Reserve Fund.

NATIONAL INSTITUTES OF HEALTH

Language is included under the “National Institutes of Health, Innovation Account” to allow the transfer of funds to other Insti-

tutes and Centers to support activities authorized in the 21st Century Cures Act (P.L. 114–255).

ADMINISTRATION FOR COMMUNITY LIVING

Language is included under the “Administration for Community Living, Aging and Disability Services Programs” for the transfer to the Secretary of Agriculture to carry out section 311 of the Older Americans Act of 1965.

GENERAL PROVISIONS

A general provision that allows up to one percent of any discretionary funds to be transferred between existing appropriations 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 3 percent among the institutes and centers of the “National Institutes of Health” from amounts identified as funding research pertaining to the human immunodeficiency virus.

A general provision is included that allows for 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 1 percent of the amounts made available for the “National Research Service Awards” 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 the Act.

A general provision is included that allows the transfer of funds related to research on opioid addiction, opioid alternatives, stimulant misuse and addiction, pain management, and addiction treatment between the institutes and centers of the “National Institutes of Health.”

TITLE III—DEPARTMENT OF EDUCATION

GENERAL PROVISIONS

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between existing appropriations accounts of the Department of Education, provided that not appropriation accounts is increased by more than three percent by such transfer.

A general provision is included that allows up to \$20,000,000,000 of funding made available for “Institute of Education Sciences” to be available for the Secretary of Education to provide support services to the Institute of Education Sciences.

TITLE IV—RELATED AGENCIES

SOCIAL SECURITY ADMINISTRATION

A provision is included under “Social Security Administration, Limitation on Administrative Expenses” allowing for the transfer of unobligated balances to be available until expended for information technology and telecommunications hardware and software infrastructure.

A provision is included under “Social Security Administration” allowing for the transfer of up to \$20,000,000 to the “Social Security Administration, Office of Inspector General,” for the costs of jointly operated-co-operative disability investigation units.

TITLE V—BILL-WIDE GENERAL PROVISIONS

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriations to accounts corresponding to current appropriations.

RESCISSIONS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the rescissions included in the accompanying bill:

Program or Activity	Amount
Department of Labor	
Training and Employment Services, H–1B Fees	\$217,000,000
Adult Training FY 2024 Advance	712,000,000
Department of Health and Human Services	
Nonrecurring Expenses Fund	2,352,000,000
Department of Education	
Institute of Education Sciences	25,000,000
Nonrecurring Expenses Fund	76,000,000
Education for the Disadvantaged FY 2025 Advance	147,266,000
Supporting Effective Instruction State Grants FY 2025 Advance	1,681,441,000
Rehabilitation Services	415,000,000
Corporation for National and Community Service	
National Service Trust	140,000,000
Title V—General Provisions	
American Rescue Plan	245,000,000

COMPLIANCE WITH RULE XIII, CL. 3(d) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

[TO BE PROVIDED]

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.

The bill includes provisions which place limitations on the use of funds in the bill or change existing limitations and that might, under some circumstances, be construed as changing 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 Labora-

tory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under “Employment and Training Administration” providing that outlying areas may submit a single application for consolidated grant awards and may use the funds for any of the programs and activities authorized under subtitle B of title I of 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 receiving 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 “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 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 “Veterans’ Employment and Training” providing that funds may be used for support specialists providing intensive services to wounded service members, spouses or other family caregivers of the service member, and to surviving spouses of individuals who died while members of the Armed Forces.

Language is included under “Veterans’ Employment and Training” related to consultation requirements under section 2023 of Title 38 U.S. Code.

Language is included under “Veterans’ Employment and Training” related to eligibility under sections 2002(a)(1) and 2023 of Title 38 U.S. Code.

Language is included under “Veterans’ Employment and Training” providing that data systems and contract support may be provided directly or through grant or contract.

Language is included under “Veterans’ Employment and Training” related to HIRE Vets Medallion Award Program eligibility.

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 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 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 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 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 “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” related to the implementation of the Fair Labor Standards Act.

Language is included under “General Provisions” modifying certain authorities related to the Secretary’s security detail.

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” modifying 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 certain authorities related to the Inspector General.

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 756.

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” 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 “Centers for Disease Control and Prevention—CDC-Wide” permitting CDC to operate and maintain an aircraft.

Language is included under “Centers for Disease Control and Prevention—CDC-Wide” permitting CDC to exclude CDC and Public Health Service employees on overseas assignments or detailed to States, municipalities, or other organizations to be treated as non-federal employees.

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 “Substance Use And Mental Health Services Administration—Mental Health” requiring that 5 percent

of the Mental Health Block Grant funding be available to support evidence-based crisis systems.

Language is included under “Substance Use And Mental Health Services Administration—Mental Health” allowing up to 10 percent of the amounts made available to carry out the Children’s Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions for people 25 years and younger at high risk of developing a first episode of psychosis.

Language is included under “Substance Use 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 Use And Mental Health Services Administration—Substance Use Services” requiring that 4 percent of State Opioid Response grant funding be made available for Indian Tribes or tribal organizations.

Language is included under “Substance Use And Mental Health Services Administration—Substance Use Services” exempting the Substance Use Prevention and Treatment Block Grant and State Opioid Response grants 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 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” related to the calculation of base grants, the Tribal Colleges and Universities Head Start Partnership program, and selection criteria for Head Start programs operated by Indian tribes.

Language is included under Administration for Community Living to allow funding provided for adult protective services grants under section 2042 of title XX of the Social Security Act to be set-aside for Tribes and Tribal organizations.

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 de-

scribed 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.

Language is included increasing the percentage of appropriations available for this section to 2.5 percent.

Language is included modifying the timeframe when a contract may be terminated.

Language is included requiring that providers of Title X services adhere to state laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Language is included prohibiting the Secretary from denying participation in the Medicare Advantage program to entities who do not provide coverage or referrals for abortion services.

Language is included prohibiting funds from being used to advocate or promote gun control.

Language is included limiting assignments of Public Health Service staff to assist in child survival activities to not more than 60 employees.

Language is included permitting 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.

Language is included 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 the Director deems appropriate.

Language is included providing the Biomedical Advanced Research and Development Authority ten-year contract authority.

Language is included directing the Secretary to consider current recommendations of the United State Preventive Services Task Force with respect to breast cancer screening, mammography, and prevention as if such recommendations were a reference to such recommendations issued before 2009.

Language is included allowing HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location in response to a public health emergency.

Language is included allowing HHS to accept donations in certain circumstances.

Language is included limiting the circumstances when the Secretary may enter into a contract or agreement related to the housing of unaccompanied alien children in any facility that is not state licensed.

Language is included related to the use of intangible assets in the Community Services Block Grant.

Language is included limiting the use NIH funding for buildings and facilities.

Language is included prohibiting the provision of funds to organizations described in section 501(c)(3) of the Internal Revenue Code of 1986 that provides abortions except in certain circumstances.

Language is included to prohibit funding for social transitioning.

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 “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 promote continuity of services for eligible infants and their families.

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 conduct certain activities with individuals expecting to become parents of infants or toddlers 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 “Higher Education” allowing funds to carry out Title VI of the Higher Education Act 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 U.S. 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” stating the section 313(d) of the Higher Education Act does not apply to an institution of higher education that is eligible to receive funding under section 318 of such Act.

Language is included under “Higher Education” related to loans to HBCUs.

Language is included under “General Provisions” allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under “General Provisions” related to the National Advisory Committee on Institutional Quality and Integrity.

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 198B notwithstanding.

Language is included under “Corporation for National and Community Service” allowing the requirements of section 112(c)(1)(D) to be met through a determination of need by the local community.

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” 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 “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

Language is included requiring receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Language is included limiting ability for trust funds receiving funding appropriated by this act to fund health benefits coverage that includes abortion.

Language is included limiting the availability for obligation of funds deposited in the Child Enrollment Contingency Fund.

Language is included prohibiting discriminatory action being taken against a person on the basis of their sincerely held religious beliefs.

Language is included prohibiting the provision of funding to particular institutions.

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:

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
DEPARTMENT OF LABOR ETA				
Adult Training	FY2020	\$899,987,000	\$885,649,000	\$885,649,000
Dislocated Worker Employment and Training Activities.	FY2020	1,436,137,000	1,052,053,000	1,421,412,000
Native Americans	FY2020	54,137,000	55,000,000	65,000,000
Migrant and Seasonal Farmworker programs.	FY2020	96,211,000	91,896,000	97,396,000
YouthBuild	FY2020	91,087,000	94,534,000	110,000,000
Job Corps	FY2020	1,983,236,000	1,743,655,000	1,760,155,000
Reintegration of Ex-Offenders.	N/A	N/A	N/A	60,000,000
Apprenticeship Grants	N/A	N/A	N/A	150,000,000
One-Stop Career Centers/Labor Market Information.	FY2020	70,667,000	62,653,000	62,653,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES HRSA				
Nurse Practitioner Optional Fellowship Program.	N/A	N/A	N/A	7,000,000
Medical Student Education.	N/A	N/A	N/A	70,000,000
Heritable Disorders	FY 2019	19,900,000	18,883,000	21,383,000
Emergency Relief—Part A	FY 2013	789,471,000	649,373,000	680,752,000
Comprehensive Care—Part B.	FY 2013	1,562,169,000	1,314,446,000	1,364,878,000
Early Intervention—Part C.	FY 2013	285,766,000	205,544,000	208,970,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth—Part D.	FY 2013	87,273,000	75,088,000	77,935,000
AIDS Dental Services—Part F.	FY 2013	15,802,000	12,991,000	13,620,000
Educ. & Training Centers—Part F.	FY 2013	42,178,000	33,275,000	34,886,000
Organ Transplantation	FY 1993	Such Sums	2,767,000	58,049,000
Rural Hospital Flexibility Grants.	FY 2012	Such Sums	41,040,000	74,277,000
CDC				
Sexually Transmitted Infections.	FY 1998	Such Sums	112,117,000	164,310,000
National Center for Health Statistics.	FY 2003	Such Sums	125,899,000	187,397,000
WISEWOMAN	FY 2003	Such Sums	12,419,000	34,620,000
National Cancer Registries.	FY 2003	Such Sums	N/A	53,440,000
Asthma Surveillance & Grants.	FY 2005	Such Sums	32,422,000	33,500,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Folic Acid	FY 2005	Such Sums	2,188,000	3,150,000
Oral Health Promotion	FY 2005	Such Sums	11,204,000	22,250,000
Screening, Referrals, and Education Regarding Lead Poisoning.	FY 2005	40,000,000	36,474,000	51,000,000
Birth Defects, Developmental Disability, Disability and Health.	FY 2007	Such Sums	122,242,000	205,560,000
Breast and Cervical Cancer.	FY 2012	275,000,000	204,779,000	237,500,000
Public Health Workforce ..	FY 2013	39,500,000	64,000,000	71,000,000
National Diabetes Prevention Program.	FY 2014	Such Sums	10,000,000	37,300,000
Johanna's Law	FY 2014	18,000,000	4,972,000	12,000,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	681,993,000
Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer (PHSA 399NN).	FY 2019	4,900,000	4,960,000	6,960,000
Preventive Health Measures with regard to Prostate Cancer.	FY 2004	Such Sums	14,091,000	15,205,000
Combating Antimicrobial Resistance.	FY 2006	Such Sums	17,443,000	197,000,000
National Strategy for Combating and Eliminating Tuberculosis.	FY 2013	243,101,000	132,997,000	137,034,000
Newborn Screening Quality Assurance.	FY 2019	8,000,000	17,250,000	21,000,000
Early Hearing Detection and Intervention.	FY 2022	11,852,000	10,760,000	10,760,000
Firefighter Cancer Registry.	FY 2022	2,500,000	2,500,000	5,500,000
NIH				
National Institutes of Health.	FY 2020	36,472,442,775	40,954,400,000	47,168,518,000
SAMHSA				
Protection and Advocacy for Individuals with Mental Illness.	FY 2003	19,500,000	36,146,000	40,000,000
ACF				
Low Income Home Energy Assistance Program.	FY 2007	5,100,000,000	2,161,170,000	4,040,000,000
Child Care and Development Block Grant.	FY 2020	2,748,591,018	5,826,000,000	8,771,387,000
Children and Families Services Programs.				
Adoption and Legal Guardianship Incentive Payments.	FY 2016	43,000,000	37,943,000	75,000,000
Native American Programs.	FY 2002	Such Sums	45,826,000	65,500,000
Community Services Block Grant.	FY 2003	Such Sums	645,762,000	778,000,000
Rural Community Development.	FY 2003	Such Sums	7,203,000	13,000,000
Head Start	FY 2012	Such Sums	7,968,544,000	12,296,820,000
Runaway and Homeless Youth Programs.	FY 2013	Such Sums	107,852,000	146,283,000
CAPTA programs	FY 2015	Such Sums	143,981,000	105,091,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	245,000,000
National Domestic Violence Hotline.	FY 2015	Such Sums	4,500,000	20,500,000
Child Welfare Services	FY 2016	325,000,000	268,735,000	268,735,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Refugee and Entrant Assistance Programs.				
Refugee Support Services	FY 2002	Such Sums	212,912,000	137,500,000
Transitional and Medical Services.	FY 2002	Such Sums	227,243,000	253,700,000
Survivors of Torture	FY 2007	25,000,000	9,817,000	19,000,000
Anti-Trafficking in Persons Programs.	FY2021	28,755,000	28,755,000	31,755,000
ACL				
Lifespan Respite Care	FY 2011	94,810,000	2,495,000	10,000,000
State Health Insurance Assistance Program.	FY 1996	10,000,000	N/A	55,242,000
Developmental Disabilities.	FY 2007	Such Sums	155,115,000	191,369,000
Voting Access for People with Disabilities.	FY 2005	17,410,000	13,879,000	10,000,000
Assistive Technology	FY 2010	Such Sums	25,000,000	40,000,000
Traumatic Brain Injury	FY 2019	8,600,000	11,321,000	16,118,000
Paralysis Resource Center	FY 2011	25,000,000	6,352,000	10,700,000
Limb Loss	N/A	N/A	N/A	4,200,000
Independent Living and the National Institute on Disability, Independent Living and Rehabilitation Research.	FY 2020	214,135,000	228,153,000	247,183,000
DEPARTMENT OF EDUCATION				
Title I Grants to LEAs	FY 2020	16,182,345,000	16,309,802,000	14,626,490,000
Innovative Approaches to Literacy (IAL).	FY 2020	180,014,000 (for IAL and CLSD).	27,000,000	30,000,000
Comprehensive Literacy Development (CLSD).	FY 2020	180,014 (for IAL and CLSD).	192,000,000	194,000,000
Migrant	FY 2020	374,751,000	375,626,000	375,626,000
Neglected and Delinquent/High Risk Youth.	FY 2020	47,614,000	47,614,000	49,239,000
Impact Aid	FY 2020	1,388,603,000	1,486,112,000	1,630,000,000
Nita M. Lowey 21st Century Community Learning Centers.	FY 2020	1,100,000,000	1,249,673,000	1,329,673,000
Education for Homeless Children and Youth.	FY 2020	85,000,00	101,500,000	129,000,000
Education for Native Hawaiians.	FY 2020	32,397,000	36,897,000	44,897,000
Alaska Native Education Equity.	FY 2020	31,453,000	35,953,000	44,953,000
Rural Education	FY 2020	169,840,000	185,840,000	225,000,000
Student Support and Academic Enrichment Grants.	FY 2020	1,600,000,000	1,210,000,000	1,390,000,000
Indian Education Grants to Local Educational Agencies.	FY 2020	106,525,000	105,381,000	110,381,000
Special Programs for Indian Children.	FY 2020	17,993,000	67,993,000	72,000,000
Indian Education National Activities.	FY 2020	5,565,000	7,365,000	19,865,000
Education Innovation and Research.	FY 2020	90,611,000	190,000,000	259,000,000
Charter Schools Grants	FY 2020	300,000,000	440,000,000	450,000,000
School Safety National Activities.	FY 2020	5,000,000	105,000,000	216,000,000
Vocational Rehabilitation State Grants.	FY 2021	3,675,021,000	3,675,021,000	4,389,957,000
Client Assistance State Grants.	FY 2021	14,098,000	13,000,000	13,000,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Supported Employment State Grants.	FY 2021	32,363,000	22,548,000	22,548,000
Training	FY 2021	39,540,000	29,388,000	29,388,000
Demonstration and Training Programs.	FY 2021	6,809,000	5,796,000	5,796,000
Services for Older Blind Individuals.	FY 2021	39,141,000	33,317,000	33,317,000
Protection and Advocacy of Individual Rights.	FY 2021	20,735,000	18,150,000	21,150,000
Helen Keller National Center for Deaf-Blind Youths and Adults.	FY 2004	Such Sums	8,666,000	19,000,000
National Technical Institute for the Deaf.	FY 2015	Such Sums	67,016,000	93,000,000
Gallaudet University	FY 2015	Such Sums	120,275,000	168,361,000
Adult Basic and Literacy Education State Grants.	FY 2021	665,067,000	674,955,000	715,455,000
Adult Education National Leadership Activities.	FY 2021	13,573,000	13,712,000	13,712,000
Aid for Institutional Development.	FY 2015	Such Sums	429,762,000	1,042,618,000
Aid for Hispanic-Serving Institutions.	FY 2015	Such Sums	109,223,000	232,890,000
International Education And Foreign Language.	FY 2015	Such Sums	72,164,000	81,531,000
Federal TRIO Programs	FY 2015	Such Sums	839,752,000	1,191,000,000
IDEA National Activities	FY 2010	Such Sums	260,203,000	257,560,000
IDEA Grants for Infants and Families.	FY 2010	Such Sums	439,427,000	540,000,000
Special Programs for Migrant Students.	FY 2015	Such Sums	37,474,000	52,123,000
RELATED AGENCIES				
Corporation for National and Community Service.	FY 2014	Such Sums	1,049,954,000	309,349,000

