

EXPLANATORY MATERIALS FOR THE DEPARTMENTS OF
LABOR, HEALTH AND HUMAN SERVICES, AND EDU-
CATION, AND RELATED AGENCIES APPROPRIATIONS
BILL, 2024—H.R. 5894

(1)

SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2024, the budget request for fiscal year 2024, and the Committee recommendation for fiscal year 2024 in the accompanying bill.

2024 LABOR, HHS, EDUCATION BILL
[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2024 Committee compared to—	
	2023 Enacted	2024 Budget	2024 Committee	2023 Enacted	2024 Budget
Department of Labor	\$13,841,339	\$15,506,125	\$9,807,544	-\$4,033,795	-\$5,698,581
Department of Health and Human Services	117,563,444	129,219,962	103,284,800	-14,278,644	-25,935,162
Department of Education	79,593,262	90,006,621	67,417,629	-12,175,633	-22,588,992
Related Agencies	17,034,955	18,702,741	15,489,867	-1,545,088	-3,212,874

GENERAL SUMMARY OF THE BILL

For fiscal year 2024, the Committee recommends a total of \$147,096,000,000 in current year discretionary funding—the 302(b) allocation—and \$195,999,840 in overall programmatic funding, including offsets and adjustments. The fiscal year 2024 recommendation is a decrease of \$60,271,000,000 below the fiscal year 2023 enacted level.

The nation remains mired in higher inflation, which many economists believe has been exacerbated by the massive infusion of government spending during and immediately after the COVID pandemic. This bill represents a clear step toward returning to fiscal responsibility, while ensuring that funding for critical and high-priority functions are maintained. The Committee bill promotes a pro-job growth fiscal environment by eliminating duplication and ineffective programs, making strategic funding priority choices, and continuing to rein in out-of-control spending and regulatory burdens imposed by this Administration.

The Committee has prioritized key biomedical research, bio-defense, targeted education, and oversight responsibilities throughout the bill.

The Committee recommendation reflects the challenges inherent in achieving deficit reduction solely through reductions in discretionary spending. Significantly reducing our Federal budget deficit and the national debt will not occur until mandatory savings are achieved.

The Committee recommendation also includes good government, pro-life and pro-family provisions, limits the overreach of the Federal government, and reigns in regulatory bodies.

REDUCTIONS AND TERMINATIONS

In preparing this bill, the Committee scrutinized existing programs and activities to determine which ones could be eliminated in order to reduce unnecessary spending and duplicative, unauthorized programs. As a result, this bill terminates programs and activities which are narrowly targeted toward a small audience, are unauthorized or do not represent a clear Federal role.

SETTING PRIORITIES

As part of its review of existing programs and the budget request, the Committee carefully examined the programs funded in this bill, with an eye toward ensuring that scarce and precious taxpayer dollars are spent on essential priorities rather than on “nice-to-do” activities. As a result of that examination, high-priority programs have received greater emphasis in this bill, while programs that represent less pressing needs or are not basic Federal responsibilities have been eliminated.

The Committee recognizes that a strong labor market is the most effective method for increasing labor market opportunities for all Americans and includes provisions to limit the ability of the Department of Labor to implement job killing regulations. Moreover, in making funding decisions the Committee has prioritized competitive programs targeted to industries with significant worker shortages, such as wastewater treatment and cyber security, to better align public investment with labor market needs. The underlying mission of the Employment and Training Administration is to help Americans secure job opportunities and, to better ensure that Federal spending benefits employers and job seekers rather than political favorites, the Committee has included provisions requiring that the Department of Labor publish grant performance data including the employment status, earnings, and credential attainment rate of program participants.

The Committee recommendation invests in education programs that represent core Federal responsibilities. First and foremost among these are special education programs funded under the Individuals with Disabilities Education Act (IDEA). When the IDEA law was passed in the 1970s, the Federal government promised to pay 40 percent of the additional costs of education children with special needs. Despite tremendous gains in the late 1990s, we are still only funding these programs at less than half that goal. The Committee bill maintains funding for this important priority. This increase is paid for by eliminating narrowly targeted Administration priorities that benefit only a few schools or impose one-size-fits-all regulations that are unworkable and unauthorized.

The Committee has also maintained funding for programs such as charter schools and Impact Aid. While only constituting a small percentage of total education dollars available to school districts, these programs help fill gaps and meet the extra needs of certain categories of children and students. The Committee has also maintained support for Pell Grants and for funding to ensure borrowers can quickly resume payments of their student loans following the recent Supreme Court decision on this topic.

The Committee has prioritized investments in biodefense with a demonstrated record of better positioning our country to respond to chemical, biological, radiological, or nuclear threats. These investments include \$30,000,000 and \$150,000,000 increases, respectively, to Project BioShield and the Biomedical Research and Advanced Development Authority programs, as well as a \$5,000,000 increase to the Strategic National Stockpile. These increases are balanced by reductions to administrative accounts that are outdated legacies of the pandemic response, or which failed to fulfill

their purpose when confronted by the last pandemic. Continued and sustained investments in the Biomedical Research and Advanced Development Authority has improved the ability of the country to respond to naturally occurring and manmade public health threats including the recent FDA-approval of medical counter measures that expand our ability to respond to fentanyl and other synthetic opioid overdoses.

The Committee recommendation for the National Institutes of Health reflects the importance of continued investments in key areas of biomedical research that can lead to life-saving cures in areas such as cancer and Alzheimer’s disease, while also acknowledging the agency’s failure to maintain sufficient oversight over grantees conducting high-risk research. Considering this concerning problem, the Committee includes new oversight measures. The Committee requires NIH to conduct an internal audit of research involving virus manipulation and related research, including a review of whether its sub-grantees are complying with the grant policies and procedures. NIH is also required to review the research done in Biosafety Level 3 or 4 laboratories related to an enhanced potential pandemic pathogen. The Committee recommendation also emphasizes the need to reduce the administrative burden on researchers who receive NIH grants, by requiring NIH to set up a board that will report recommendations to lower the administrative burden by 25 percent over the next three years. Such improvements will help researchers spend more time on critical research activities and better utilize taxpayer investments in biomedical research.

In cases where these explanatory materials direct the submission of a report, that report is to be submitted to the Committees on Appropriations of the House of Representatives and the Senate. Where these explanatory materials refer to the Committees or the Committees on Appropriations, unless otherwise noted, this reference is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2023	\$10,982,531,000
Budget request, fiscal year 2024	11,509,731,000
Committee Recommendation	7,036,045,000
Change from enacted level	–3,946,486,000
Change from budget request	–4,473,686,000

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

Anonymous Workforce Development Talent Portals.—The Committee directs ETA to publicly release a report within 180 days of enactment of this Act addressing the availability and effectiveness of existing candidate screening technologies to accelerate a return to work for dislocated workers including those that use candidate

matching algorithms to match candidates based off career desires and cultural fit metrics using artificial intelligence to lower barriers to employment with a special focus on disadvantaged and underserved communities. The study should also explore and make recommendations regarding how to make these technologies more widely available to Department partners.

Collaborations Between Manufacturers and Educational Institutions.—The Committee encourages the Department to facilitate partnerships between local educational entities and manufacturers that employ individuals who have advanced manufacturing skills.

Immersive Technology.—The Committee encourages the Department to support grants for community colleges, area career and technical education schools, postsecondary vocational institutions, registered apprenticeship programs, or a consortium of such colleges, schools, or institutions that facilitate education, workforce development, and skills training programs utilizing immersive technology such as augmented reality, virtual reality, and mixed reality tools. The use of immersive technologies for training has the potential to reduce program costs, 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 with different access needs. In awarding such grants the Department should give priority to eligible entities that (1) work with an industry or sector partnership that prioritizes the hiring of individuals who have obtained a recognized postsecondary credential as a result of the program or activity; (2) align with State and local workforce board plans; (3) target a specific in-demand industry sector or occupation which has a skills gap; (4) retrain workers from an industry sector that is experiencing decreasing employment; (5) focus on individuals with barriers to employment; and (6) serve an area with demonstrated underemployment.

Pay-for Success.—The Committee directs the Department to assess the feasibility of supporting a pay-for-success initiative to increase and expand apprenticeship programs funded through the Registered Apprenticeship Program and to include such assessment in the fiscal year 2025 congressional justification.