BUDGETARY IMPACT OF THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2025, PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SECTION 308(a) OF THE CONGRESSIONAL BUDGET ACT OF 1974

[In Millions of Dollars]

COMPARISON WITH BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocation under section 302(b) of the Budget Act:

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Comparison of amounts in the bill with Committee allocations to its subcommittees: Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies				
Discretionary	\$X,X	\$X,X	\$X,X	¹ \$X,X

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Mandatory	X,X	X,X	X,X	¹ X,X

¹ Includes outlays from prior-year budget authority.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table contains five-year projections associated with the budget authority provided in the accompanying bill as provided to the Committee by the Congressional Budget Office:

[In millions of dollars]

	Outlays
Projection of outlays associated with the recommendation:	
2025	¹ \$X
2026	X
2027	X
2028	X
2029 and future years	X

¹ Excludes outlays from prior-year budget authority.

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(A) of the Congressional Budget Act of 1974, 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:

[In millions of dollars]

	Budget Authority	Outlays
Financial Assistance to State and local governments for 2025	¹ \$X,X	¹ \$X,X

¹ Excludes outlays from prior-year budget authority.

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 Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2025:

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on March 20, 2024, entitled “Fiscal Year 2025 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, and Education, and Related Agencies held a budget hearing on April 10, 2024, entitled “Fiscal Year 2025 Request for the Department of Education.” The Subcommittee received testimony from:

The Honorable Miguel Cardona, Secretary, Department of Education

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a budget hearing on April 17, 2024, entitled “Fiscal Year 2025 Request for the Department of Labor.” The Subcommittee received testimony from:

The Honorable Julie Su, Acting Secretary, Department of Labor

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a hearing on April 30, 2024, entitled “Fiscal Year 2025 Member Day.” The Subcommittee received testimony from:

James McGovern, Member of Congress, and
Raul Ruiz, Member of Congress.

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED
SPENDING ITEMS

Pursuant to clause 9 of rule XXI of the Rules of the House of Representatives, neither the bill nor this report contains any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMPARATIVE STATEMENT OF BUDGET AUTHORITY

[TO BE PROVIDED]

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those against, are printed below:

FULL COMMITTEE VOTES

[TO BE PROVIDED]

DISSENTING VIEWS

[TO BE PROVIDED]

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 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.....	173,649	173,649	173,649	---	---
Available from prior year appropriations.....	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year.....	885,649	885,649	885,649	---	---
Advance appropriation FY 2026.....	712,000	712,000	712,000	---	---
less prior year appropriations.....	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill.....	885,649	885,649	885,649	---	---
Youth Training.....	948,130	948,130	---	-948,130	-948,130
Dislocated Worker Assistance, current year appropriations.....	235,553	235,553	235,553	---	---
Available from prior year appropriations.....	860,000	860,000	860,000	---	---
Subtotal, available this fiscal year.....	1,095,553	1,095,553	1,095,553	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (ORIGINATION) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriation FY 2026.....	860,000	860,000	860,000	---	---
less prior year appropriations.....	-860,000	-860,000	-860,000	---	---
Subtotal, appropriated in this bill.....	1,095,553	1,095,553	1,095,553	---	---
Subtotal, Grants to States.....	2,929,332	2,929,332	1,981,202	-948,130	-948,130
Current year appropriations.....	(1,357,332)	(1,357,332)	(409,202)	(-948,130)	(-948,130)
Advance appropriations.....	(1,572,000)	(1,572,000)	(1,572,000)	---	---
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations.....	100,859	77,859	125,859	+25,000	+48,000
Available from prior year appropriations.....	200,000	200,000	200,000	---	---
Subtotal, available this fiscal year.....	300,859	277,859	325,859	+25,000	+48,000
Advance appropriations FY 2026.....	200,000	200,000	200,000	---	---
less prior year appropriations.....	-200,000	-200,000	-200,000	---	---
Subtotal, appropriated in this bill.....	300,859	277,859	325,859	+25,000	+48,000
Subtotal, Dislocated Worker Assistance.....	1,396,412	1,373,412	1,421,412	+25,000	+48,000
Native American programs.....	60,000	60,000	65,000	+5,000	+5,000
Migrant and Seasonal Farmworker programs.....	97,396	97,396	97,396	---	---
Youth Build activities.....	105,000	105,000	110,000	+5,000	+5,000
Reintegration of Ex-Offenders.....	115,000	120,000	60,000	-55,000	-60,000
Workforce Data Quality Initiative.....	6,000	6,000	6,000	---	---
Apprenticeship programs.....	285,000	335,000	150,000	-135,000	-185,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Community Project Funding / Congressionally Directed Spending					
Community Project Funding / Congressionally Directed Spending	107,834	---	---	-107,834	---
Subtotal, National Programs	1,077,089	1,001,255	814,255	-262,834	-187,000
Current year appropriations	(877,089)	(801,255)	(614,255)	(-262,834)	(-187,000)
Advance appropriations	(200,000)	(200,000)	(200,000)	---	---
Adult Training FY 2025 Advance (rescission)	---	---	-712,000	-712,000	-712,000
Total, Training and Employment Services					
Total, Training and Employment Services	4,006,421	3,930,587	2,083,457	-1,922,964	-1,847,130
Provided for FY 2025	(4,006,421)	(3,930,587)	(2,795,457)	(-1,210,964)	(-1,135,130)
Current year appropriations	(2,234,421)	(2,158,587)	(311,457)	(-1,922,964)	(-1,847,130)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Job Corps					
Operations	1,603,325	1,605,741	1,603,325	---	-2,416
Construction, Rehabilitation and Acquisition	123,000	123,000	123,000	---	---
Administration	33,830	35,635	33,830	---	-1,805
Total, Job Corps	1,760,155	1,764,376	1,760,155	---	-4,221
Community Service Employment For Older Americans	405,000	405,000	---	-405,000	-405,000
Federal Unemployment Benefits and Allowances (indefinite)	30,700	33,900	33,900	+3,200	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Insurance (UI) Compensation (trust fund)					
State Administration.....	2,750,635	3,025,274	2,750,635	---	-274,639
Reemployment Services and Eligibility Assessments (RESEA)--UI integrity.....	117,000	117,000	116,000	-1,000	-1,000
RESEA cap adjustment.....	265,000	271,000	---	-265,000	-271,000
UI Integrity Center of Excellence.....	9,000	9,000	9,000	---	---
Subtotal, Unemployment Compensation.....	3,141,635	3,422,274	2,875,635	-266,000	-546,639
Unemployment Insurance National Activities (trust fund).....	18,000	48,000	18,000	---	-30,000
Employment Service (ES):					
Grants to States:					
Federal Funds.....	21,413	21,413	21,413	---	---
Trust Funds.....	653,639	658,639	653,639	---	-5,000
Subtotal, Grants to States.....	675,052	680,052	675,052	---	-5,000
ES National Activities (trust fund).....	25,000	25,000	25,000	---	---
Subtotal, Employment Service.....	700,052	705,052	700,052	---	-5,000
Federal Funds.....	(21,413)	(21,413)	(21,413)	---	---
Trust Funds.....	(678,639)	(683,639)	(678,639)	---	(-5,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Foreign Labor Certifications:					
Federal Administration.....	60,528	64,168	60,528	---	-3,640
Grants to States.....	23,282	23,282	23,282	---	---
Subtotal, Foreign Labor Certification.....	83,810	87,450	83,810	---	-3,640
One-Stop Career Centers/Labor Market Information.....					
	62,653	62,653	62,653	---	---
Total, State Unemployment Insurance and Employment Service Operations.....					
Federal Funds.....	4,006,150	4,325,429	3,740,150	-266,000	-585,279
Trust Funds.....	(84,066)	(84,066)	(84,066)	---	---
	(3,922,084)	(4,241,363)	(3,656,084)	(-266,000)	(-585,279)
Program Administration					
Training and Employment.....					
Trust Funds.....	68,919	71,504	68,919	---	-2,585
Employment Security.....	9,253	9,531	9,253	---	-278
Trust Funds.....	3,621	4,155	3,621	---	-534
Apprenticeship Services.....	42,574	49,149	42,574	---	-6,575
Executive Direction.....	38,913	40,340	38,913	---	-1,427
Trust Funds.....	7,447	7,735	7,447	---	-288
	2,188	2,254	2,188	---	-66
Total, Program Administration.....					
Federal Funds.....	172,915	184,668	172,915	---	-11,753
Trust Funds.....	(118,900)	(123,734)	(118,900)	---	(-4,834)
	(54,015)	(60,934)	(54,015)	---	(-6,919)
Total, Employment and Training Administration.....					
	10,381,341	10,643,960	7,790,577	-2,590,764	-2,853,383

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Funds.....	6,405,242	6,341,663	4,080,478	-2,324,764	-2,261,185
Current year appropriations.....	(4,633,242)	(4,569,663)	(2,308,478)	(-2,324,764)	(-2,261,185)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Trust Funds.....	3,976,099	4,302,297	3,710,099	-266,000	-592,198
VETERANS' EMPLOYMENT AND TRAINING SERVICE					
Veterans' Employment and Training Service					
State Administration, Grants.....	185,000	185,000	185,000	---	---
Transition Assistance Program.....	34,379	34,379	34,379	---	---
Federal Administration.....	47,048	49,008	47,048	---	-1,960
National Veterans' Employment and Training Services Institute.....	3,414	3,414	3,414	---	---
Homeless Veterans' Programs.....	65,500	65,500	65,500	---	---
Total, Veterans' Employment and Training.....	335,341	337,301	335,341	---	-1,960
Federal Funds.....	65,500	65,500	65,500	---	---
Trust Funds.....	(269,841)	(271,801)	(269,841)	---	(-1,960)
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
Salaries and Expenses					
Enforcement and Participant Assistance.....	---	169,535	---	---	-169,535
Policy and Compliance Assistance.....	---	24,607	---	---	-24,607

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Executive Leadership, Program Oversight and Administration.....	---	11,521	---	---	-11,521
Employee benefits security programs.....	191,100	---	181,100	-10,000	+181,100
Total, Employee Benefits Security Administration.....	191,100	205,663	181,100	-10,000	-24,563
PENSION BENEFIT GUARANTY CORPORATION					
Pension Benefit Guaranty Corporation Fund.....	(512,900)	(514,063)	(514,063)	(+1,163)	---
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses.....	120,500	128,271	113,500	-7,000	-14,771
Trust Funds.....	2,205	2,274	2,205	---	-69
Total, Salaries and Expenses.....	122,705	130,545	115,705	-7,000	-14,840
Special Benefits					
Federal Employees' Compensation Benefits.....	698,000	724,670	724,670	+26,670	---
Longshore and Harbor Workers' Benefits.....	2,000	2,000	2,000	---	---
Total, Special Benefits.....	700,000	726,670	726,670	+26,670	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