Worker Needs and Wraparound Services.—The Committee supports efforts by the Department to advance worker training for individuals who are survivors of abuse, abandonment, or trauma. The Committee encourages the Department to support program coordination to expand access to wraparound services for these individuals and recognizes the value and need to support a range of worker and jobseeker needs.

Workforce Development in Innovative Automotive Fields.—The Committee recognizes the growing need of highly-skilled mechanics and technicians in automotive field to prepare for advances in technology. Therefore, the Committee encourages the Department, 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 pro-

grams 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 2023	\$4,140,911,000
Budget request, fiscal year 2024	4,420,684,000
Committee Recommendation	2,836,808,000
Change from enacted level	-1,304,103,000
Change from budget request	-1,583,876,000

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

Adult Employment and Training Activities.—The Committee provides no funding for Adult Employment and Training Activities for fiscal year 2024. According to the Workforce Investment Act Adult and Dislocated Worker Programs Gold Standard Evaluation, training funded by this program has no positive impact on program participant employment and earnings outcomes 30 months after enrollment.

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 education 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 Workforce Innovation and Opportunity Act. This program is largely duplicative of the provided through the Perkins Career and Technical Education, 21st Century Community Learning Centers, and Student Support and Academic Enrichment programs.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker Employment and Training Activities, the Committee provides \$1,456,412,000.

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 \$360,859,000 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 2025.

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 and the private sector and the Department's continued lack of attention to these critical and growing industries. Of the total provided for the DWNR, the Committee directs \$40,000,000 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 high-skill job training grant to help increase training capacity to meet this demand. For purposes of making awards under this section, the Department is directed to prioritize applicants located in States with the greatest number of Federally recognized Tribes and with preexisting Department of Defense partnerships. Consistent with the requirements of section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141), the Committee further directs the Department to include on its website program participant outcomes including employment, earnings, and credential attainment disaggregated by grantee. The Department is directed to provide the Committees a briefing on this initiative within 120 days of the enactment of this Act.

Strengthening Community College Training Grants.—The Committee provides \$65,000,000 for Strengthening Community College Training Grants (SCCT). The Committee directs the Department in making awards under this section to ensure that activities support the expansion of integrated basic education skills training and to prioritize Hispanic Serving Institutions as defined in section 502 of the Higher Education Act (20 U.S.C. 1101a) that disproportionately serve low-income students and have strong partnerships with workforce development partners. For purposes of evaluating the efficacy of this program, the Committee has strong concerns with any evaluation methodology divorced from program participant employment and earnings outcomes. Consistent with the requirements of section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141), the Committee directs the Department to require grantees report on the employment, earnings, and credential outcomes of individuals participating in programs supported by such grants and to publicly release grantee performance on the Department's website. 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.

The Committee further directs the Secretary to make individual grants to community colleges of an amount that is 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 and for ETA to coordinate with the Chief Evaluation Officer to implement a randomized control trial evaluating the employment and earnings outcomes of individuals participating in a program supported by such grants. 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 four-year institutions, the Committee directs the Secretary to ensure that the lead grantee in the consortium is a community college.

Workforce Opportunity for Rural Communities.—Of the funds provided for the DNWR, the Committee provides \$50,000,000 for the Workforce Opportunity for Rural Communities (WORC) program, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. Consistent with the require-

ments of section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141), the Committee directs the Department to require grantees report on the employment, earnings, and credential attainment outcomes of program participants supported by this funding.

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 reduction 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 Americans.—For the Indian and Native American programs, the Committee provides \$60,000,000.

Migrant and Seasonal Farmworkers.—For the National Farmworker Jobs program, the Committee provides \$97,396,000.

YouthBuild.—For the YouthBuild program, the Committee provides \$105,000,000. The Workforce Innovation and Opportunity Act reformed the YouthBuild program to prioritize the employment and educational outcomes of program participants. While the Committee recognizes the challenges the Department of Labor (DOL) has had in overseeing grant awards, the Committee notes with concern that DOL has prioritized administrative capacity rather than demonstrated efficacy in securing employment and earnings outcomes for young adults for new grantees in making awards under this section.

Reemployment of Ex-Offenders.—The Committee provides \$115,000,000 for training and reintegration activities for individuals with criminal legal histories reentering the community and youth offenders.

The Committee directs the Department to ensure grantees establish formal partnerships with employers and that program participants receive industry-recognized credentials and training in fields that prepare them for successful reintegration, including ensuring participants receive training and credentials in fields where their record is not a barrier to entry or continued employment. The Committee also directs the Department to consider the needs of communities that have recently experienced significant unrest. The Committee also continues to set aside \$50,000,000 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 Grants.—The Committee provides \$285,000,000 for the apprenticeship grants program. The Committee is concerned with the modest increases in the number of apprentices generated by considerable and sustained congressional investment. Not later than 90 days after the enactment of this Act, the Department shall publicly disclose on its website grantees receiving funding, the number of apprentices attributable to such grantee, and the respective employment and earnings outcomes of program participants as required under section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act.

The Committee directs the Secretary 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 2023	\$1,760,155,000
Budget request, fiscal year 2024	1,835,467,000
Committee Recommendation	— — —
Change from enacted level	– 1,760,155,000
Change from budget request	– 1,835,467,000

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.

Due to funding constraints, the Committee does not include full funding for this program. The Committee provides \$5,000,000 in funding for the Job Corps program under the Program Administration account.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2023	\$405,000,000
Budget request, fiscal year 2024	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. The Committee notes that the last comprehensive evaluation of the Senior Community Service Employment Program 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.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriation, fiscal year 2023	\$494,400,000
Budget request, fiscal year 2024	30,700,000
Committee Recommendation	30,700,000
Change from enacted level	- 463,700,000
Change from budget request	---

The Committee provides no funding for the Trade Adjustment Assistance program in the absence of a 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 2023	\$4,009,150,000
Budget request, fiscal year 2024	4,592,414,000
Committee Recommendation	4,005,622,000
Change from enacted level	- 3,528,000
Change from budget request	- 586,792,000

The total includes \$3,921,556 from the Employment Security Administration Account from 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.—For Unemployment Insurance (UI) Compensation, the Committee provides \$3,141,635,000.

In addition, the recommendation provides contingency funding for increased workloads that States may face in the administration of UI. The Committee includes bill language so that, during fiscal year 2024, for every 100,000 increase in the total average weekly insured unemployment (AWIU) above 2,365,000 an additional \$28,600,000 shall be made available to States from the Unemployment Trust Fund.

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

The Committee includes \$117,000,000 for the Reemployment Services and Eligibility Assessments (RESEA) program, and an additional \$265,000,000 is made available pursuant to section 251(b)(2)(E)(ii) of the Balanced Budget and Emergency Deficit Control Act of 1985. The Committee continues to support the RESEA program and urges the Department to focus its efforts on reducing the rate of improper payments in the UI system.

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

Unemployment Compensation National Activities.—The Committee provides \$23,000,000 for 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 \$680,052,000 for the Employment Service allotment to States. The Committee also provides \$25,000,000 for Employment Service National Activities.

Cost-Benefit Analysis of Benefit Payment Control Activities.—The Committee directs the Department to publicly release a report within 180 days of enactment of this Act estimating the return on investment and cost effectiveness of existing State-level benefit payment control operations.

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 \$50,000,000 for the Federal administration of the Foreign Labor Certification program and \$23,282,000 for grants to States.

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 2023	\$172,915,000
Budget request, fiscal year 2024	225,466,000
Committee Recommendation	162,915,000
Change from enacted level	– 10,000,000
Change from budget request	– 62,551,000

The Committee provides \$108,900,000 from the General Fund of the Treasury and \$54,015,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Job Corps.—In recognition of the value the Job Corps program brings to skills development opportunities for youth, the Committee includes \$5,000,000 from amounts made available under this heading for the continued operation of the Job Corps program.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$191,100,000
Budget request, fiscal year 2024	248,959,000
Committee Recommendation	152,880,000
Change from enacted level	– 38,220,000
Change from budget request	– 96,079,000

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

Definition of Fiduciary.—The Committee notes with concern the inclusion of proposed changes to the definition of “Fiduciary” in the Department’s 2022 Fall Regulatory Agenda given the potential of such rulemaking to adversely affect access to retirement savings and brokerages services for low- and middle-class investors.