Fund	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	66,632	66,966	66,966	+434	---
Special Benefits for Disabled Coal Miners					
Benefit Payments	28,000	26,200	26,200	-1,800	---
Administration	5,140	5,167	5,167	+27	---
Subtotal, available this fiscal year	33,140	31,367	31,367	-1,773	---
Advance appropriations, FY 2026, 1st quarter	7,000	6,000	6,000	-1,000	---
Less prior year advance appropriations	-10,250	-7,000	-7,000	+3,250	---
Total, appropriated in this bill	29,890	30,367	30,367	+477	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	366,906	391,827	391,827	+24,921	---
Workers' Compensation Programs, Salaries and Expenses	44,059	51,580	51,580	+7,521	---
Departmental Management, Salaries and Expenses	41,178	41,570	41,570	+392	---
Departmental Management, Inspector General	368	373	373	+5	---
Subtotal, Black Lung Disability Trust Fund	452,511	485,350	485,350	+32,839	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Treasury Department Administrative Costs.....	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	452,867	485,706	485,706	+32,839	---
=====					
Total, Office of Workers' Compensation Programs...	1,371,994	1,440,254	1,425,414	+53,420	-14,840
Federal Funds.....	1,369,789	1,437,980	1,423,209	+53,420	-14,771
Current year appropriations.....	(1,362,789)	(1,431,980)	(1,417,209)	(+54,420)	(-14,771)
Advance appropriations.....	(7,000)	(6,000)	(6,000)	(-1,000)	---
Trust Funds.....	2,205	2,274	2,205	---	-69
=====					
WAGE AND HOUR DIVISION					
Salaries and Expenses.....	260,000	294,901	235,000	-25,000	-59,901
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS					
Salaries and Expenses.....	110,976	116,132	99,976	-11,000	-16,156
OFFICE OF LABOR-MANAGEMENT STANDARDS					
Salaries and Expenses.....	48,515	50,845	48,515	---	-2,330

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Safety and Health Standards.....	21,000	21,476	21,000	---	-476
Federal Enforcement.....	243,000	261,635	182,250	-60,750	-79,385
Whistleblower enforcement.....	22,500	23,121	22,500	---	-621
State Programs.....	120,000	120,000	120,000	---	---
Technical Support.....	26,000	26,483	26,000	---	-483
Compliance Assistance:					
Federal Assistance.....	78,262	80,561	78,262	---	-2,299
State Consultation Grants.....	63,160	63,160	63,160	---	---
Training Grants.....	12,787	12,787	---	-12,787	-12,787
Subtotal, Compliance Assistance.....	154,209	156,508	141,422	-12,787	-15,086
Safety and Health Statistics.....	35,500	35,915	35,500	---	-415
Executive Direction and Administration.....	10,100	10,325	9,100	-1,000	-1,225
Total, Occupational Safety and Health Administration.....	632,309	655,463	557,772	-74,537	-97,691
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Mine Safety and Health Enforcement.....	265,774	279,923	245,774	-20,000	-34,149
Standards Development.....	5,000	5,235	5,000	---	-235

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assessments.....	7,191	7,549	7,191	---	-358
Educational Policy and Development.....	39,820	41,051	39,820	---	-1,231
Technical Support.....	36,041	37,730	36,041	---	-1,689
Program Evaluation and Information Resources (PEIR)...	17,990	18,273	17,990	---	-283
Program Administration.....	16,000	16,777	16,000	---	-777
=====					
Total, Mine Safety and Health Administration.....	387,816	406,538	367,816	-20,000	-38,722
Total, Labor Enforcement Agencies.....	1,753,421	1,860,087	1,605,884	-147,537	-254,203
Federal Funds.....	(1,751,216)	(1,857,813)	(1,603,679)	(-147,537)	(-254,134)
Trust Funds.....	(2,205)	(2,274)	(2,205)	---	(-69)
=====					
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics.....	243,952	253,058	247,952	+4,000	-5,106
Labor Market Information (trust fund).....	68,000	68,000	68,000	---	---
Prices and Cost of Living.....	246,000	247,521	241,000	-5,000	-6,521
Compensation and Working Conditions.....	91,000	92,554	91,000	---	-1,554
Productivity and Technology.....	12,000	13,244	12,500	+500	-744
Executive Direction and Staff Services.....	37,000	38,409	37,500	+500	-909
=====					
Total, Bureau of Labor Statistics.....	697,952	712,786	697,952	---	-14,834
Federal Funds.....	629,952	644,786	629,952	---	-14,834
Trust Funds.....	68,000	68,000	68,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction.....	32,658	35,876	25,658	-7,000	-10,218
Departmental Program Evaluation.....	4,281	8,613	3,281	-1,000	-5,332
Legal Services.....	130,754	145,245	85,754	-45,000	-59,491
Trust Funds.....	308	308	308	---	---
International Labor Affairs.....	116,125	162,395	---	-116,125	-162,395
Administration and Management.....	30,804	31,991	20,804	-10,000	-11,187
Adjudication.....	37,000	38,405	30,000	-7,000	-8,405
Women's Bureau.....	23,000	26,282	---	-23,000	-26,282
Civil Rights Activities.....	7,586	9,252	6,586	-1,000	-2,666
Chief Financial Officer.....	5,681	5,883	5,681	---	-202
GSA Technology Transformation.....	---	1,351	---	---	-1,351
Total, Salaries and Expenses.....	388,197	465,601	178,072	-210,125	-287,529
Federal Funds.....	(387,889)	(465,293)	(177,764)	(-210,125)	(-287,529)
Trust Funds.....	(308)	(308)	(308)	---	---
IT Modernization					
Departmental Support Systems.....	6,889	6,889	6,889	---	---
Infrastructure Technology Modernization.....	22,380	28,397	22,380	---	-6,017
Total, IT Modernization.....	29,269	35,286	29,269	---	-6,017

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Program Activities.....	91,187	100,396	93,187	+2,000	-7,209
Trust Funds.....	5,841	5,841	5,841	---	---
Total, Office of Inspector General.....	97,028	106,237	99,028	+2,000	-7,209
=====					
Total, Departmental Management.....	514,494	607,124	306,369	-208,125	-300,755
Federal Funds.....	(508,345)	(600,975)	(300,220)	(-208,125)	(-300,755)
Trust Funds.....	(6,149)	(6,149)	(6,149)	---	---
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses.....	43,000	44,876	43,000	---	-1,876
Total, Workforce Innovation and Opportunity Act Programs.....					
Current year appropriations.....	5,766,576	5,694,963	3,843,612	-1,922,964	-1,851,351
Advance appropriations.....	(3,994,576)	(3,922,963)	(2,071,612)	(-1,922,964)	(-1,851,351)
	(1,772,000)	(1,772,000)	(1,772,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
GENERAL PROVISIONS - DEPARTMENT OF LABOR					
Treasure Island Job Corps Facility (Sec. 111).....	---	1,000	---	---	-1,000
Proceeds from Job Corps facilities (Sec. 114).....	1,000	1,000	1,000	---	---
H-1B Fees (Sec. 116) (rescission).....	---	---	-217,000	-217,000	-217,000
Subtotal, Title I General Provisions.....	1,000	2,000	-216,000	-217,000	-218,000
=====					
Total, Title I, Department of Labor.....	14,975,838	15,517,843	11,872,832	-3,103,006	-3,645,011
Federal Funds.....	(10,653,544)	(10,867,322)	(7,816,538)	(-2,837,006)	(-3,050,784)
Current year appropriations.....	(8,874,544)	(9,089,322)	(6,038,538)	(-2,836,006)	(-3,050,784)
Advance appropriations.....	(1,779,000)	(1,778,000)	(1,778,000)	(-1,000)	---
Trust Funds.....	(4,322,294)	(4,650,521)	(4,056,294)	(-266,000)	(-594,227)
=====					
Total, Title I Department of Labor discretionary.....	13,695,849	14,174,234	10,529,223	-3,166,626	-3,645,011

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
PUBLIC HEALTH SERVICE					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Health Centers.....	1,857,772	1,857,772	1,857,772	---	---
Free Clinics Medical Malpractice.....	1,000	1,000	1,000	---	---
Total, Primary Health Care.....	1,858,772	1,858,772	1,858,772	---	---
Health Workforce					
National Health Service Corps (NHSC).....	128,600	125,600	130,000	+1,400	+4,400
Health Professions Training					
Centers of Excellence.....	28,422	28,422	---	-28,422	-28,422
Health Careers Opportunity Program.....	16,000	16,000	---	-16,000	-16,000
Faculty Loan Repayment.....	2,310	2,310	2,310	---	---
Scholarships for Disadvantaged Students.....	55,014	55,014	55,014	---	---
Subtotal, Training for Diversity.....	101,746	101,746	57,324	-44,422	-44,422
Primary Care Training and Enhancement.....	49,924	49,924	49,924	---	---
Oral Health Training.....	42,673	42,673	43,673	+1,000	+1,000
Pediatric Specialty Loan Repayment (Sec. 775).....	10,000	10,000	10,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers.....	47,000	47,000	47,000	---	---
Geriatric Workforce Enhancement Program.....	48,245	47,245	48,245	---	+1,000
Mental and Behavioral Health.....	44,053	---	---	-44,053	---
Behavioral Health Workforce Education and Training	113,000	253,553	158,053	+45,053	-95,500
Subtotal, Interdisciplinary Community-Based Linkages.....	252,298	347,798	253,298	+1,000	-94,500
Substance Use Disorder Treatment and Recovery Loan Repayment Program.....					
Workforce Information and Analysis.....	40,000	---	40,000	---	+40,000
Public Health and Preventive Medicine programs.....	5,663	5,663	5,663	---	---
	18,000	18,000	---	-18,000	-18,000
Subtotal, Health Professions Education and Training (Title VII).....	520,304	575,804	459,882	-60,422	-115,922
Nursing Workforce Development Programs:					
Advanced Nursing Education.....	89,581	99,581	89,581	---	-10,000
Nurse Education, Practice, Quality, and Retention.....	64,413	69,413	69,413	---	---
Nurse Practitioner Optional Fellowship Program.....	6,000	6,000	7,000	+1,000	+1,000
Nursing Workforce Diversity.....	24,343	24,343	---	-24,343	-24,343
Nurse Corps Loan Repayment and Scholarship.....	92,635	92,635	92,635	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Nursing Faculty Loan Program.....	28,500	28,500	28,500	-	-
Subtotal, Nursing Workforce Development Programs (Title VIII).....	305,472	320,472	287,129	-18,343	-33,343
Subtotal, Health Professions (Titles VII and VIII).....	825,776	896,276	747,011	-78,765	-149,265
Children's Hospitals Graduate Medical Education.....	390,000	385,000	395,000	+5,000	+10,000
Medical Student Education.....	60,000	50,500	70,000	+10,000	+19,500
Health Care Workforce Innovation Program.....	-	10,000	-	-	-10,000
National Practitioner Data Bank.....	18,814	18,814	18,814	-	-
User Fees.....	-18,814	-18,814	-18,814	-	-
Subtotal, Health Workforce.....	1,404,376	1,467,376	1,342,011	-62,365	-125,365
Maternal and Child Health					
Maternal and Child Health Services Block Grant:					
Maternal and Child Health Services Block Grant.....	603,584	603,584	608,584	+5,000	+5,000
Special Projects of National Significance.....	210,116	228,130	194,268	-15,848	-33,862
Subtotal, MCH Block Grant.....	813,700	831,714	802,852	-10,848	-28,862