PENSION BENEFIT GUARANTY CORPORATION

PENSION BENEFIT GUARANTY CORPORATION FUND

Appropriation, fiscal year 2023	\$493,314,000
Budget request, fiscal year 2024	512,900,000
Committee Recommendation	512,900,000
Change from enacted level	+19,586,000
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 Pension Benefit Guaranty Corporation 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.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$260,000,000
Budget request, fiscal year 2024	340,953,000
Committee Recommendation	185,000,000
Change from enacted level	– 75,000,000
Change from budget request	– 155,953,000

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.

Child Labor.—The Committee is deeply concerned by Federal data showing the Department has seen a 37 percent increase in children being employed illegally over the past year. In addition, over the past year, cases with child labor violations are up by nearly 12 percent, and the number of minors employed in hazardous occupations is up by more than 26 percent. The Committee notes that such national child labor investigations require close coordination with the Office of the Solicitor. Therefore, to strengthen the Federal response to combatting child labor violations, the Committee urges WHD to implement a plan to improve its enforcement of child labor violations; provide compliance assistance to employers to help identify job applicants and employees using false identifica-

tion; and coordinate with the Department of Health and Human Services, the Department of Justice, and the Department of Homeland Security, as applicable, given the prevalence of concurrent child and labor trafficking. In addition, the Committee urges WHD to use data-driven strategies to initiate investigations where child labor violations are most likely to occur. Within 90 days of enactment, the Committee directs the Department to provide a briefing to the Committees on ongoing agency-wide efforts to uncover and deter child labor violations, including compliance assistance related to worker identification, and the Department’s plans for child labor enforcement in fiscal year 2024.

Federal Contractors.—The Committee is concerned that the Establishing a Minimum Wage for Contractors regulation published by the Department of Labor in the Federal Register on September 20, 2022 (87 Fed. Reg. 59468) disproportionately affects entities operating seasonal recreational services and equipment rental to the general public on Federal property or lands.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$48,515,000
Budget request, fiscal year 2024	53,469,000
Committee Recommendation	48,515,000
Change from enacted level	— —
Change from budget request	– 4,954,000

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.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$110,976,000
Budget request, fiscal year 2024	151,462,000
Committee Recommendation	83,232,000
Change from enacted level	– 27,744,000
Change from budget request	– 68,230,00

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 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 grave 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 OFFCCP 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 WORKERS’ COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$122,705,000
Budget request, fiscal year 2024	151,946,000
Committee Recommendation	108,705,000
Change from enacted level	– 14,000,000
Change from budget request	– 43,241,000

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 \$106,500,000 in General Funds from the Treasury and \$2,205,000 from the Special Fund established by the Longshore and Harbor Workers’ Compensation Act.

Reimbursements Backlog.—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. The Committee expects the Department to evaluate process reforms and improvements that could be made to expedite reimbursements, including consideration given to both the size and age of the pending reimbursements, and therefore address the current backlog of claims and prevent it from growing. The Committee directs the Department to provide an update in the fiscal year 2025 congressional justification on such efforts.

SPECIAL BENEFITS

Appropriation, fiscal year 2023	\$248,000,000
Budget request, fiscal year 2024	698,000,000
Committee Recommendation	698,000,000
Change from enacted level	+450,000,000
Change from budget request	– – –

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2023	\$36,031,000
Budget request, fiscal year 2024	22,890,000
Committee Recommendation	22,890,000
Change from enacted level	– 13,141,000
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 \$7,000,000 as an advance appropriation for the first quarter of fiscal year 2024. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2023	\$64,564,000
Budget request, fiscal year 2024	66,532,000
Committee Recommendation	66,532,000
Change from enacted level	+1,968,000
Change from budget request	---

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

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2023	\$394,896,000
Budget request, fiscal year 2024	452,867,000
Committee Recommendation	452,867,000
Change from enacted level	+57,971,000
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 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 requests a quarterly report on the Department’s efforts to improve the speed and quality of black lung claims processing.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$632,309,000
Budget request, fiscal year 2024	738,668,000
Committee Recommendation	536,922,000
Change from enacted level	- 95,387,000
Change from budget request	- 201,746,000

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 Committee
Safety and Health Standards	\$15,750,000
Federal Enforcement	182,250,000
Whistleblower Programs	18,500,000
State Programs	120,000,000
Technical Support	26,000,000
Federal Compliance Assistance	78,262,000
State Consultation Grants	63,160,000
Training Grants	---
Safety and Health Statistics	25,000,000
Executive Direction and Administration	8,000,000

Coordination.—The Committee supports efforts by OSHA to coordinate with the Environmental Protection Agency (EPA) and National Institute for Occupational Safety and Health (NIOSH) on cross-cutting occupational exposure issues, particularly in ways that improve transparency for the public and avoid unnecessary duplication regarding EPA and OSHA’s work on the same issues. The Committee requests that OSHA include an update on its coordination and communications with EPA and NIOSH on such matters, including where OSHA has made detailed findings on the record, in the fiscal year 2025 congressional justification.

Heat-Related Illnesses.—The Committee notes ongoing efforts to address heat-related illnesses. The Committee requests an update on OSHA’s efforts in the fiscal year 2025 congressional justification.

Workplace First Aid.—The Committee notes OSHA’s efforts to encourage employers to have overdose reversal medications as a form of first aid protection for workers. The Committee encourages efforts to support the voluntary inclusion of overdose reversal as part of workplace first aid training and to emphasize the value of including overdose reversal medications as part of first aid kits.

MINE SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$387,816,000
Budget request, fiscal year 2024	438,094,000
Committee Recommendation	325,052,000
Change from enacted level	- 62,764,000
Change from budget request	- 113,042,000

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 Committee
Mine Safety and Health Enforcement	\$210,000,000
Standards and Regulations Development	5,000,000
Assessments	7,191,000
Educational Policy and Development	39,820,000
Technical Support	36,041,000
Program Administration, Evaluation and Information Resources	27,000,000

Inspector Training.—The Committee encourages MSHA to continue routine training for inspectors, including those who are transitioning from inspecting coal mines to metal/non-metal operations and newly hired individuals who may have little or no prior mining industry experience. Such training supports consistency in enforcement and improves miner safety.

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

Respirable Crystalline Silica.—The Committee shares MSHA’s commitment to ensure the safety and health of our nation’s miners. As MSHA develops the Respirable Crystalline Silica rule and the regulatory approach to reducing silica exposure, the Committee encourages MSHA to work with regulated entities to examine new technologies and techniques to protect miners’ safety and health, and to consider input from stakeholders. The Committee also urges MSHA to ensure that any rulemaking provides adequate time for operators for procurement, training, collaboration, and communication, as they work to ensure the safety and health of their workforce. Further, the Committee encourages MSHA to support compliance assistance for operators, such as practical and applied education and training, which is particularly beneficial for smaller operators who may have fewer resources to comply with regulatory changes.

BUREAU OF LABOR STATISTICS
SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$697,952,000
Budget request, fiscal year 2024	758,370,000
Committee Recommendation	657,952,000
Change from enacted level	- 40,000,000
Change from budget request	- 100,418,000

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

The Committee recommendation includes \$589,952,000 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 Committee
Employment and Unemployment Statistics	\$243,952,000
Labor Market Information	68,000,000
Prices and Cost of Living	246,000,000
Compensation and Working Conditions	51,000,000
Productivity and Technology	12,000,000
Executive Direction and Staff Services	37,000,000

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.

Home Health and Personal Care Aides.—In the fiscal year 2025 congressional justification, the Committee directs the Department to provide estimates of the number of home health and personal cares aides employed by location including the average monthly number of corresponding job openings.

OFFICE OF DISABILITY EMPLOYMENT POLICY
SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$43,000,000
Budget request, fiscal year 2024	60,549,000
Committee Recommendation	43,000,000
Change from enacted level	- - -
Change from budget request	- 17,549,000

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

DEPARTMENTAL MANAGEMENT
SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$392,197,000
Budget request, fiscal year 2024	545,524,000
Committee Recommendation	201,303,000
Change from enacted level	- 190,894,000
Change from budget request	- 344,221,000

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

The Committee recommendation includes \$200,995,000 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 Committee
Program Direction and Support	\$27,494,000
Departmental Evaluation	6,211,000
Legal Services	98,066,000
Administration and Management	26,103,000
Adjudication	30,750,000
Civil Rights Activities	6,690,000
Chief Financial Officer	5,681,000

Budget Submission.—As part of the fiscal year 2025 President’s budget request, the Department is directed to provide the Committees in electronic format a table that corresponds with every program line found in the back of these explanatory materials. Such table shall include a column for the most recently enacted appropriation, the current year, and the budget year, assuming current law.

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

Congressional Budget Justification and Budget In Brief.—The Committee expects full delivery of all congressional budget justification and budget in brief documents no later than the day of the President’s budget appendix publication online. The agency is directed to notify the Committee 24 hours in advance of any anticipated delay.

Customer Experience.—The Committee continues to support efforts to improve agency customer experience. The Committee directs 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 on the Department’s implementation plans regarding this subject in the fiscal year 2025 congressional justification.

Chief Evaluation Officer.—The Committee notes with concern the lack of program evaluations performed by the Chief Evaluation Officer (CEO) that evaluate programs based on the employment and labor market outcomes of program participants. The Committee directs the CEO to prioritize randomized control trials evaluating

program participant outcomes as defined in section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act. The Committee further directs the CEO to evaluate the economic circumstances under which the Secretary has made awards funded by National Dislocated Worker grants including any relevant disaster declaration necessitating the distribution of funding.

Cybersecurity Risks from Commercial Information Technology.—The Committee notes the Department of Defense in consultation with other Federal agencies will conduct an assessment of risks posed using commercially available information technology, particularly relating to computer and printers from countries of concern. The Committee looks forward to receiving this analysis and supports efforts to ensure any recommendations are disseminated to all relevant Federal agencies for implementation.

Employee Stock Ownership Plans.—The Committee is concerned about the Department's implementation of the SECURE 2.0 Act of 2022 (PL 117–328), specifically a key provision related to employee stock ownership plans (ESOPs). The law directs the Department 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, consistent with Congress's intent. The Committee believes funding and staffing resources provided by this Act are sufficient for that timely implementation.

Excess Personal Property.—The Committee directs the Secretary to include in the fiscal year 2025 congressional justification information the value and recipient of excess personal property provided to apprenticeship programs under section 112 of this Act.

Grants Management.—The Committee notes with concern the challenges of the Office of Grants Management and the Employment and Training Administration to close out grants in a manner consistent with the standards set by the U.S. Government Accountability Office. The Committee notes the Department lacks internal controls insufficient to ensure the timely review of delinquent grant cost reports. The persistence of these challenges, previously identified by the Inspector General as early as 2020 portend potential internal control deficiencies related to the management and oversight of awards made by the Department. These weaknesses are all the more alarming given revelations of financial mismanagement and fraud at an organization ETA awarded multiple grants to on a competitive basis.

In-Demand Industry Sectors.—The Committee continues to encourage the Department to support programs designed to prepare high school students to enter and succeed in an in-demand industry sector or occupation.

Investments in Impoverished Areas.—The Committee directs the Department to update the report provided to the Committees 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.

National Agricultural Worker Survey.—The Committee directs DOL to pause National Agricultural Workers Survey and study whether the H-2A program has an adverse effect on domestic wages. DOL should report back to the Committees with 180 days after the enactment of this Act.

Opportunity Zones.—The Committee encourages the Department to examine what proportion of adult residents of opportunity zones meet existing WIOA program-eligibility requirements.

Paid Family Leave Tax Credit Awareness.—The Committee encourages the Secretary to use existing resources to begin coordinating and evaluating a campaign designed to increase awareness of tax credits for paid family and medical leave authorized under section 45S of the Internal Revenue Code of 1986. Furthermore, the Committee directs the Chief Evaluation Officer to measure and publicly release the efficacy of such campaign in supporting the increased use of such tax credit for purposes of expanding paid family and medical leave policies among employers.

Performance Reporting.—As part of the congressional justification for fiscal year 2025, the agency 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 agency shall include in such justification the total amount spent in fiscal year 2023 on performance awards for the Senior Executive Service.

Questions for the Record.—The Committee notes the inclusion of section 527 in this Act requiring answers to questions submitted for the record within 45 business days after receipt. The Committee directs the agency to provide notification at least 7 days in advance if the agency does not anticipate meeting this statutory requirement.

Status of Congressional Reports.—The Department is directed to provide the Committees, within 30 days from the date of enactment of this Act and quarterly thereafter, a summary document describing each requested report to the Committee along with its status. The status of reports submission should include all outstanding reports from any prior fiscal year.

Targeting Resources to Communities in Need.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts. For purposes of this Act, the term “high-poverty area” means any census tract with a poverty rate of at least 20 percent as measured by the 2017–2021 5-year data series available from the American Community Survey of the Census Bureau and the term “persistent poverty counties” means any county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1993 Small Area Income and Poverty Estimates, the 2000 decennial census, and the most recent Small Area Income and Poverty Estimates, or any territory or possession of the United States. The Committee directs the Department to develop and implement measures to increase the share of investments in high-poverty census tracts with a poverty rate of at least

20 percent as measured by the 2017–2021 5-year data series available from the American Community Survey of the Census Bureau, and any other impoverished areas the Department determines to be appropriate areas to target.

Waste, Fraud, and Abuse.—The Committee opposes waste, fraud, and abuse in the unemployment insurance system. The Department of Labor is directed to report to the Committees steps it is taking to recover money that was lost due to fraudulent payments.

Wagner-Peyser Staffing.—The Committee notes with concern that the Department’s proposed Wagner-Peyser Act Staffing proposed rule issued on April 20, 2022, if implemented, could adversely affect the ability of State Workforce Agencies to effectively deliver employment services to job seekers to assist these job seekers in their return to work.

VETERANS’ EMPLOYMENT AND TRAINING

Appropriation, fiscal year 2023	\$335,341,000
Budget request, fiscal year 2024	347,627,000
Committee Recommendation	335,341,000
Change from enacted level	—
Change from budget request	– 12,286,000

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 Committee
Jobs for Veterans State Grants	\$185,000,000
Transition Assistance Program	34,379,000
Federal Administration	47,048,000
Veterans Employment and Training Institute	3,414,000
Homeless Veterans Reintegration Program	65,500,000

The Transition Assistance Program supports transitioning service members and through the development and implementation of course curriculum to help military spouses overcome the challenges they face related to employment and career development.

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

IT MODERNIZATION

Appropriation, fiscal year 2023	\$34,269,000
Budget request, fiscal year 2024	79,193,000
Committee Recommendation	27,269,000
Change from enacted level	– 7,000
Change from budget request	– 51,924,000

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 2023	\$97,028,000
Budget request, fiscal year 2024	111,280,000
Committee Recommendation	97,028,000
Change from enacted level	-----
Change from budget request	- 14,252,000

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

The recommendation includes \$91,187,000 from the General Fund of the Treasury and \$5,841,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

GENERAL PROVISIONS

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

(TRANSFER OF FUNDS)

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

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

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

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

(TRANSFER OF FUNDS)

Sec. 106. The Committee 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 includes a provision related to the prevailing wage in the H-2B program.

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

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

Sec. 113. The Committee continues a provision relating to the Secretary's security detail.

Sec. 114. The Committee continues a provision relating to the Treasure Island Job Corps Center.

(RESCISSION)

Sec. 115. The Committee includes a provision rescinding balances made available from section 286 of the Immigration and Nationality Act.

(RESCISSION)

Sec. 116. The Committee includes a new provision rescinding prior year balances for "Employment and Training Administration—Training and Employment Services".

Sec. 117. The Committee includes a new prohibition related to a final rule entitled "Independent Contractor Status Under the Fair Labor Standards Act".

Sec. 118. The Committee includes a new prohibition related to the rule entitled "Prudence and Loyalty in Selecting Plan Investments and Exercising Shareholder Rights".

Sec. 119. The Committee includes a new prohibition related to the H-2A program.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2023	\$9,743,853,000
Budget request, fiscal year 2024	9,466,396,000
Committee Recommendation	7,521,638,000
Change from enacted level	-2,222,215,000
Change from budget request	-1,944,758,000

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 \$7,260,141,000 in discretionary budget authority and \$261,497,000 in mandatory funding.