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Sickle Cell Disease.....	8,205	8,205	8,205	---	---
Autism and Other Developmental Disabilities.....	56,344	56,344	57,344	+1,000	+1,000
Heritable Disorders.....	20,883	20,883	21,383	+500	+500
Healthy Start.....	145,000	172,000	---	-145,000	-172,000
Early Hearing Detection and Intervention.....	18,818	18,818	18,818	---	---
Emergency Medical Services for Children.....	24,334	24,334	24,834	+500	+500
Screening and Treatment for Maternal Mental Health and Substance Use Disorders.....	11,000	15,500	11,500	+500	-4,000
Pediatric Mental Health Care Access.....	13,000	13,000	13,000	---	---
Innovation for Maternal Health.....	15,300	30,300	15,300	---	-15,000
Maternal Mental Health Hotline.....	7,000	7,000	7,500	+500	+500
Poison Control Centers.....	26,846	26,846	27,846	+1,000	+1,000
Integrated Services for Pregnant and Postpartum Women.....	10,000	10,000	10,000	---	---
Subtotal, Maternal and Child Health.....	1,170,430	1,234,944	1,018,582	-151,848	-216,362
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A).....	680,752	680,752	680,752	---	---
Comprehensive Care Programs (Part B).....	1,364,878	1,364,878	1,364,878	---	---
AIDS Drug Assistance Program (ADAP) (non-add).....	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program (Part C).....	208,970	208,970	208,970	---	---
Children, Youth, Women, and Families (Part D).....	77,935	77,935	77,935	---	---
AIDS Dental Services (Part F).....	13,620	13,620	13,620	---	---
Education and Training Centers (Part F).....	34,886	34,886	34,886	---	---
Special Projects of Regional and National Significance	25,000	25,000	---	-25,000	-25,000
Ending the HIV/AIDS Epidemic Initiative.....	165,000	175,000	---	-165,000	-175,000
Subtotal, Ryan White HIV/AIDS program.....	2,571,041	2,581,041	2,381,041	-190,000	-200,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Systems					
Organ Transplantation.....	54,049	67,049	58,049	+4,000	-9,000
National Cord Blood Inventory.....	---	19,266	19,266	+19,266	---
C. W. Bill Young Cell Transplantation Program.....	---	33,009	33,009	+33,009	---
Blood Stem Cell Transplantation Program.....	52,275	---	---	-52,275	---
Hansen's Disease Services.....	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 Systems.....	122,009	135,009	126,009	+4,000	-9,000
Rural Health					
Rural Outreach Grants.....	100,975	92,975	108,975	+8,000	+16,000
Rural Health Policy Development.....	11,076	11,076	11,576	+500	+500
Rural Hospital Flexibility Grants.....	64,277	64,277	74,277	+10,000	+10,000
Small Rural Hospital Improvement Program (non-add).....	---	---	(10,000)	(+10,000)	(+10,000)
State Offices of Rural Health.....	12,500	12,500	13,000	+500	+500
Black Lung Clinics.....	12,190	12,190	12,190	---	---
Radiation Exposure Screening and Education Program.....	1,889	1,889	1,889	---	---
Rural Communities Opioid Response.....	145,000	145,000	145,000	---	---
Rural Residency.....	12,700	12,500	14,000	+1,300	+1,500
Financial and Community Sustainability for At-Risk Hospitals.....	---	---	5,000	+5,000	+5,000
Rural Hospital Stabilization.....	4,000	---	15,000	+11,000	+15,000
Subtotal, Rural Health.....	364,607	352,407	400,907	+36,300	+48,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Planning (Title X).....	286,479	390,000	---	-286,479	-390,000
HRSA-Wide Activities and Program Support					
Program Management.....	165,300	163,800	165,300	---	+1,500
Community Project Funding / Congressionally Directed Spending.....	890,788	---	---	-890,788	---
Office of Pharmacy Affairs (3408 Program).....	12,238	12,238	12,238	---	---
Office for the Advancement of Telehealth.....	42,050	38,050	44,550	+2,500	+6,500
Subtotal, HRSA-Wide Activities and Program Support.....	1,110,376	214,088	222,088	-888,288	+8,000
Total, Health Resources and Services.....	8,888,090	8,233,637	7,349,410	-1,538,680	-884,227
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims.....	261,497	266,727	266,727	+5,230	---
HRSA Administrative expenses.....	15,200	20,200	15,700	+500	-4,500
Total, Vaccine Injury Compensation Trust Fund....	276,697	286,927	282,427	+5,730	-4,500
Covered Countermeasures Process Fund.....	7,000	10,000	7,000	---	-3,000
Total, Health Resources and Services Administration.....	9,171,787	8,530,564	7,638,837	-1,532,950	-891,727
Discretionary.....	(8,910,290)	(8,263,837)	(7,372,110)	(-1,538,180)	(-891,727)
Mandatory.....	(261,497)	(266,727)	(266,727)	(+5,230)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)					
Immunization and Respiratory Diseases.....	237,358	499,941	237,358	---	-262,583
Prevention and Public Health Fund.....	(681,933)	(469,350)	(681,933)	---	(+212,583)
Subtotal, Immunization and Respiratory Diseases, program level.....	919,291	969,291	919,291	---	-50,000
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention.....	1,391,056	1,391,056	1,177,135	-213,921	-213,921
Emerging and Zoonotic Infectious Diseases.....	708,272	728,772	728,772	+20,500	---
Prevention and Public Health Fund.....	(52,000)	(52,000)	(52,000)	---	---
Subtotal, EZID program level.....	760,272	780,772	780,772	+20,500	---
Chronic Disease Prevention and Health Promotion.....	1,192,647	1,304,464	912,886	-279,761	-391,578
Prevention and Public Health Fund.....	(241,267)	(294,950)	(241,267)	---	(-13,683)
Subtotal, Chronic Disease Prevention and Health Promotion, program level.....	1,433,914	1,559,414	1,154,153	-279,761	-405,261
Birth Defects, Developmental Disabilities, Disabilities and Health.....	206,060	205,560	206,060	---	+500
Public Health Scientific Services.....	711,553	621,197	594,497	-117,056	-26,700
Evaluation Funding (PHS Act Sec. 241).....	(42,944)	---	---	(-42,944)	---

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AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Prevention and Public Health Fund.....	---	(182,900)	(160,000)	(+160,000)	(-22,900)
Subtotal, Public Health Scientific Services, program level.....	(754,497)	(804,097)	(754,497)	---	(-49,600)
Environmental Health.....	191,850	249,850	94,600	-97,250	-155,250
Prevention and Public Health Fund.....	(51,000)	(17,000)	(51,000)	---	(+34,000)
Subtotal, Environmental Health, program level...	242,850	266,850	145,600	-97,250	-121,250
Injury Prevention and Control.....	761,379	843,379	---	-761,379	-843,379
Evaluation Funding (PHS Act Sec. 241).....	---	(100,000)	---	---	(-100,000)
Subtotal, Injury Prevention and Control, program level.....	761,379	943,379	---	-761,379	-943,379
National Institute for Occupational Safety and Health. Energy Employees Occupational Illness Compensation Program.....	362,800	363,200	263,700	-99,100	-99,500
Global Health.....	55,358	55,358	55,358	---	---
Public Health Preparedness and Response.....	692,843	692,843	563,922	-128,921	-128,921
Subtotal, CDC-Wide Activities and Program Support: Preventive Health and Health Services Block Grant (Prevention and Public Health Fund).....	938,200	943,300	874,000	-64,200	-69,300
Subtotal, CDC-Wide Activities and Program Support: Preventive Health and Health Services Block Grant (Prevention and Public Health Fund).....	(160,000)	(160,000)	---	(-160,000)	(-160,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of the Director.....	128,570	128,570	116,570	-12,000	-12,000
Reserve Fund.....	25,000	35,000	35,000	+10,000	---
Public Health Infrastructure and Capacity.....	350,000	350,000	360,000	+10,000	+10,000
Subtotal, Public Health Infrastructure and Capacity.....	350,000	350,000	360,000	+10,000	+10,000
Prevention and Public Health Fund.....	---	(50,000)	---	---	(-50,000)
Subtotal, Center for Forecasting and Outbreak Analytics.....	---	(50,000)	---	---	(-50,000)
Subtotal, CDC-Wide Activities.....	(503,570)	(513,570)	(511,570)	(+8,000)	(-2,000)
(Prevention and Public Health Fund).....	(160,000)	(210,000)	---	(-160,000)	(-210,000)
Buildings and Facilities.....	40,000	40,000	40,000	---	---
Total, Centers for Disease Control and Prevention.....	7,992,946	8,452,490	6,259,858	-1,733,088	-2,192,632
Discretionary.....	(7,937,588)	(8,397,132)	(6,204,500)	(-1,733,088)	(-2,192,632)
Mandatory.....	(55,358)	(55,358)	(55,358)	---	---
(Evaluation Funding (PHS Act Sec. 241)).....	(42,944)	(100,000)	---	(-42,944)	(-100,000)
(Prevention and Public Health Fund).....	(1,186,200)	(1,186,200)	(1,186,200)	---	---
Total, Centers for Disease Control, program level.....	(9,222,090)	(9,738,690)	(7,446,058)	(-1,776,032)	(-2,292,632)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH (NIH)					
National Cancer Institute (NCI).....	7,224,159	7,839,141	7,875,289	+651,130	+36,148
National Heart, Lung, and Blood Institute (NHLBI).....	3,982,345	3,997,086	---	-3,982,345	-3,997,086
National Institute on Body Systems Research.....	---	---	7,101,721	+7,101,721	+7,101,721
National Institute of Dental and Craniofacial Research (NIDCR).....	520,163	521,695	---	-520,163	-521,695
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,310,721	2,309,991	---	-2,310,721	-2,309,991
National Institute of Neurological Disorders and Stroke (NINDS).....	2,603,925	2,788,327	---	-2,603,925	-2,788,327
National Institute on Neuroscience and Brain Research. National Institute of Allergy and Infectious Diseases (NIAID).....	6,562,279	6,581,291	4,112,805	+4,112,805	+4,112,805
National Institute on Infectious Diseases.....	---	---	---	-6,562,279	-6,581,291
National Institute on the Immune System and Arthritis. National Institute of General Medical Sciences (NIGMS) Evaluation Funding (PHS Act Sec. 241).....	1,832,197	1,230,893	3,315,552	+3,315,552	+3,315,552
Institutional Developmental Awards (IDeA) program (non-add).....	(1,412,482)	(2,018,482)	(1,412,482)	+1,206,951	+1,808,255
	(430,956)	(427,231)	(445,956)	(+15,000)	(-606,000)
Subtotal, NIGMS, program level.....	3,244,679	3,249,375	4,451,630	+1,206,951	+1,202,255
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).....	1,759,078	1,766,415	---	-1,759,078	-1,766,415
National Institute for Disability Related Research.....	---	---	2,317,464	+2,317,464	+2,317,464
National Eye Institute (NEI).....	896,549	898,818	---	-896,549	-898,818
National Institute of Environmental Health Sciences (NIEHS).....	913,979	916,791	---	-913,979	-916,791

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill Enacted	Bill vs. Enacted	Bill vs. Request
National Institute on Aging (NIA)	4,507,623	4,425,295	---	-4,507,623	-4,425,295
National Institute on Dementia	---	---	4,604,899	+4,604,899	+4,604,899
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	685,465	689,697	---	-685,465	-689,697
National Institute on Deafness and Other Communication Disorders (NIDCD)	534,333	535,929	---	-534,333	-535,929
National Institute of Nursing Research (NINR)	197,693	198,263	---	-197,693	-198,263
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	595,318	598,903	---	-595,318	-598,903
National Institute on Drug Abuse (NIDA)	1,662,695	1,668,343	---	-1,662,695	-1,668,343
National Institute on Substance Use	---	---	2,281,695	+2,281,695	+2,281,695
National Institute of Mental Health (NIMH)	2,187,843	2,503,162	2,210,789	+22,946	-292,373
National Human Genome Research Institute (NHGRI)	663,200	663,660	---	-663,200	-663,660
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440,627	441,944	---	-440,627	-441,944
National Center for Complementary and Integrative Health (NCCIH)	170,384	170,894	---	-170,384	-170,894
National Institute on Minority Health and Health Disparities (NIMHD)	534,395	526,710	---	-534,395	-526,710
John E. Fogarty International Center (FIC)	95,162	95,415	---	-95,162	-95,415
National Library of Medicine (NLM)	497,548	526,796	---	-497,548	-526,796
National Center for Advancing Translational Sciences (NCATS)	928,323	926,086	---	-928,323	-926,086
National Institute on Health Sciences Research	---	---	1,931,662	+1,931,662	+1,931,662
National Institute on Innovation and Advanced Research Common Fund (non-add)	---	---	2,568,004	+2,568,004	+2,568,004
Advanced Research Projects Agency for Health (ARPA-H) (non-add)	---	---	(672,401)	(+672,401)	(+672,401)
Office of the Director	2,592,914	3,000,855	(500,000)	(+500,000)	(+500,000)
			2,000,667	-592,247	-1,000,188

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Common Fund (non-add).....	(672,401)	(722,401)	---	(-672,401)	(-722,401)
Office of Research on Women's Health (non-add).....	(76,480)	(153,909)	(100,000)	(+23,520)	(-53,909)
Gabriella Miller Kids First Research Act.....	12,600	12,600	12,600	---	---
Subtotal, Office of the Director.....	2,605,514	3,013,455	2,013,267	-592,247	-1,000,188
Buildings and Facilities.....	350,000	350,000	353,671	+3,671	+3,671
NIH Innovation Account, CURES Act.....	(407,000)	(127,000)	(127,000)	(-280,000)	---
Advanced Research Projects Agency for Health (ARPA-H).....	1,500,000	1,500,000	---	-1,500,000	-1,500,000
Subtotal, National Institutes of Health.....	46,761,518	47,685,000	47,041,518	+280,000	-643,482
Total, National Institutes of Health (with CURES Act funding).....	47,168,518	47,812,000	47,168,518	---	-643,482
(Evaluation Funding (PHS Act Sec. 241)).....	(1,412,482)	(2,018,482)	(1,412,482)	---	(-606,000)
Total, National Institutes of Health, program level (with CURES and PHS Evaluation Act Funding).....	48,581,000	49,830,482	48,581,000	---	-1,249,482
Total, NIH, program level (excluding ARPA-H)....	47,081,000	48,330,482	48,581,000	+1,500,000	+250,518