PRIMARY HEALTH CARE

Appropriation, fiscal year 2023	\$1,858,772,000
Budget request, fiscal year 2024	1,938,772,000
Committee Recommendation	1,858,772,000
Change from enacted level	---
Change from budget request	-80,000,000

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 2023 enacted level and the fiscal year 2024 budget request.

Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.—Within the total for health centers, the Committee continues no less than \$10,000,000 for this activity. In addition, the Committee applauds the work of HRSA in effectively implementing the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities. Initial fiscal year 2022 funds supported 11 innovative Accelerating Cancer Screening awards for health centers to work in collaboration with National Cancer Institute (NCI)-Designated Cancer Centers to improve screening in underserved populations. Preliminary results demonstrate that these grants are encouraging collaborative efforts to address screening shortfalls in underserved populations, identifying effective interventions, and facilitating follow up care. The program's initial focus on breast, cervical, and colorectal cancer screening expanded in fiscal year 2023 to also embrace lung cancer screening. To continue this progress, the Administrator is directed to provide robust funding to facilitate and fund collaborations between Federally Qualified Health Centers and NCI-designated cancer centers. The agency is encouraged to continue supporting screening initiatives in the four areas described above, to 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 focused on one cancer to embrace additional cancers, and that also work to secure appropriate follow up screening and access to care for individuals with abnormal screening results.

Alzheimer's and Related Dementias.—Unfortunately, little is known about people with Alzheimer's disease and related dementias served by health centers and look-alikes in the Health Center program due to the lack of available data. Data is essential to understanding the level of need, resources, and training to keep people currently served by the program in the program as they age. The Committee strongly encourages HRSA to include Alzheimer's and related dementia International Classification of Diseases, Tenth Revision (ICD-10) codes in the Uniform Data Collection System.

Ending the HIV Epidemic.—The Committee does not include funding for this activity. This program has demonstrated a lack of performance data based on outcomes, insufficient budget justifications, and vague spend plans. The initiative has not met its original objectives. Funding has been reallocated for higher priority activities.

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 notes with concern health center grantees providing materials that encourage health care providers to hide a minor patient's sexual orientation or gender identity from the patient's parents. 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.

Nutrition at Federally Qualified Health Centers (FQHC).—The Committee understands that FQHCs serve vulnerable populations and encourages FQHCs to partner with community organizations to offer a range of nutrition-focused interventions to patients, including medically-tailored meals.

School-Based Health Centers.—The Committee continues \$55,000,000 for school-based health centers authorized under section 330 of the Public Health Service (PHS) Act.

Vaccination and Screening for Hepatitis B.—The Committee encourages HRSA to redouble its efforts to support health center grantees to adopt the necessary practices and policies to comply with the November 2021 Advisory Committee on Immunization Practices (ACIP) recommendation that all adults between 19 and 59 be vaccinated and the March 2023 ACIP recommendation that all adults between 19 and 59 be screened for hepatitis B. To implement these policies, the Committee further encourages HRSA to ensure that health centers screen all patients aged 19–59 for hepatitis B, offer to immunize all non-infected patients in the 19–59 age cohort, and navigate infected individuals into care. The Committee requests a report from HRSA before the end of fiscal year 2024 on its progress to meet this goal, including the number of individuals screened and number of individuals vaccinated for hepatitis B at HRSA-funded health centers.

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 2023 enacted level and the fiscal year 2024 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 2023	\$1,390,376,000
Budget request, fiscal year 2024	1,747,486,000
Committee Recommendation	1,336,348,000
Change from enacted level	- 54,028,000
Change from budget request	- 411,138,000

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

The Committee encourages HRSA to recognize the U.S. physician workforce supply as a critical national resource that requires up-to-date, accurate projections of future workforce needs. This data may be used to shape recruiting and training practices to ensure healthcare provider supply in medically underserved areas, but current data streams do not provide real-time insight into the physician supply pipeline. The Committee encourages HRSA to provide up to date, real-time information through their Data Warehouse on how the physician training and supply pipeline is matched against health workforce projections and whether any capability gaps exist.

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 health care workforce, optimizing the existing workforce is critical. 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 provider participation.

National Health Service Corps (NHSC)

The Committee includes \$126,000,000, which is \$400,000 above the fiscal year 2023 enacted level and \$49,600,000 below the fiscal year 2024 budget request, for NHSC to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and tribal areas.

The Committee also includes \$16,000,000, which is \$400,000 above the fiscal year 2023 enacted level, within the total to support NHSC awards to participating individuals that provide health services in Indian Health Service facilities, tribally-operated health programs, and Urban Indian Health programs.

Health Professions Training

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 2023 enacted level and the fiscal year 2024 budget request. This program provides loan repayment to health profession graduates from dis-

advantaged backgrounds who serve as faculty at eligible health profession academic institutions.

Scholarships for Disadvantaged Students (SDS).—The Committee includes \$55,014,000 for SDS, equal to the fiscal year 2023 enacted level and the fiscal year 2024 budget request. This program provides grants to health professions and nursing schools to provide scholarships to students from disadvantaged backgrounds who have financial need.

Set-Aside for Midwifery Training.—Within the total for SDS, the Committee includes \$5,000,000, the same as the fiscal year 2023 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, including planning 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, equal to the fiscal year 2023 level and \$4,000,000 below the fiscal year 2024 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 \$42,673,000 for Oral Health Training, the same as the fiscal year 2023 enacted level and the fiscal year 2024 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 \$13,000,000 for General Dentistry programs and not less than \$13,000,000 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 program (DFLRP) grants. The Committee directs HRSA to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites. The Committee continues to support awards with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental schools, hospitals, and community-based affiliated sites.

Interdisciplinary Community-Based Linkages

Area Health Education Centers (AHEC)

The Committee includes \$47,000,000 for the AHEC program, equal to the fiscal year 2023 enacted level and equal to the fiscal year 2024 budget request. This program links university health science centers with community health service delivery systems to provide education and training networks.

Geriatrics Workforce Enhancement Program (GWEP)

The Committee includes \$47,245,000 for the GWEP program, equal to the fiscal year 2023 level and equal to the fiscal year 2024 budget request. This program supports training to integrate geriatrics into primary care delivery and develops academic-primary care-community based partnerships to address gaps in health care for older adults.

Mental and Behavioral Health Programs

The Committee includes \$44,053,000 for Mental and Behavioral Health Programs, equal to the fiscal year 2023 enacted level, a decrease of \$5,947,000 from the fiscal year 2024 budget request.

Behavioral Health Workforce Education and Training (BHWET)

The Committee includes \$113,000,000 for the BHWET Program, the same as the fiscal year 2023 enacted level and \$184,374,000 below the fiscal year 2024 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 the following amounts:

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

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 Committee includes \$25,000,000 for this activity, the same as the fiscal year 2023 enacted level.

Mental and Substance Use Disorder Workforce Training Demonstration.—The Committee includes \$34,700,000 for this activity, the same as the fiscal year 2023 enacted level. 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.

Within the total for the Mental and Substance Use Disorder Workforce Training Demonstration, the Committee includes \$25,000,000 for the Addiction Medicine Fellowship program to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings, who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across health care sectors.

Peer Support Specialists in the Opioid Use Disorder Workforce.— Within the total for BHWET, the Committee includes not less than \$14,000,000, the same as the fiscal year 2023 enacted level, to fund training, internships, and national certification for mental health and SUD peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

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

The Committee includes \$40,000,000 for this program, the same as the fiscal year 2023 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 Professional Shortage Area or a county where the overdose death rate exceeds the national average.

National Center for Health Workforce Analysis

The Committee does not include funding for this program.

Public Health and Preventive Medicine Training Programs

The Committee includes \$18,000,000 for Public Health and Preventive Medicine Training Grant Programs, the same as the fiscal year 2023 enacted level and the fiscal year 2024 budget request.

Nursing Workforce Development

The Committee recommends \$281,129,000 for the Nursing Workforce Development programs authorized under title VIII of the PHS Act, \$19,343,000 below the fiscal year 2023 enacted level and \$68,803,000 below the fiscal year 2024 budget request.

Nursing Workforce Shortage.—The Committee remains concerned over workforce shortages among health care professionals, including the nursing workforce. The number of nurses leaving their profession has grown steadily in recent years and has increased rap-

idly during the COVID pandemic. According to the American Hospital Association, nursing vacancies increased by nearly 30 percent between 2019 and 2020, with an additional 500,000 nurses expected to retire or leave the profession by the end of this year. The U.S. Census Bureau projects that 82 million adults will be aged 65 and over by 2030 resulting in an increased need for nursing professionals, including geriatric care. Recent studies suggest that an additional 1.2 million nurses will be required in the United States by 2030 to meet anticipated demand with States like California, Texas, and Florida projected among those with the greatest need. The Committee also recognizes that nursing schools across the United States are struggling to expand capacity to meet this rising demand for care. Significant shortages of faculty, classroom space, and clinical training sites are commonly identified as factors in nursing schools turning away qualified applicants in many areas of the country. The Committee supports efforts to expand access to educational opportunities at accredited nursing schools to qualified applicants, to meet this growing demand for nursing professionals.

Report and Analysis of Community Colleges Role in the Nursing Workforce.—The Committee recognizes the important role that community colleges play in the education of our health care workforce, including in nursing, where nearly 40 percent of Registered Nurses are educated by community colleges, according to the American Association of Community Colleges. Despite the critical role community colleges undertake to help address the growing demand for nursing professionals, less than one percent of Title VIII grants over the past decade have been awarded to community colleges. The Committee directs HRSA to issue a report and make such report available online, within 180 days of enactment of this Act on the administrative changes it has taken or will take to prioritize opportunities for community college participation in Title VIII programs.

Traineeships to Address the Nursing Shortage and Prepare Academic Faculty.—The National Academies of Science, Engineering, and Medicine (NASEM) recently issued a report that provided recommendations to Congress to ease the nursing shortage in America. The Committee recognizes the urgent need to address the nursing shortage existing in all parts of the U.S. and grow the pipeline of nurse educators to meet the demand to grow the workforce. Therefore, the Committee encourages HRSA to provide new traineeships and fellowships, including stipends, for eligible entities at both public and private institutions to expand opportunities that prepare individuals for careers in nursing.

Advanced Nursing Education

The Committee includes \$89,581,000 for Advanced Nursing Education, equal to the fiscal year 2023 enacted level and \$17,000,000 less than the fiscal year 2024 budget request. This program supports traineeships and faculty and curriculum development to increase the number of qualified nurses in the primary care workforce.

Nursing Education, Practice, Quality, and Retention (NEPQR)

The Committee includes \$64,413,000 for NEPQR, an increase of \$5,000,000 above the fiscal year 2023 enacted level and \$27,460,000 less than the fiscal year 2024 budget request. This program supports academic, service, and continuing education projects to enhance nursing education, improve the quality of care, increase nurse retention, and strengthen the nursing workforce.

Registered Nurse Shortages.—The Committee is concerned about current and projected shortages of registered nurses (RNs) in the U.S. as discussed in the HRSA publication “Supply and Demand Projections of the Nursing Workforce 2014–2030.” The Committee directs HRSA to give priority in new funding announcements to public entities for training additional RNs, specifically for long term and acute care settings. In addition, the Committee directs HRSA to give priority to applicants in States listed by HRSA as having the greatest shortages.

Nurse Practitioner Optional Fellowship Program

The Committee provides \$6,000,000, the same as the fiscal year 2023 enacted level and the fiscal year 2024 budget request, for grants to establish or expand community-based nurse practitioner residency and fellowship training programs for practicing post-graduate nurse practitioners in primary care or behavioral health.

Nursing Workforce Diversity

The Committee does not include funding for this program. The program is duplicative of other nursing workforce development programs.

Nurse Corps Scholarship and Loan Repayment

The Committee includes \$92,635,000 for Nurse Corps, equal to the fiscal year 2023 enacted level and the fiscal year 2024 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 2023 enacted level and the fiscal year 2024 budget request. This program supports schools of nursing to provide loans to students enrolled in advanced nursing education programs who are committed to becoming nurse faculty.

Children’s Hospitals Graduate Medical Education (CHGME)

The Committee includes \$400,000,000 for the CHGME payment program, \$15,000,000 above the fiscal year 2023 enacted level and the fiscal year 2024 budget request. This program helps eligible hospitals maintain graduate medical education programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and surgical subspecialties.

The Department is prohibited from collecting any demographic data from entities or participants in the program unless specifically required by statute or through notice and comment rulemaking.

Medical Student Education

The Committee includes \$60,000,000, the same as the fiscal year 2023 enacted level and the fiscal year 2024 budget request, to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage.

The Committee directs HRSA to give priority to applications from academic institutions located in States with the greatest number of Federally recognized Tribes. The Committee also directs HRSA to give priority to applications from public universities with a demonstrated public-private partnership.

Pediatric Subspecialty Loan Repayment Program

The Committee includes \$10,000,000, equal to the fiscal year 2023 enacted level and the fiscal year 2024 budget request, for the Pediatric Subspecialty Loan Repayment Program authorized by section 775 of the PHS Act.

National Practitioner Data Bank (NPDB)

The Committee includes \$18,814,000 for the NPDB, the same as the fiscal year 2023 enacted level and the fiscal year 2024 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 2023	\$1,171,430,000
Budget request, fiscal year 2024	1,357,830,000
Committee Recommendation	991,582,000
Change from enacted level	- 179,848,000
Change from budget request	- 366,248,000

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.

Polycystic Ovary Syndrome(PCOS).—PCOS is one of the most common endocrine disorders in women. However, research shows that the prevalence of PCOS reported in health system and insurer records is significantly less than the populational prevalence of PCOS. The Committee encourages HRSA to work in partnership with medical societies and relevant PCOS patient education and advocacy organizations to increase education and awareness about PCOS among health care providers and patients.

Maternal and Child Health (MCH) Block Grant

The Committee recommends \$780,852,000 for the MCH Block Grant, equal to the fiscal year 2023 enacted level. States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre-and post-natal care; support screening and health assessments for children;

and provide systems of care for children with special health care needs.

Congenital Cytomegalovirus Screening.—Congenital Cytomegalovirus (cCMV) is the most common viral infection infants are born with in the United States and the leading non-genetic cause of hearing loss. One in 5 of those infected will have serious health complications such as epilepsy, visual impairment, and 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 congenital CMV. 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 CMV during pregnancy.

MCH Block Grant Special Projects of Regional and National Significance

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

Budget Activity	FY 2024 Committee
Regional Pediatric Pandemic Network	\$25,000,000
Fetal Infant and Child Death Review	5,000,000
State Maternal Health Innovation Grants	55,000,000
Infant-Toddler Court Teams	18,000,000
Hereditary Hemorrhagic Telangiectasia	2,000,000
Empower to Connect Grants	100,000
Oral Health	5,250,000
Epilepsy	3,642,000
Sickle Cell Disease	7,000,000
Fetal Alcohol Syndrome	1,000,000

Regional Pediatric Pandemic Network.—The Committee provides \$25,000,000, the same as the fiscal year 2023 enacted level. In collaboration with the nation’s children’s hospitals and their communities, this network coordinates, prepares, and enables high-quality pediatric care in emergencies, disasters, and pandemics. The network enables partner hospitals to collaborate with State, local, regional, and national emergency preparedness systems to improve pediatric emergency readiness of health care systems in the event of a major disaster. Through these partnerships, hospitals can accelerate the deployment of real-time, research-informed pediatric care.

Fetal, Infant, and Child Death Review (FICDR).—The Committee includes \$5,000,000, the same as the fiscal year 2023 enacted level, for the FICDR program to expand support and technical assistance to States and tribal communities to improve the availability of data on sudden unexpected infant deaths and child mortality.

State Maternal Health Innovation Grants.—The Committee includes \$55,000,000, the same as the fiscal year 2023 enacted level, for State Maternal Health Innovation Grants to establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce mater-

nal mortality. The demonstrations should be representative of the demographic and geographic composition of communities most affected by maternal mortality.

Infant-Toddler Court Teams.—The Committee includes \$18,000,000 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 other activities.

Hereditary Hemorrhagic Telangiectasia (HHT) Center of Excellence.—The Committee includes \$2,000,000, the same as the fiscal year 2023 enacted level, for the HHT Center of Excellence. This funding supports coordination and expansion of care for HHT patients and participation in a prospective, longitudinal registry of HHT patients to better understand this rare disease and accelerate the development of new diagnostic and treatment options.