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES					
ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance (PRNS) - Prevention and Public Health Fund.....	1,068,453 (12,000)	1,226,953 (12,000)	399,396 (12,000)	-669,057	-827,557
Subtotal, PRNS.....	1,080,453	1,238,953	411,396	-669,057	-827,557
Mental Health Block Grant (MHBG).....	986,532 (21,039)	1,021,532 (21,039)	1,001,532 (21,039)	+15,000	-20,000
Evaluation Funding (PHS Act Sec. 241).....	(1,007,571)	(1,042,571)	(1,022,571)	(+15,000)	(-20,000)
Subtotal, MHBG.....	(1,007,571)	(1,042,571)	(1,022,571)	(+15,000)	(-20,000)
988 Suicide and Crisis Lifeline.....	---	---	519,618	+519,618	+519,618
Certified Community Behavioral Health Clinics.....	385,000	450,000	385,000	---	-65,000
National Child Traumatic Stress Initiative.....	98,887	93,887	100,887	+2,000	+7,000
Children's Mental Health Services.....	130,000	180,000	130,000	---	-50,000
Projects for Assistance in Transition from Homelessness (PATH).....	66,635	66,635	66,635	---	---
Protection and Advocacy for Individuals with Mental Illness (PAIMI).....	40,000	40,000	40,000	---	---
Subtotal, Mental Health.....	2,775,507 (21,039)	3,079,007 (21,039)	2,643,068 (21,039)	-132,439	-435,939
(Evaluation Funding (PHS Act Sec. 241)).....	(12,000)	(12,000)	(12,000)	---	---
Subtotal, Mental Health, including PHS Eval Tap.....	(2,796,546)	(3,100,046)	(2,864,107)	(-132,439)	(-435,939)
Subtotal, Mental Health, program level.....	(2,808,546)	(3,112,046)	(2,676,107)	(-132,439)	(-435,939)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Treatment					
Programs of Regional and National Significance.....	574,219	588,969	433,384	-140,835	-155,585
Evaluation Funding (PHS Act Sec. 241).....	(2,000)	(2,000)	---	(-2,000)	(-2,000)
Subtotal, PRNS.....	(576,219)	(590,969)	(433,384)	(-142,835)	(-157,585)
Substance Use Prevention, Treatment, and Recovery Services Block Grant.....	1,928,879	1,928,879	2,428,879	+500,000	+500,000
Evaluation Funding (PHS Act Sec. 241).....	(79,200)	(79,200)	(79,200)	---	---
Subtotal, Substance Use Prevention, Treatment, and Recovery Services Block Grant, program level.....	(2,008,079)	(2,008,079)	(2,508,079)	(+500,000)	(+500,000)
State Opioid Response grants.....	1,575,000	1,595,000	1,575,000	---	-20,000
Subtotal, State Opioid Response Grants.....	1,575,000	1,595,000	1,575,000	---	-20,000
Subtotal, Substance Abuse Treatment.....	4,078,098	4,112,848	4,437,263	+359,165	+324,415
(Evaluation Funding (PHS Act Sec. 241)).....	(81,200)	(81,200)	(79,200)	(-2,000)	(-2,000)
Subtotal, Substance Abuse Treatment, program level.....	(4,159,298)	(4,194,048)	(4,516,463)	(+357,165)	(+322,415)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Prevention					
Programs of Regional and National Significance.....	236,879	236,879	203,174	-33,705	-33,705
Health Surveillance and Program Support					
Health Surveillance and Program Support.....	138,155	141,155	114,895	-23,260	-26,260
Community Project Funding / Congressionally Directed Spending.....	72,090	---	---	-72,090	---
Evaluation Funding (PHS Act Sec. 241).....	(31,428)	(31,428)	(31,428)	---	---
Subtotal, Health Surveillance and Program Support program level.....	241,673	172,583	146,323	-95,350	-26,260
Total, SAMHSA.....					
(Evaluation Funding (PHS Act Sec. 241)).....	7,300,729	7,569,889	7,398,400	+97,671	-171,489
(Prevention and Public Health Fund).....	(133,667)	(133,667)	(131,667)	(-2,000)	(-2,000)
Total, SAMHSA, program level.....	7,446,396	7,715,556	7,542,067	+95,671	-173,489

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds.....	224,109	235,067	---	-224,109	-235,067
Subtotal, Research on Health Costs, Quality, and Outcomes, program level.....	224,109	235,067	---	-224,109	-235,067
Medical Expenditures Panel Surveys:					
Federal Funds.....	71,791	74,621	---	-71,791	-74,621
Program Support:					
Appropriation.....	73,100	77,657	---	-73,100	-77,657
	=====	=====	=====	=====	=====
Total, AHRQ.....	369,000	387,345	---	-369,000	-387,345
Total, AHRQ, program level.....	369,000	387,345	---	-369,000	-387,345
Total, Public Health Service with CURES Act funding.....	72,002,980	72,752,288	68,465,613	-3,537,367	-4,286,675
Total, Public Health Service, program level.....	74,790,273	76,202,637	71,207,962	-3,582,311	-4,994,675
CENTERS FOR MEDICARE & MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits.....	574,100,474	595,086,095	595,086,095	+20,985,621	---
State and Local Administration.....	24,622,000	26,392,000	26,392,000	+1,770,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Vaccines for Children.....	5,814,850	7,711,718	7,711,718	+1,896,868	---
Total, Medicaid program level, available this fiscal year.....	604,537,324	629,189,813	629,189,813	+24,652,489	---
Less appropriations provided in prior years.....	-197,580,474	-245,580,414	-245,580,414	-47,999,940	---
Total, Grants to States for Medicaid.....	406,956,850	383,609,399	383,609,399	-23,347,451	---
New advance, 1st quarter, FY 2026.....	245,580,414	261,063,820	261,063,820	+15,483,406	---
Total, Grants to States for Medicaid, appropriated in this bill.....	652,537,264	644,673,219	644,673,219	-7,864,045	---
Payments to the Health Care Trust Funds					
Supplemental Medical Insurance.....	373,973,000	408,939,000	408,939,000	+34,966,000	---
Federal Uninsured Payment.....	44,000	37,000	37,000	-7,000	---
Program Management.....	1,000,000	1,000,000	1,000,000	---	---
General Revenue for Part D Benefit.....	100,805,000	110,786,000	110,786,000	+9,981,000	---
General Revenue for Part D Administration.....	523,000	613,000	613,000	+90,000	---
HCFAC Reimbursement.....	375,000	377,000	377,000	+2,000	---
State Low-Income Determination for Part D.....	5,000	5,000	5,000	---	---
Total, Payments to Health Care Trust Funds.....	476,725,000	521,757,000	521,757,000	+45,032,000	---
Program Management					
Research, Demonstration, and Evaluation.....	20,054	---	---	-20,054	---
Program Operations.....	2,479,823	2,979,051	2,379,823	-100,000	-599,228
State Survey and Certification.....	397,334	492,334	402,334	+5,000	-90,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Administration.....	772,533	857,615	672,533	-100,000	-185,082
Total, Program Management.....	3,669,744	4,329,000	3,454,690	-215,054	-874,310
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services.....	675,058	703,868	693,511	+18,453	-10,357
HHS Office of Inspector General.....	107,735	111,508	111,508	+3,773	---
Department of Justice.....	132,207	125,624	135,981	+3,774	+10,357
Senior Medicare Patrol (non-add).....	(35,000)	(35,000)	(35,000)	---	---
Total, Health Care Fraud and Abuse Control.....	915,000	941,000	941,000	+26,000	---
Base Program Integrity.....	---	---	(311,000)	(+311,000)	(+311,000)
Program integrity (cap adjustment).....	(604,000)	(630,000)	(630,000)	(+26,000)	---
Total, Centers for Medicare & Medicaid Services... Federal funds.....	1,133,847,008	1,171,700,219	1,170,825,909	+36,978,901	-874,310
Current year appropriations.....	(1,129,262,264)	(1,166,430,219)	(1,166,430,219)	(+37,167,955)	---
Advance appropriations.....	(883,681,850)	(905,366,399)	(905,366,399)	(+21,684,549)	---
Trust Funds.....	(245,580,414)	(261,063,820)	(261,063,820)	(+15,483,406)	---
	(4,584,744)	(5,270,000)	(4,395,690)	(-189,054)	(-874,310)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 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.....	18,199	22,656	22,656	+4,457	---
Subtotal, Payments to States for Child Support Enforcement and Family Support Programs.....	51,199	55,656	55,656	+4,457	---
Child Support Enforcement:					
State and Local Administration.....	3,840,888	4,540,071	4,540,071	+699,183	---
Federal Incentive Payments.....	706,913	718,273	718,273	+11,360	---
Access and Visitation.....	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,557,801	5,268,344	5,268,344	+710,543	---
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year.....	4,609,000	5,324,000	5,324,000	+715,000	---
New advance, 1st quarter, FY 2026.....	1,400,000	1,600,000	1,600,000	+200,000	---
Less appropriations provided in prior years.....	-1,300,000	-1,400,000	-1,400,000	-100,000	---
Total, Current Year.....	3,309,000	3,924,000	3,924,000	+615,000	---
Total, Child Support Enforcement and Family Support Payments, appropriated in this bill....	4,709,000	5,524,000	5,524,000	+815,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Low Income Home Energy Assistance					
Formula Grants.....	4,025,000	1,536,000	4,040,000	+15,000	+2,504,000
Additional funding (emergency).....	---	2,575,000	---	---	-2,575,000
Subtotal.....	4,025,000	4,111,000	4,040,000	+15,000	-71,000
Total, LIHEAP, program level.....	4,025,000	4,111,000	4,040,000	+15,000	-71,000
Refugee and Entrant Assistance					
Transitional and Medical Services.....	564,000	564,000	253,700	-310,300	-310,300
Refugee Support Services.....	307,201	307,201	137,500	-169,701	-169,701
Victims of Trafficking.....	30,755	30,755	31,755	+1,000	+1,000
Unaccompanied Children.....	5,406,258	5,506,258	2,250,000	-3,156,258	-3,256,258
Survivors of Torture.....	19,000	19,000	19,000	---	---
Additional funding (emergency).....	---	2,914,179	---	---	-2,914,179
Total, Refugee and Entrant Assistance.....	6,327,214	9,341,393	2,691,955	-3,635,259	-6,649,438
Total, Refugee and Entrant Assistance (excluding emergencies).....	6,327,214	6,427,214	2,691,955	-3,635,259	-3,735,259
Promoting Safe and Stable Families					
Promoting Safe and Stable Families.....	345,000	345,000	345,000	---	---
Discretionary Funds.....	72,515	76,515	69,765	-2,750	-6,750
Total, Promoting Safe and Stable Families.....	417,515	421,515	414,765	-2,750	-6,750

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments to States for the Child Care and Development Block Grant.....	8,746,387	8,521,387	8,771,387	+25,000	+250,000
Social Services Block Grant (Title XX).....	1,700,000	1,700,000	1,700,000	---	---
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start.....	12,271,820	12,540,519	12,296,820	+25,000	-243,699
Preschool Development Grants.....	315,000	250,000	250,000	-65,000	---
Runaway and Homeless Youth Program.....	125,283	125,283	125,283	---	---
Prevention Grants to Reduce Abuse of Runaway Youth	21,000	21,000	21,000	---	---
Child Abuse State Grants.....	105,091	105,091	105,091	---	---
Child Abuse Discretionary Activities.....	36,000	38,000	32,000	-4,000	-6,000
Community Based Child Abuse Prevention.....	70,660	90,000	70,660	---	-19,340
Child Welfare Services.....	268,735	268,735	268,735	---	---
Child Welfare Research, Training, and Demonstration.....	21,984	45,984	21,984	---	-24,000
Adoption Opportunities.....	53,000	51,000	54,000	+1,000	+3,000
Adoption and Legal Guardianship Incentive Payments	75,000	75,000	75,000	---	---
Social Services Research and Demonstration.....	35,012	30,512	---	-35,012	-30,512
Community Project Funding / Congressionally Directed Spending.....	40,011	---	---	-40,011	---
Native American Programs.....	60,500	65,500	65,500	+5,000	---
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services.....	770,000	770,000	780,000	+10,000	+10,000
Economic Development.....	22,383	22,383	---	-22,383	-22,383

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Community Facilities.....	12,000	12,000	13,000	+1,000	+1,000
Subtotal, Community Services Block Grant Act programs.....	804,383	804,383	793,000	-11,383	-11,383
National Domestic Violence Hotline.....	20,500	20,500	20,500	---	---
Family Violence Prevention and Services.....	240,000	240,000	245,000	+5,000	+5,000
Chafee Education and Training Vouchers.....	44,257	48,257	44,257	---	-4,000
Disaster Human Services Case Management.....	1,864	1,864	1,864	---	---
Program Direction.....	219,000	230,500	219,000	---	-11,500
Total, Children and Families Services Programs..	14,829,100	15,052,128	14,709,694	-119,406	-342,434
Payments for Foster Care and Permanency					
Foster Care.....	6,615,000	4,796,000	4,796,000	-1,819,000	---
Adoption Assistance.....	4,706,000	4,659,000	4,659,000	-47,000	---
Guardianship.....	330,000	365,000	365,000	+35,000	---
Independent Living.....	143,000	143,000	143,000	---	---
Foster Care Prevention Services.....	---	205,000	205,000	+205,000	---
Total, Payments to States available this fiscal year.....	11,794,000	10,168,000	10,168,000	-1,626,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, 1st quarter, FY 2026.....	3,400,000	3,600,000	3,600,000	+200,000	---
less appropriations provided in prior years.....	-3,200,000	-3,400,000	-3,400,000	-200,000	---
Total, Current Year.....	8,594,000	6,768,000	6,768,000	-1,826,000	---

Total, Payments to States available in this bill.....	11,994,000	10,368,000	10,368,000	-1,626,000	-----
=====					
Total, Administration for Children and Families. Current year appropriations.....	52,748,216	55,039,423	48,219,801	-4,528,415	-6,819,622
Advance appropriations.....	(47,948,216)	(49,839,423)	(43,019,801)	(-4,928,415)	(-6,819,622)
Total, Administration for Children and Families, discretionary.....	(4,800,000)	(5,200,000)	(5,200,000)	(+400,000)	---
Total, ACF (excluding emergencies).....	(34,000,216)	(37,102,423)	(30,282,801)	(-3,717,415)	(-6,819,622)
	52,748,216	49,550,244	48,219,801	-4,528,415	-1,330,443
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	410,000	410,000	415,000	+5,000	+5,000
Preventive Health.....	26,339	26,339	26,339	---	---
Protection of Vulnerable Older Americans-Title VII	26,658	26,658	26,658	---	---
Subtotal.....	462,997	462,997	467,997	+5,000	+5,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Caregivers.....	207,000	205,000	210,000	+3,000	+5,000
Native American Caregivers Support.....	12,000	12,000	16,000	+4,000	+4,000
Subtotal, Caregivers.....	219,000	217,000	226,000	+7,000	+9,000
Nutrition:					
Congregate Meals.....	565,342	621,692	543,342	-22,000	-78,350
Home Delivered Meals.....	381,342	447,692	366,342	-15,000	-81,350
Nutrition Services Incentive Program.....	112,000	80,069	132,000	+20,000	+51,931
Subtotal, Nutrition.....	1,058,684	1,149,453	1,041,684	-17,000	-107,769
Subtotal, Grants to States.....	1,740,681	1,829,450	1,735,681	-5,000	-93,769
Grants for Native Americans	38,264	38,264	42,264	+4,000	+4,000
Aging Network Support Activities.....	30,461	40,461	21,796	-8,665	-18,665
Alzheimer's Disease Program:					
Appropriation.....	16,800	16,800	16,800	---	---
Prevention and Public Health Fund.....	(14,700)	(14,700)	(14,700)	---	---
Subtotal, Alzheimer's Disease Demonstrations, program level.....	31,500	31,500	31,500	---	---
Lifespan Respite Care.....	10,000	10,000	10,000	---	---
Chronic Disease Self-Management: Prevention and Public Health Fund.....	(8,000)	(8,000)	(8,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Elder Falls Prevention:					
Appropriation.....	2,500	2,500	2,500	---	---
Prevention and Public Health Fund.....	(5,000)	(5,000)	(5,000)	---	---
Subtotal, Elder Falls Prevention, program level.....	7,500	7,500	7,500	---	---
Elder Rights Support Activities.....	33,874	33,874	18,874	-15,000	-15,000
Aging and Disability Resources.....	8,619	8,619	8,619	---	---
State Health Insurance Assistance Program (SHIP).....	55,242	55,242	55,242	---	---
Paralysis Resource Center:					
Appropriation.....	10,700	10,700	10,700	---	---
Limb Loss Resource Center:					
Appropriation.....	4,200	4,200	4,200	---	---
Traumatic Brain Injury:					
Appropriation.....	13,118	13,118	16,118	+3,000	+3,000
Developmental Disabilities Programs:					
State Councils.....	81,000	81,000	81,000	---	---
Protection and Advocacy.....	45,000	45,000	45,000	---	---
Voting Access for Individuals with Disabilities...	10,000	10,000	10,000	---	---
Developmental Disabilities Projects of National Significance.....	12,250	15,350	12,250	---	-3,100
University Centers for Excellence in Developmental Disabilities.....	43,119	43,119	43,119	---	---
Subtotal, Developmental Disabilities Programs.	191,369	194,469	191,369	---	-3,100

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Workforce Innovation and Opportunity Act:					
Independent Living.....	128,183	132,083	128,183	---	-3,900
National Institute on Disability, Independent Living, and Rehabilitation Research.....	119,000	119,000	119,000	---	---
Assistive Technology.....	40,000	40,000	40,000	---	---
Subtotal, Workforce Innovation and Opportunity Act.....	287,183	291,083	287,183	---	-3,900
Community Project Funding / Congressionally Directed Spending.....					
Program Administration.....	29,268	---	---	-29,268	---
White House Conference on Aging.....	48,063	55,063	49,063	+1,000	-6,000
	---	2,500	---	---	-2,500
	=====	=====	=====	=====	=====
Total, Administration for Community Living.....	2,520,342	2,606,343	2,470,409	-49,933	-135,934
Federal funds.....	(2,465,100)	(2,551,101)	(2,415,167)	(-49,933)	(-135,934)
Trust Funds.....	(55,242)	(55,242)	(55,242)	---	---
(Prevention and Public Health Fund).....	(27,700)	(27,700)	(27,700)	---	---
Total, Administration for Community Living, program level.....	2,548,042	2,634,043	2,498,109	-49,933	-135,934
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE					
Research, Development, and Procurement					
Biomedical Advanced Research and Development Authority (BARDA).....	1,015,000	970,000	1,100,000	+85,000	+130,000
Project BioShield.....	825,000	820,000	850,000	+25,000	+30,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Strategic National Stockpile.....	980,000	965,000	1,000,000	+20,000	+35,000
Pandemic Influenza Preparedness:					
Pandemic Influenza Preparedness.....	315,000	327,991	327,991	+12,991	---
Pandemic Influenza Balances (non-add).....	(20,000)	---	---	(-20,000)	---
Subtotal, Pandemic Influenza Preparedness, program level.....	(335,000)	(327,991)	(327,991)	(-7,009)	---
Subtotal Research, Development, and Procurement.....	3,135,000	3,082,991	3,277,991	+142,991	+195,000
Operations, Preparedness, and Emergency Response					
Operations.....	34,376	79,867	80,407	+46,031	+540
H-Core.....	15,000	75,000	---	-15,000	-75,000
Preparedness and Emergency Operations.....	31,154	31,154	---	-31,154	-31,154
National Disaster Medical System.....	78,904	65,904	76,904	-2,000	+11,000
Hospital Preparedness Program.....	305,055	317,055	185,055	-120,000	-132,000
Formula Grants (non-add).....	(240,000)	(240,000)	(120,000)	(-120,000)	(-120,000)
Policy and Planning.....	14,877	14,877	---	-14,877	-14,877
Medical Reserve Corps.....	6,240	6,240	6,240	---	---
Preparedness and Response Innovation.....	4,000	---	4,000	---	+4,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Pandemic Preparedness and Biodefense.....	10,000	---	---	-10,000	---
Biodefense Production of Medical Countermeasures and Essential Medicines.....	---	95,000	---	---	-95,000
Subtotal, Pandemic Preparedness and Biodefense...	10,000	95,000	---	-10,000	-95,000
Subtotal, Operations and Emergency Response.....	499,606	695,097	352,606	-147,000	-332,491
===== Total, Administration for Strategic Preparedness and Response.....	3,634,606	3,768,088	3,630,597	-4,009	-137,491
DEPARTMENTAL MANAGEMENT					
General Departmental Management					
General Departmental Management, Federal Funds.....	221,169	228,503	111,169	-110,000	-117,334
Other Programs, Projects, and Activities (PPAs).....	---	13,462	---	---	-13,462
Teen Pregnancy Prevention Community Grants.....	101,000	101,000	---	-101,000	-101,000
Evaluation Funding (PHS Act Sec. 241).....	(6,800)	(7,400)	---	(-6,800)	(-7,400)
Subtotal, Teen Pregnancy Prevention Community Grants, program level.....	(107,800)	(108,400)	---	(-107,800)	(-108,400)
Sexual Risk Avoidance.....	35,000	---	40,000	+5,000	+40,000
Office of Minority Health.....	74,835	74,835	59,835	-15,000	-15,000
Office on Women's Health.....	44,140	54,140	34,140	-10,000	-20,000
Minority HIV/AIDS Fund.....	60,000	60,000	45,000	-15,000	-15,000
Embryo Adoption Awareness Campaign.....	1,000	1,000	2,000	+1,000	+1,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Planning and Evaluation, Evaluation Funding (PHS Act Sec. 241).....	(58,028)	(67,094)	(58,028)	---	(-9,066)
General Departmental Management, discretionary..	537,144	532,940	292,144	-245,000	-240,796
Subtotal, General Departmental Management.....	595,172	600,034	350,172	-245,000	-249,862
Office of the Assistant Secretary for Administration:					
Cybersecurity.....	100,000	---	100,000	---	+100,000
Transfer from Nonrecurring Expenses Fund (non-add) (Sec. 235).....	---	---	(20,000)	(+20,000)	(+20,000)
Office of National Security.....	8,883	---	9,983	+1,000	+9,983
Office of Global Affairs.....	---	---	7,009	+7,009	+7,009
Total, General Departmental Management.....	646,127	532,940	409,136	-236,991	-123,804
(Evaluation Funding (PHS Act Sec. 241)).....	(64,828)	(74,494)	(58,028)	(-6,800)	(-16,466)
Total, General Departmental Management fiscal year program level.....	710,955	607,434	487,164	-223,791	-120,270

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office for Civil Rights					
Federal Funds.....	39,798	56,798	39,798	---	-17,000
Office of the National Coordinator for Health Information Technology:					
Office of the National Coordinator for Health Information Technology.....	---	---	10,000	+10,000	+10,000
Evaluation Funding (PHS Act Sec. 241).....	(69,238)	(86,000)	(59,238)	(-10,000)	(-26,762)
Total, OHC, program level.....	69,238	86,000	69,238	---	-16,762
Medicare Hearings and Appeals.....	196,000	196,000	196,000	---	---
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Administration:					
Cybersecurity.....	---	140,500	---	---	-140,500
Office of National Security.....	---	14,983	---	---	-14,983
Office of Global Affairs Pandemic Preparedness.....	---	7,009	---	---	-7,009
Supply Chain Coordination Office.....	---	10,000	---	---	-10,000
Total, PHSSEF.....	---	172,492	---	---	-172,492

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Customer Experience					
Customer Experience.....	---	14,000	---	---	-14,000
Office of the Inspector General					
Office of Inspector General.....	87,000	97,384	87,000	---	-10,384
PROGRAM SUPPORT CENTER					
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments.....	657,647	725,619	725,619	+67,972	---
Survivors Benefits.....	37,681	46,719	46,719	+9,038	---
Dependents' Medical Care.....	97,363	122,457	122,457	+25,094	---
Total, Medical Benefits for Commissioned Officers.....	792,691	894,795	894,795	+102,104	---
Total, Office of the Secretary					
Federal Funds.....	1,761,616	1,964,409	1,636,729	-124,887	-327,680
Trust Funds.....	(1,565,616)	(1,768,409)	(1,440,729)	(-124,887)	(-327,680)
(Evaluation Funding (PHS Act Sec. 241)).....	(196,000)	(196,000)	(196,000)	---	---
Total, Office of the Secretary, program level.....	1,895,682	2,124,903	1,753,995	(-16,800)	(-43,228)
				-141,687	-370,908

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
GENERAL PROVISIONS - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Medicare Operations (Sec. 226).....	455,000	---	455,000	---	+455,000
Nonrecurring expenses fund, HHS (rescission) (Sec. 235).....	-1,250,000	-490,000	-2,352,000	-1,102,000	-1,862,000
Nonrecurring expenses fund, HHS (rescission) (emergency).....	---	-10,000	---	---	+10,000
Adoption Incentives (rescission).....	-70,000	-71,000	---	+70,000	+71,000
Total, Title II General Provisions.....	-865,000	-571,000	-1,897,000	-1,032,000	-1,326,000
=====					
Total, Title II, Department of Health and Human Services.....	1,265,242,768	1,307,132,770	1,293,225,058	+27,982,290	-13,907,712
Federal Funds.....	1,259,675,085	1,301,324,601	1,287,840,699	+28,165,614	-13,483,902
Current Year appropriations.....	(1,009,294,671)	(1,029,571,602)	(1,021,576,879)	(+12,282,208)	(-7,994,723)
Emergency appropriations.....	---	(5,489,179)	---	---	(-5,489,179)
Advance appropriations, FY 2026.....	(250,380,414)	(266,263,820)	(266,263,820)	(+15,883,406)	---
Trust Funds.....	(5,567,683)	(5,808,169)	(5,384,359)	(-183,324)	(-423,810)
CURES Act.....	(407,000)	(127,000)	(127,000)	(-280,000)	---
Prevention and Public Health Fund.....	(1,225,900)	(1,225,900)	(1,225,900)	---	---
Total, Title II, Department of Health and Human Services discretionary.....	116,122,958	121,548,671	107,640,959	-8,481,999	-13,907,712

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION					
Education for the Disadvantaged					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Appropriations from prior year advances.....	763,776	763,776	763,776	---	---
Forward funded.....	5,690,625	5,690,625	2,845,313	-2,845,312	-2,845,312
Current appropriation.....	5,000	5,000	5,000	---	---
Subtotal, Basic Grants available this fiscal year.....	5,695,625	5,695,625	2,850,313	-2,845,312	-2,845,312
Advance appropriations, FY 2026.....					
less appropriations available from prior year advances.....	763,776	763,776	763,776	---	---
Subtotal, Basic Grants, appropriated in this bill.....	6,459,401	6,459,401	3,614,089	-2,845,312	-2,845,312
Concentration Grants:					
Appropriations from prior year advances.....	1,362,301	1,362,301	1,362,301	---	---
Advance appropriations FY 2026.....	1,362,301	1,362,301	1,362,301	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
less appropriations provided from prior year advances.....	-1,362,301	-1,362,301	-1,362,301	---	---
Subtotal, Concentration Grants, appropriated in this bill.....	1,362,301	1,362,301	1,362,301	---	---
Targeted Grants:					
Appropriations from prior year advances.....	4,357,550	4,357,550	4,357,550	---	---
Forward funded.....	935,000	1,025,000	467,500	-467,500	-557,500
Subtotal, Targeted Grants available this fiscal year.....	5,292,550	5,382,550	4,825,050	-467,500	-557,500
Advance appropriations FY 2026.....	4,357,550	4,357,550	4,357,550	---	---
less appropriations provided from prior year advances.....	-4,357,550	-4,357,550	-4,357,550	---	---
Subtotal, Targeted Grants, appropriated in this bill.....	5,292,550	5,382,550	4,825,050	-467,500	-557,500
Education Finance Incentive Grants:					
Appropriations from prior year advances.....	4,357,550	4,357,550	4,357,550	---	---
Forward funded.....	935,000	1,025,000	467,500	-467,500	-557,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, FY 2026.....	4,357,550	4,357,550	4,357,550	---	---
less appropriations provided from prior year advances.....	-4,357,550	-4,357,550	-4,357,550	---	---
Subtotal, Education Finance Incentive Grants, appropriated in this bill.....	5,292,550	5,382,550	4,825,050	-467,500	-557,500
Subtotal, Grants to LEAs, fiscal year program level.....	18,406,802	18,586,802	14,626,490	-3,780,312	-3,960,312
Innovative Approaches to Literacy.....	30,000	30,000	30,000	---	---
Comprehensive Literacy Development Grants.....	194,000	194,000	194,000	---	---
State Agency Programs:					
Migrant.....	375,626	375,626	375,626	---	---
Neglected and Delinquent/High Risk Youth.....	49,239	49,239	49,239	---	---
Subtotal, State Agency Programs.....	424,865	424,865	424,865	---	---
Special Programs for Migrant Students (Sec. 418A, HEA) Education for the Disadvantaged FY 2025 Advance (rescission).....	52,123	52,123	52,123	---	---
Total, Education for the Disadvantaged.....	19,107,790	19,287,790	14,389,212	-938,266	-938,266
Provided for FY 2025.....	19,107,790	19,287,790	15,327,478	-3,780,312	-3,960,312
Current year appropriations.....	(8,266,613)	(8,446,613)	(3,548,035)	(-4,718,578)	(-4,898,578)
(Forward Funded).....	(8,179,490)	(8,359,490)	(4,399,178)	(-3,780,312)	(-3,960,312)
Advance appropriations.....	(10,841,177)	(10,841,177)	(10,841,177)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Impact Aid					
Basic Support Payments (Sec. 7003(b))	1,474,000	1,468,242	1,477,000	+3,000	+8,758
Payments for Children with Disabilities (Sec. 7003(d))	48,316	48,316	49,000	+684	+684
Facilities Maintenance (Sec. 7008)	4,835	4,835	6,000	+1,165	+1,165
Construction (Sec. 7007(a))	19,000	18,406	19,000	---	+594
Payments for Federal Property (Sec. 7002)	79,000	78,313	79,000	---	+687
Total, Impact Aid	1,625,151	1,618,112	1,630,000	+4,849	+11,888
School Improvement Programs					
Supporting Effective Instruction State Grants	508,639	508,639	---	---	---
Appropriations from prior year advances	1,681,441	1,681,441	1,681,441	-508,639	-508,639
Subtotal, Supporting Effective Instruction State Grants available this fiscal year	2,190,080	2,190,080	1,681,441	-508,639	-508,639
Advance appropriations, FY 2026	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 appropriated in this bill	2,190,080	2,190,080	1,681,441	-508,639	-508,639