Empower to Connect Grants.—The Committee includes \$100,000 for grants to public or private entities to conduct demonstration projects designed to equip pregnancy centers, which promote wrap-around services and do not consider abortion a solution, to empower families with unexpected pregnancies, especially for unmarried pregnant mothers in poverty, to connect with public and private resources.

Oral Health and Primary Care Integration.—The Committee includes \$5,250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report *Integration of Oral Health and Primary Care Practice*. The Chief Dental Officer is directed to lead in the design, monitoring, oversight, and implementation of the demonstration projects.

Sickle Cell Anemia Demonstration Program

The Committee includes \$8,205,000 for this program, which is the same as the fiscal year 2023 enacted level and the fiscal year 2024 budget request.

Sickle Cell Anemia Demonstration Program.—The Committee recognizes the importance of the program in supporting the comprehensive sickle cell disease centers (SCD) in the provision of coordinated, comprehensive, and family-centered care to people with SCD. The Committee affirms the goals of the program to improve care delivery and access to high quality care for people with SCD, with a focus on increasing access to SCD specialists; increase the number of providers with SCD expertise and knowledge of SCD treatment methods; and enable access to the latest treatment options following evidence-based guidelines.

Autism and Other Developmental Disorders

The Committee recommends \$56,344,000 for Autism and Other Developmental Disorders, equal with the fiscal year 2023 enacted level. These programs seek to improve the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the

early identification and treatment of autism and related developmental disabilities.

Leadership Education in Neurodevelopmental and Related Disabilities (LEND).—The Committee provides \$38,245,000, the same as the fiscal year 2023 enacted level, for the 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.

Heritable Disorders in Newborns and Children

The Committee provides \$20,883,000 for the Heritable Disorders program, equal to the fiscal year 2023 enacted level. This program assists States to improve and expand their newborn screening programs and to promote parent 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 to help ensure every infant is screened for conditions that have a recognized treatment.

Newborn screening for Duchenne Muscular Dystrophy.—The Committee is aware that at its February 2023 meeting, the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) voted not to advance the nomination of Duchenne Muscular Dystrophy for Evidence-based review for newborn screening. The Committee recognizes the challenges in collecting data for rare diseases, particularly in young children. Duchenne muscular dystrophy typically is not diagnosed until age five despite the efforts of CDC and others to move the age of diagnosis earlier. As a result, it is difficult to meet the newborn screening criteria despite strong potential for benefit. The Committee recommends expediting consideration of Duchenne Muscular Dystrophy for the Recommended Uniform Screening Panel for newborn screening, incorporating the patient community voice in the ACHDNC review, and developing appropriate flexible criteria.

Severe Combined Immune Deficiency (SCID).—Within the total amount for Heritable Disorders, the Committee provides \$4,000,000, the same as the fiscal year 2023 enacted level, to support wider implementation, education, and awareness of newborn screening and follow-up for SCID 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 2024, the MIECHV program received a mandatory appropriation of \$550,000,000.

Early Hearing Detection and Intervention (EHDI)

The Committee includes \$18,818,000 for the EHDI program, the same as the fiscal year 2023 enacted level and the fiscal year 2024 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 \$24,334,000 for Emergency Medical Services for Children, the same as the fiscal year 2023 enacted level. 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 \$10,000,000, the same as the fiscal year 2023 enacted level, for the Screening and Treatment for Maternal Mental Health and Substance Use Disorder program (MMHSUD). According to Maternal Mortality Review Committee data reported to CDC, suicide and overdose are the leading cause of maternal mortality, accounting for 22 percent of maternal deaths. Maternal mental health (MMH) conditions impact one in five pregnant or postpartum women, including as many as one in three in high-risk populations. However, 75 percent of those impacted by MMH conditions remain untreated, leading to long-term negative impacts on the mother, baby and family and costing the U.S. economy \$14 billion each year. This program trains health care providers to screen, assess, and treat MMH conditions and provides specialized psychiatric consultation to providers.

Pediatric Mental Health Care Access

The Committee includes \$13,000,000 for Pediatric Mental Health Care Access, equal to the fiscal year 2023 enacted level and the fiscal year 2024 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, the same as the fiscal year 2023 enacted level and the fiscal year 2024 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.

This program supports patient safety bundles to all States, territories, and tribal entities, as well as to support capacity building and the provision of technical assistance to enrolled States and jurisdictions. Patient safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes, and reduce maternal mortality and severe maternal morbidity.

In the U.S., over 80 percent of pregnancy-related deaths are preventable. The Innovation for Maternal Health program supports the development of patient safety bundles. These bundles, address issues like Obstetric Hemorrhage, Safe Reduction of Primary Cesarean Birth, Severe Hypertension in Pregnancy, Postpartum Dis-

charge Transition, and Cardiac Conditions in Obstetrical Care, and were designed to reduce maternal mortality and severe maternal morbidity by engaging multidisciplinary health care clinicians, public health professionals, and cross-sector stakeholders committed to improving maternal outcomes in the U.S. Ongoing work of the program includes the development of a new bundle titled Sepsis in Obstetrical Care, an additional leading cause of maternal mortality, particularly in the postpartum period, and incorporating elements focused on provision of safe, supportive, and respectful patient care into each of the existing core patient safety bundles.

Maternal Mental Health Hotline

The Committee includes \$7,000,000 for the Maternal Mental Health Hotline, which is the same as the fiscal year 2023 enacted level and the fiscal year 2024 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 critical work of the Maternal Mental Health Hotline. Maternal mental health conditions impact 1 in 5 pregnant and postpartum women, 36 percent of female servicemembers and military spouses, and 60 percent of retired servicemembers. The hotline provides 24-hour free and confidential voice and text maternal mental health support services for pregnant and postpartum mothers and their families. The Committee directs HRSA to train hotline staff on best practices to support the unique needs of servicemembers, veterans, and military families utilizing the hotline. The Committee directs HRSA to conduct a public awareness campaign for the hotline to reach civilian, military and veteran pregnant and postpartum women, as authorized in the Consolidated Appropriations Act of 2023 (PL 117–328). The awareness campaign shall promote the hotline in public domains frequented by civilian and military mothers, including public transportation, military treatment facilities, lactation pods, and social media platforms. HRSA shall coordinate and consult with the Department of Veterans Affairs, the Department of Defense's Defense Health Administration, and the Department of Transportation to increase awareness of the hotline. The Committee requests a report within 180 days after the enactment of this Act on the training of hotline staff and activities taken to promote the hotline for civilian and military mothers; such report should also be made available on the agency's website.

Poison Control Centers

The Committee includes \$26,846,000 for Poison Control Centers, equal to the fiscal year 2023 enacted level and the fiscal year 2024 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 the integrated services for pregnant and postpartum women, the same as the fiscal year 2023 enacted level and \$15,000,000 below the fiscal year 2024

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 people while considering their social, behavioral, and health care needs.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2023	\$2,571,041,000
Budget request, fiscal year 2024	2,696,041,000
Committee Recommendation	2,332,535,000
Change from enacted level	- 238,506,000
Change from budget request	- 363,506,000

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 Committee
Emergency Assistance	\$680,752,000
Comprehensive Care Programs	1,364,878,000
<i>AIDS Drug Assistance Program</i>	<i>900,313,000</i>
Early Intervention Program	208,970,000
Children, Youth, Women, and Families	77,935,000
AIDS Dental Services	---
Education and Training Centers	---
Special Projects of National Significance	---

Ending the HIV Epidemic.—The Committee does not include funding for this activity. This program has demonstrated a lack of performance data based on outcomes, insufficient budget justifications, and vague spend plans. The initiative has not met its original objectives.

Due to funding constraints the Committee does not provide funding for Part F (AIDS Dental Services and Education and Training Centers) and the Special Projects of National Significance.

HEALTH SYSTEMS

Appropriation, fiscal year 2023	\$99,009,000
Budget request, fiscal year 2024	135,009,000
Committee Recommendation	101,009,000
Change from enacted level	+2,000,000
Change from budget request	- 34,000,000

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 \$33,049,000 for the Organ Transplantation program, \$2,000,000 above the fiscal year 2023 enacted level and \$34,000,000 below the fiscal year 2024 budget request.