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Assessments.....	380,000	390,000	---	-380,000	-390,000
Education for Homeless Children and Youth.....	129,000	129,000	129,000	---	---
Training and Advisory Services (Civil Rights).....	6,575	6,575	---	-6,575	-6,575
Nita M. Lowey 21st Century Community Learning Centers.....	1,329,673	1,329,673	1,329,673	---	---
Student Support and Academic Enrichment grants.....	1,380,000	1,390,000	1,390,000	+10,000	+10,000
Rural Education.....	220,000	215,000	225,000	+5,000	+10,000
Native Hawaiian Education.....	45,897	45,897	45,897	---	---
Alaska Native Education.....	44,953	44,953	44,953	---	---
Comprehensive Centers.....	50,000	50,000	---	-50,000	-50,000
Supporting Effective Instruction FY 2025 Advance (rescission).....	---	---	-1,681,441	-1,681,441	-1,681,441
Total, School Improvement Programs.....	5,776,178	5,781,178	3,164,523	-2,611,655	-2,616,655
Provided for FY 2025.....	5,776,178	5,781,178	4,845,964	-930,214	-935,214
Current year appropriations.....	(4,094,737)	(4,099,737)	(1,483,082)	(-2,611,655)	(-2,616,655)
(Forward Funded).....	(3,947,312)	(3,952,312)	(3,073,673)	(-873,639)	(-878,639)
Advance appropriations.....	(1,681,441)	(1,681,441)	(1,681,441)	---	---
School Readiness					
Preschool Incentive Demonstration Program (legislative proposal).....	---	25,000	---	---	-25,000
Safe Schools and Citizenship Education					
Promise Neighborhoods.....	91,000	91,000	---	-91,000	-91,000
School Safety National Activities.....	216,000	216,000	216,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Full-Service Community Schools.....	150,000	200,000	75,000	-75,000	-125,000
Total, Safe Schools and Citizenship Education...	457,000	507,000	291,000	-166,000	-216,000
Indian Education					
Grants to Local Educational Agencies.....	110,381	110,381	110,381	---	---
Federal Programs:					
Special Programs for Indian Children.....	72,000	72,000	72,000	---	---
National Activities.....	12,365	12,365	19,865	+7,500	+7,500
Subtotal, Federal Programs.....	84,365	84,365	91,865	+7,500	+7,500
Total, Indian Education.....	194,746	194,746	202,246	+7,500	+7,500
Total, Office of Elementary and Secondary Education.....	27,160,865	27,413,826	19,676,981	-7,483,884	-7,736,845
OFFICE OF INNOVATION AND IMPROVEMENT					
Innovation and Improvement					
American History and Civics Academies.....	3,000	3,000	3,000	---	---
American History and Civics National Activities.....	20,000	20,000	---	-20,000	-20,000
Teacher and School Leader Incentive Grants.....	60,000	173,000	---	-60,000	-173,000
Supporting Effective Educator Development (SEED).....	90,000	90,000	---	-90,000	-90,000
Charter Schools Grants.....	440,000	400,000	450,000	+10,000	+50,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Magnet Schools Assistance.....	139,000	139,000	139,000	---	---
Ready-to-Learn Television.....	31,000	31,000	31,000	---	---
Arts in Education.....	36,500	36,500	-36,500	-36,500	-36,500
Javits Gifted and Talented Education.....	16,500	16,500	-16,500	-16,500	-16,500
Statewide Family Engagement Centers.....	20,000	20,000	-20,000	-20,000	-20,000
Education Innovation and Research.....	259,000	259,000	259,000	---	-10,000
Fostering Diverse Schools (legislative proposal).....	---	10,000	---	---	-10,000
	=====	=====	=====	=====	=====
Total, Office of Innovation and Improvement.....	1,115,000	1,208,000	882,000	-233,000	-326,000
OFFICE OF ENGLISH LANGUAGE ACQUISITION					
English Language Acquisition					
Current year appropriations.....	57,850	75,200	---	-57,850	-75,200
Forward funded.....	832,150	864,800	---	-832,150	-864,800
	=====	=====	=====	=====	=====
Total, Office of English Language Acquisition....	890,000	940,000	---	-890,000	-940,000
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES					
Special Education					
State Grants:					
Grants to States Part B current year.....	4,930,321	5,110,321	4,955,321	+25,000	-155,000
Part B advance from prior year.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants to States Part B (FY 2026).....	9,283,383	9,283,383	9,283,383	---	---
Subtotal, program level.....	14,213,704	14,393,704	14,238,704	+25,000	-155,000
Preschool Grants.....	420,000	425,000	420,000	---	-5,000
Grants for Infants and Families.....	540,000	545,000	540,000	---	-5,000
Subtotal, program level.....	15,173,704	15,363,704	15,198,704	+25,000	-165,000
IDEA National Activities (current funded):					
State Personnel Development.....	38,630	38,630	38,630	---	---
Technical Assistance and Dissemination.....	39,345	45,345	39,345	---	-6,000
Personnel Preparation.....	115,000	125,000	115,000	---	-10,000
Parent Information Centers.....	33,152	33,152	33,152	---	---
Educational Technology, Media, and Materials.....	31,433	31,433	31,433	---	---
Subtotal, IDEA National Activities.....	257,560	273,560	257,560	---	-16,000
Special Olympics Education Programs.....	36,000	36,000	41,000	+5,000	+5,000
Total, Special Education.....	15,467,264	15,673,264	15,497,264	+30,000	-176,000
Current Year appropriations.....	(6,183,881)	(6,389,881)	(6,213,881)	(+30,000)	(-176,000)
(Forward Funded).....	(5,890,321)	(6,080,321)	(5,915,321)	(+25,000)	(-165,000)
Advance appropriations.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Rehabilitation Services					
Vocational Rehabilitation State Grants.....	4,253,834	4,389,957	4,389,957	+136,123	---
Client Assistance State grants.....	13,000	13,000	13,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Training.....	29,388	23,388	29,388	---	+6,000
Demonstration and Training programs.....	5,796	11,796	5,796	---	-6,000
Protection and Advocacy of Individual Rights (PAIR)...	20,150	20,150	20,150	---	---
Supported Employment State grants.....	22,548	22,548	22,548	---	---
Services for Older Blind Individuals.....	33,317	33,317	33,317	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults.....	19,000	19,000	19,000	---	---
Total, Rehabilitation Services.....	4,397,033	4,533,156	4,533,156	+136,123	---
(Discretionary).....	(143,199)	(143,199)	(143,199)	---	---
(Mandatory).....	(4,253,834)	(4,389,957)	(4,389,957)	(+136,123)	---
Special Institutions for Persons with Disabilities					
American Printing House for the Blind.....	43,431	43,431	44,431	+1,000	+1,000
National Technical Institute for the Deaf (NTID):					
Operations.....	92,500	92,500	93,000	+500	+500
Gallaudet University:					
Operations.....	167,361	165,361	168,361	+1,000	+3,000
Total, Special Institutions for Persons with Disabilities.....	303,292	301,292	305,792	+2,500	+4,500
Total, Office of Special Education and Rehabilitative Services.....	20,167,589	20,507,712	20,336,212	+168,623	-171,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION					
Career, Technical, and Adult Education					
Career and Technical Education:					
Basic State Grants:					
State Grants.....	648,848	678,848	658,848	+10,000	-20,000
Appropriations available from prior year advances.....	791,000	791,000	791,000	---	---
Total, Basic State Grants, fiscal year program level.....	1,439,848	1,469,848	1,449,848	+10,000	-20,000
Advance appropriations, FY 2026.....	791,000	791,000	791,000	---	---
less appropriations provided in prior years...	-791,000	-791,000	-791,000	---	---
Subtotal, Basic State Grants appropriated in this bill.....	1,439,848	1,469,848	1,449,848	+10,000	-20,000
National Programs.....	12,421	64,421	7,421	-5,000	-57,000
Subtotal, Career Education.....	1,452,269	1,534,269	1,457,269	+5,000	-77,000
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded.....	715,455	715,455	715,455	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Leadership Activities.....	13,712	18,712	13,712	---	-5,000
Subtotal, Adult Education.....	729,167	734,167	729,167	---	-5,000
=====					
Total, Office of Career, Technical, and Adult Education.....	2,181,436	2,268,436	2,186,436	+5,000	-82,000
Current Year appropriations.....	(1,390,436)	(1,477,436)	(1,395,436)	(+5,000)	(-82,000)
(Forward Funded).....	(1,390,436)	(1,477,436)	(1,395,436)	(+5,000)	(-82,000)
Advance appropriations.....	(791,000)	(791,000)	(791,000)	---	---
=====					
OFFICE OF POSTSECONDARY EDUCATION					
Higher Education					
Aid for Institutional Development:					
Strengthening Institutions Program.....	112,070	140,000	117,070	+5,000	-22,930
Developing Hispanic-Serving Institutions.....	228,890	246,547	232,890	+4,000	-13,657
Promoting Postbaccalaureate Opportunities for Hispanic Americans.....	27,451	29,769	27,451	---	-2,318
Strengthening Historically Black Colleges and Universities (HBCUs).....	400,966	431,585	407,966	+7,000	-23,619
Strengthening Historically Black Graduate Institutions.....	101,286	108,462	101,286	---	-7,176
Strengthening Predominantly Black Institutions....	22,412	23,672	22,412	---	-1,260
Strengthening Asian American and Native American Pacific Islander-Serving Institutions.....	18,682	19,899	18,682	---	-1,217
Strengthening Alaska Native and Native Hawaiian-Serving Institutions.....	24,555	25,840	24,555	---	-1,285

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Strengthening Native American-Serving Nontribal Institutions.....	11,462	11,595	14,462	+3,000	+2,867
Strengthening Tribal Colleges.....	51,807	56,408	55,807	+4,000	-601
Strengthening HBCU Masters programs.....	20,037	21,269	20,037	---	-1,232
Subtotal, Aid for Institutional Development...	1,019,618	1,115,046	1,042,618	+23,000	-72,428
International Education and Foreign Language:					
Domestic Programs.....	75,353	73,282	73,282	-2,071	---
Overseas Programs.....	10,311	8,249	8,249	-2,062	---
Subtotal, International Education and Foreign Language.....	85,664	81,531	81,531	-4,133	---
Transition and Postsecondary Programs for Students with Intellectual Disabilities.....	13,800	13,800	13,800	---	---
Minority Science and Engineering Improvement.....	16,370	16,370	16,370	---	---
Tribally Controlled Postsec Voc/Tech Institutions.....	11,953	11,953	15,953	+4,000	+4,000
Federal TRIO Programs.....	1,191,000	1,211,000	1,191,000	---	-20,000
GEAR UP.....	388,000	398,000	388,000	---	-10,000
Graduate Assistance in Areas of National Need.....	23,547	23,547	---	-23,547	-23,547
Teacher Quality Partnerships.....	70,000	95,000	---	-70,000	-95,000
Child Care Access Means Parents in School.....	75,000	80,000	---	-75,000	-80,000
Fund for the Improvement of Postsecondary Education (FIPSE).....	171,000	262,000	100,000	-71,000	-162,000
Community Project Funding / Congressionally Directed Spending.....	202,344	---	---	-202,344	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Hawkins Centers of Excellence.....	15,000	30,000	---	-15,000	-30,000
Graduate Fellowships to Prepare Faculty.....	---	5,000	---	---	-5,000
Total, Higher Education.....	3,283,296	3,343,247	2,849,272	-434,024	-493,975
Howard University					
Academic Program.....	223,288	223,288	223,288	---	---
Endowment Program.....	3,405	3,405	3,405	---	---
Howard University Hospital.....	77,325	70,325	27,235	-50,090	-43,090
Transfer from the Nonrecurring Expenses Fund (non-add) (Sec. 311).....	---	---	(43,000)	(+43,000)	(+43,000)
Total, Howard University.....	304,018	297,018	253,928	-50,090	-43,090
College Housing and Academic Facilities Loans Program	298	328	298	---	-30
Historically Black College and University (HBCU) Capital Financing Program Account					
HBCU Federal Administration.....	528	581	528	---	-53
HBCU Loan Subsidies.....	20,150	20,150	20,150	---	---
Total, HBCU Capital Financing Program Account.....	20,678	20,731	20,678	---	-53
=====					
Total, Office of Postsecondary Education.....	3,608,290	3,661,324	3,124,176	-484,114	-537,148

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF FEDERAL STUDENT AID					
Student Financial Assistance					
Pell Grants -- maximum grant (non-add).....	(6,335)	(6,435)	(6,335)	---	(-100)
Pell Grants.....	22,475,352	24,576,352	22,475,352	---	-2,101,000
Federal Supplemental Educational Opportunity Grants...	910,000	910,000	455,000	-455,000	-455,000
Federal Work Study.....	1,230,000	1,230,000	615,000	-615,000	-615,000
Total, Student Financial Assistance.....	24,615,352	26,716,352	23,545,352	-1,070,000	-3,171,000
Student Aid Administration					
Salaries and Expenses.....	1,058,943	1,334,743	529,472	-529,471	-805,271
Servicing Activities.....	1,000,000	1,324,383	1,000,000	---	-324,383
Total, Student Aid Administration.....	2,058,943	2,659,126	1,529,472	-529,471	-1,129,654
Total, Office of Federal Student Aid.....	26,674,295	29,375,478	25,074,824	-1,599,471	-4,300,654
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development, and Dissemination.....	245,000	245,000	245,000	---	---
Statistics.....	121,500	121,500	122,500	+1,000	+1,000
Regional Educational Laboratories.....	53,733	58,733	---	-53,733	-58,733
Research in Special Education.....	64,255	64,255	64,255	---	---
Special Education Studies and Evaluations.....	13,318	13,318	13,318	---	---
Statewide Longitudinal Data Systems.....	28,500	38,500	28,500	---	-10,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assessment:					
National Assessment.....	185,000	185,000	185,000	---	---
National Assessment Governing Board.....	8,300	8,299	8,300	---	+1
Subtotal, Assessment.....	193,300	193,299	193,300	---	+1
Program Administration.....	73,500	80,850	73,500	---	-7,350
Total, Institute of Education Sciences.....	793,106	815,455	740,373	-52,733	-75,082
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses.....	419,907	476,846	210,907	-209,000	-265,939
Office for Civil Rights.....	140,000	162,359	140,000	---	-22,359
Office of Inspector General.....	67,500	77,497	67,500	---	-9,997
Total, Departmental Management.....	627,407	716,702	418,407	-209,000	-298,295

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
GENERAL PROVISIONS - DEPARTMENT OF EDUCATION					
Institute of Education Sciences (Sec. 310) (rescission).....	---	-25,000	-25,000	-25,000	---
Community Project Funding / Congressionally Directed Spending.....	88,084	---	---	-88,084	---
Nonrecurring Expenses Funding (Sec. 311) (rescission).	---	---	-76,000	-76,000	-76,000
Subtotal, Title III General Provisions.....	88,084	-25,000	-101,000	-189,084	-76,000
=====					
Total, Title III, Department of Education.....	83,366,072	86,881,933	72,338,409	-10,967,663	-14,543,524
Current year appropriations.....	(60,709,071)	(64,284,932)	(49,741,408)	(-10,967,663)	(-14,543,524)
Advance appropriations.....	(22,597,001)	(22,597,001)	(22,597,001)	---	---
Total, Title III Department of Education discretionary.....	79,052,238	82,491,976	67,948,452	-11,103,786	-14,543,524

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV - RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED					
Salaries and Expenses.....	13,124	14,800	13,124	---	-1,676
Office of Inspector General (non-add).....	(3,150)	---	(3,150)	---	(+3,150)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA).....	103,285	136,517	103,285	---	-33,232
National Senior Volunteer Corps:					
Foster Grandparents Program.....	125,363	124,625	125,363	---	+738
Senior Companion Program.....	56,449	54,303	56,449	---	+2,146
Retired Senior Volunteer Program.....	55,105	56,510	55,105	---	-1,405
Subtotal, Senior Volunteer Corps.....	236,917	235,438	236,917	---	+1,479
Subtotal, Domestic Volunteer Service Programs...	340,202	371,955	340,202	---	-31,753

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants.....	557,094	591,336	---	-557,094	-591,336
Innovation, Assistance, and Other Activities.....	14,706	14,706	14,706	---	---
Evaluation.....	6,250	6,250	6,250	---	---
National Civilian Community Corps (sub-title E).....	37,735	42,491	---	-37,735	-42,491
State Commission Support Grants.....	19,538	19,538	---	-19,538	-19,538
Subtotal, National and Community Service Programs.....					
.....	635,323	674,321	20,956	-614,367	-653,365
.....	975,525	1,046,276	361,158	-614,367	-685,118
Payment to the National Service Trust.....					
Salaries and Expenses.....	180,000	159,951	---	-180,000	-159,951
Office of Inspector General.....	99,886	127,104	79,686	-20,000	-47,418
National Service Trust (rescission)(Sec. 408).....	7,595	8,762	8,595	+1,000	-167
.....	---	---	-140,000	-140,000	-140,000
Total, Corporation for National and Community Service.....					
.....	1,262,806	1,342,093	309,439	-953,367	-1,032,654
CORPORATION FOR PUBLIC BROADCASTING					
Appropriation available from FY 2023 advance.....	525,000	535,000	535,000	+10,000	---
Total, available this fiscal year.....	525,000	535,000	535,000	+10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriation, FY 2027.....	535,000	595,000	---	-535,000	-595,000
less appropriations provided from prior year advances (FY 2023).....	-525,000	-535,000	-535,000	-10,000	---
Public Television Interconnection System.....	60,000	60,000	---	-60,000	-60,000
	=====	=====	=====	=====	=====
Total Corporation for Public Broadcasting, appropriated in this bill.....	595,000	655,000	---	-595,000	-655,000
FEDERAL MEDIATION AND CONCILIATION SERVICE					
Salaries and Expenses.....	53,705	53,705	53,705	---	---
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses.....	18,012	17,572	18,012	---	+440
INSTITUTE OF MUSEUM AND LIBRARY SERVICES					
Office of Museum and Library Services: Grants and Administration.....	294,800	280,000	249,515	-45,285	-30,485
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION					
Salaries and Expenses.....	9,405	10,698	9,405	---	-1,293
MEDICARE PAYMENT ADVISORY COMMISSION					
Salaries and Expenses.....	13,824	14,477	14,477	+653	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL COUNCIL ON DISABILITY					
Salaries and Expenses.....	3,850	4,000	3,850	---	-150
NATIONAL LABOR RELATIONS BOARD					
Salaries and Expenses.....	299,224	320,002	200,000	-99,224	-120,002
NATIONAL MEDIATION BOARD					
Salaries and Expenses.....	15,113	15,113	15,113	---	---
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses.....	15,449	16,278	15,449	---	-829
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account.....	8,000	7,000	7,000	-1,000	---
Less Income Tax Receipts on Dual Benefits.....	-1,000	---	---	+1,000	---
Subtotal, Dual Benefits.....	7,000	7,000	7,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Payments to the Railroad Retirement Accounts...	150	150	150	---	---
Limitation on administrative expenses.....	126,000	134,000	100,000	-26,000	-34,000
Limitation on the Office of Inspector General.....	14,000	14,600	14,000	---	-600
	=====	=====	=====	=====	=====
Total, Railroad Retirement Board.....	147,150	155,750	121,150	-26,000	-34,600
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds.....	10,000	15,000	15,000	+5,000	---
Supplemental Security Income Program					
Federal Benefit Payments.....	56,328,000	63,108,000	63,108,000	+6,780,000	---
Beneficiary Services.....	137,000	144,000	144,000	+7,000	---
Research and Demonstration.....	91,000	91,000	91,000	---	---
Administration.....	4,609,042	4,912,635	4,516,083	-92,959	-396,552
Subtotal, available this fiscal year.....	61,165,042	68,255,635	67,859,083	+6,694,041	-396,552
Less appropriations provided from prior year advances.....	-15,800,000	-21,700,000	-21,700,000	-5,900,000	---
Subtotal, current year appropriation.....	45,365,042	46,555,635	46,159,083	+794,041	-396,552
Subtotal, Mandatory.....	40,756,000	41,643,000	41,643,000	+887,000	---
Advance appropriations, 1st quarter, FY 2026.....	21,700,000	22,100,000	22,100,000	+400,000	---
Total, SSI program appropriated in this bill.....	67,065,042	68,655,635	68,259,083	+1,194,041	-396,552

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds.....	5,961,023	6,082,378	5,363,117	-597,906	-719,261
HI/SMI Trust Funds.....	3,114,163	3,888,986	3,429,101	+314,938	-459,885
Social Security Advisory Board.....	2,700	3,150	2,700	---	-450
SSI.....	3,147,092	3,353,410	2,956,858	-190,234	-396,552
Subtotal, LAE.....	12,224,978	13,327,924	11,751,776	-473,202	-1,576,148
User Fees:					
SSI User Fee activities.....	150,000	170,000	170,000	+20,000	---
SSPA User Fee Activities.....	1,000	1,000	1,000	---	---
CB0 adjustment.....	-1,000	-1,000	-1,000	---	---
Subtotal, User fees.....	150,000	170,000	170,000	+20,000	---
Subtotal, Limitation on Administrative Expenses.....	12,374,978	13,497,924	11,921,776	-453,202	-1,576,148
Program Integrity:					
OASDI Trust Funds.....	389,050	343,775	343,775	-45,275	---
SSI.....	1,461,950	1,559,225	1,559,225	+97,275	---
Subtotal, Program Integrity funding.....	1,851,000	1,903,000	1,903,000	+52,000	---
Base Program Integrity.....	(273,000)	(273,000)	(273,000)	---	---
Program Integrity (cap adjustment).....	(1,578,000)	(1,630,000)	(1,630,000)	(+52,000)	---
Total, Limitation on Administrative Expenses.....	14,225,978	15,400,924	13,824,776	-401,202	-1,576,148

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Limitation on Administrative Expenses (less user fees).....	14,075,978	15,230,924	13,654,776	-421,202	-1,576,148
Office of Inspector General					
Federal Funds.....	32,000	34,000	32,000	---	-2,000
Trust Funds.....	82,665	87,254	82,665	---	-4,589
Total, Office of Inspector General.....	114,665	121,254	114,665	---	-6,589
Adjustment: Trust fund transfers from general revenues	-4,609,042	-4,912,635	-4,516,083	+92,959	+396,552
Total, Social Security Administration.....					
Federal funds.....	76,806,643	79,280,178	77,697,441	+890,798	-1,582,737
Current year.....	(67,257,042)	(68,874,635)	(68,476,083)	(+1,219,041)	(-398,552)
New advances, 1st quarter, FY 2026.....	(45,557,042)	(46,774,635)	(46,376,083)	(+819,041)	(-398,552)
Trust funds.....	(21,700,000)	(22,100,000)	(22,100,000)	(+400,000)	---
	(9,549,601)	(10,405,543)	(9,221,358)	(-328,243)	(-1,184,185)
Total, Title IV, Related Agencies.....					
Federal Funds.....	79,548,105	82,179,666	78,720,680	-827,425	-3,458,986
Current Year.....	(69,844,680)	(71,611,046)	(69,370,845)	(-473,835)	(-2,240,201)
FY 2026 Advance.....	(47,609,680)	(48,916,046)	(47,270,845)	(-338,835)	(-1,645,201)
FY 2027 Advance.....	(21,700,000)	(22,100,000)	(22,100,000)	(+400,000)	---
Trust Funds.....	(535,000)	(595,000)	(535,000)	(-535,000)	(-595,000)
	(9,703,425)	(10,568,620)	(9,209,835)	(-493,590)	(-1,358,785)
Total, Title IV Related Agencies discretionary...	17,081,955	18,421,516	14,962,530	-2,119,425	-3,458,986

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
DISCRETIONARY RESCISSIONS					
Nonrecurring expenses fund, Education (rescission).....	-25,000	---	---	+25,000	---
CNCS National Service Trust (rescission).....	-243,000	-25,000	---	+243,000	+25,000
Nonrecurring expenses fund, Commerce (rescission).....	---	---	---	---	---
Dislocated Worker National Reserve (rescission).....	-75,000	---	---	+75,000	---
	=====	=====	=====	=====	=====
Total, Discretionary Rescissions.....	-343,000	-25,000	---	+343,000	+25,000
CHANGES IN MANDATORY PROGRAMS (CHINPS)					
Surplus property (DOL).....	2,000	2,000	---	-2,000	-2,000
H-1B (rescission) (DOL).....	-206,000	---	---	+206,000	---
Child Enrollment Contingency Fund (HHS-CMS) (rescission).....	-14,224,000	-21,380,813	-12,614,000	+1,610,000	+8,766,813
Performance Bonus Payments (HHS-CMS) (rescission).....	---	-12,550,000	---	---	+12,550,000
Children's Health Insurance Program Annual Allotments to States (HHS-CMS).....	---	-7,425,187	---	---	+7,425,187
Pell: Increase maximum award.....	---	15,000	---	---	-15,000
Pell max award (rescission).....	---	-15,000	---	---	+15,000
Vocational Rehabilitation (Education).....	---	-415,000	-415,000	-415,000	---
Limitation on eligible health care entity.....	---	---	-122,000	-122,000	---
Internal Revenue Service Operations (rescission).....	-10,000,000	---	---	+10,000,000	-122,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on Elective Care Services.....	---	---	-44,000	-44,000	-44,000
Limitation for Title IV of the Social Security Act.....	---	---	-2,000	-2,000	-2,000
American Rescue Plan balances (rescission).....	-4,309,000	---	-245,000	+4,064,000	-245,000
	=====	=====	=====	=====	=====
Total, Changes in Mandatory Programs.....	-28,737,000	-41,769,000	-13,442,000	+15,295,000	+28,327,000
OTHER APPROPRIATIONS					
UKRAINE SECURITY SUPPLEMENTAL APPROPRIATIONS ACT, 2024					
Administration for Children and Families					
Refugee and Entrant Assistance (emergency).....	481,000	---	---	-481,000	---
GENERAL PROVISIONS					
Refugee and Entrant Assistance (emergency).....	50,000	---	---	-50,000	---
	=====	=====	=====	=====	=====
Total, Ukraine Security Supplemental Appropriations Act, 2024.....	531,000	---	---	-531,000	---
	=====	=====	=====	=====	=====
Total, Other Appropriations.....	531,000	---	---	-531,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grand Total	1,414,523,783	1,449,918,212	1,442,714,979	+28,191,196	-7,203,233
Appropriations	(1,127,809,966)	(1,144,634,715)	(1,130,186,377)	(+2,376,411)	(-14,448,338)
Emergency appropriations	(531,000)	(5,489,179)	---	(-531,000)	(-5,489,179)
Trust funds	(19,583,402)	(21,027,310)	(18,790,488)	(-802,914)	(-2,236,822)
Advance Appropriations, FY 2025	(296,456,415)	(312,738,821)	(312,738,821)	(+16,282,406)	---
Advance Appropriations, FY 2026	(535,000)	(595,000)	---	(-535,000)	(-595,000)
Rescissions	(-30,402,000)	(-34,556,813)	(-19,000,707)	(+11,401,293)	(+15,556,106)
21st Century CURES Act funding	(407,000)	(127,000)	(127,000)	(-280,000)	---