Heart Failure Therapy.—In 2018, the criteria for determining how heart failure patients are classified, sorted, and prioritized on the heart transplant waitlist was changed. Under the new policy, a patient’s bridge-to-transplant therapy can define how long it will take each individual patient to get a heart. As a result of this policy change, certain patients can be expedited on the waitlist over others depending on what bridging therapy their doctor prescribes. During the February 8, 2023 meeting of the United Network for Organ Sharing (UNOS) Heart Transplant Committee, UNOS committee members reviewed a “mortality curve” based on transplant data from the Scientific Registry of Transplant Recipients. UNOS committee members noted with concern that the current policy was leading to increased mortality. HRSA should provide an update on actions the agency is taking to address this issue in the fiscal year 2025 congressional justification.

Modernization.—The Committee includes new bill language requested by the Administration and additional funding to support the modernization initiative.

National Cord Blood Inventory (NCBI)

The Committee includes \$19,266,000 for the NCBI, the same as the fiscal year 2023 enacted level and the same as the fiscal year 2024 budget request. The NCBI program supports cord blood banks to build a genetically diverse inventory of the highest quality cord blood units for transplantation.

The Committee does not support the Administration’s request to merge the National Cord Blood Inventory program with the C.W. Bill Young Cell Transplantation program.

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 2023 enacted level and the same as the fiscal year 2024 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, \$122,000 for Hansen’s Disease Buildings and Facilities, and \$1,857,000 for Payments to Hawaii for Treatment of Hansen’s Disease. These funding levels are the same as the fiscal year 2023 enacted level and the same as the fiscal year 2024 budget request.

The 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 2023	\$352,407,000
Budget request, fiscal year 2024	415,852,000
Committee Recommendation	402,607,000
Change from enacted level	+50,200,000
Change from budget request	- 13,245,000

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

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 communities. 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. Therefore, the Committee directs the Secretary to implement programs and policies to improve rural health outcomes, strengthen care delivery, and address the immediate issues facing rural communities.

Rural Health Outreach Programs

The Committee includes \$102,975,000 for Rural Health Outreach Programs, an increase of \$10,000,000 above the fiscal year 2023 enacted level and \$7,600,000 above the fiscal year 2024 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 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 including \$2,500,000 for technical assistance/implementation grants. In coordination with the Delta Regional Authority, the Committee provides \$3,000,000 for the Delta Region rural health workforce training program. In addition, the Committee includes \$1,000,000 for HRSA to conduct research and publish a report on cancer statistics for individuals in the Delta region compared to the rest of the country. Evaluation should include a comparative diagnosis timeline, rates of morbidity, and access to general care and treatment for cancer diagnosis.

Rural Maternity and Obstetrics Management Strategies (RMOMS).—The Committee includes no less than \$13,000,000 for RMOMS, an increase of \$3,000,000 above the fiscal year 2023 enacted level. RMOMS supports grants to improve access to and con-

tinuity 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 \$11,076,000 for Rural Health Research and Policy Development, the same as the fiscal year 2023 enacted level and the fiscal year 2024 budget request. Funding supports the Federal Office of Rural Health Policy's activities to analyze, advise the Secretary, and provide information to the public regarding issues that affect the availability, access to, and quality of health care in rural areas.

Rural Health Flexibility Grants

The Committee includes \$74,277,000 for Rural Health Flexibility Grants, \$10,000,000 above the fiscal year 2023 enacted level and \$10,000,000 above the fiscal year 2024 budget request. These programs support 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 no less than \$25,942,000 for the Small Rural Hospital Improvement Program.

State Offices of Rural Health

The Committee includes \$12,500,000 for State Offices of Rural Health, the same as the fiscal year 2023 enacted level and the fiscal year 2024 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 2023 enacted level and the same as the fiscal year 2024 budget request. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments.

Radiation Exposure Screening and Education Program (RESEP)

The Committee includes \$1,889,000 for the RESEP program, equal to the fiscal year 2023 enacted level and \$845,000 less than the fiscal year 2024 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 Residency Planning and Development

The Committee includes \$12,700,000 for the Rural Residency Planning and Development program, an increase of \$200,000 above the fiscal year 2023 enacted level and the same as the fiscal year

2024 budget request. This program funds physician residency training programs that support physician workforce expansion in rural areas.

The Committee commends the Office of Rural Health Policy at HRSA 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, or Rural Training Tracks.

Rural Communities Overdose Response Program (RCORP)

The Committee includes \$145,000,000, the same as the fiscal year 2023 enacted level, for the RCORP program. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by PL 115–245 and continued through PL 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. In particular the Committee wants to recognize the importance of the Recovery Housing Center of Excellence, this Center in coordination with the Substance Abuse and Mental Health Services Administration, provides technical assistance and research in recovery housing to communities and stakeholders in developing evidence-based recovery housing programs.

Financial and Community Sustainability for At-Risk Hospitals

The Committee includes \$10,000,000 as proposed in the budget request for this program.

Rural Hospital Stabilization Pilot Program

The Committee includes \$20,000,000 as proposed in the budget request for this program.

FAMILY PLANNING

Appropriation, fiscal year 2023	\$286,479,000
Budget request, fiscal year 2024	512,000,000
Committee Recommendation	— — —
Change from enacted level	– 286,479,000
Change from budget request	– 512,000,000

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

The Committee is disappointed by the 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. The Department is directed to work with 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 re-administer grants that were suspended under such conditions. The

Committee further directs the Department to provide an update within 30 days of enactment of this act on the agency’s progress.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2023	\$1,735,769,000
Budget request, fiscal year 2024	360,709,000
Committee Recommendation	215,088,000
Change from enacted level	-1,520,681,000
Change from budget request	-145,621,000

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.

HRSA Chief Dental Officer.—The Committee notes 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, no such authority has been delegated. The Committee strongly urges HRSA to restore the position with authority and resources to oversee and lead oral health dental programs and initiatives across the agency. The CDO is also expected to serve as the agency representative on oral health issues to international, national, State, and/or local government agencies, universities, and oral health stakeholder organizations. The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

Oral Health Literacy.—The Committee includes \$300,000, the same as the fiscal year 2023 enacted level, to continue the development of an oral health awareness and education campaign across relevant HRSA divisions, including the Health Centers program, Oral Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS program, and Rural Health. The Committee directs HRSA to identify oral health literacy strategies that are evidence-based and focused on oral health care prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer. The Committee encourages HRSA to ensure that the Chief Dental Officer plays a key role in the design, monitoring, oversight, and implementation of this project.

Post Disaster Medical Access.—HRSA’s mission is to provide equitable health care to the nation’s highest-need communities, especially those that are geographically isolated and economically or medically vulnerable. These populations are even more vulnerable following natural disasters. Health Professional Shortage Areas often coincide with these areas, especially in the fields of primary medical, dental, and mental health care. The Committee requests an update in the fiscal year 2025 congressional justification on efforts made to reach out to local academic medical centers and health care providers to develop a plan to provide support areas impacted by a natural disaster, including how to address shortages in professional health care providers and the lack of medical care for impacted residents.

Provider Relief Fund.—The Committee understands HRSA assured acute care hospitals that opened in 2019 and 2020 and impacted financially by the COVID pandemic, that although they were eligible for no or very little Provider Relief Funding in phases

1, 2, or 3, their concerns would be addressed in phase 4. In addition, the Committee notes legacy hospitals eligible for Provider Relief Fund (PRF) payment in phases 1, 2, and 3 received up to 88 percent of lost annual revenues, while phase 4 provided to new acute care hospitals resulted in between 0.5 percent and 1 percent of their annual financial losses, far less than many of these hospitals anticipated based on prior expectations. The Committee strongly encourages HRSA to prioritize remaining funds for payments to these acute care hospitals, particularly those that are not owned by other hospitals or are part of hospital systems, and operated emergency rooms at any time during the COVID Public Health Emergency.

In addition, the Committee directs the Department to provide monthly reports on money returned to the Provider Relief Fund. Such report should include all recoveries, and the current unobligated balance.

Office of Pharmacy Affairs (OPA)

The Committee includes \$12,238,000 for OPA, equal to the fiscal year 2023 enacted level. OPA 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.

The Committee supports efforts by HRSA to enforce the statute, comply with court decisions that relate to contract pharmacies, and appropriately refer violations of the statute by manufacturers to the Department of Health and Human Services (HHS) Office of Inspector General. The Committee encourages HRSA to continue to use its authority to carry out the program in the best interests of those it serves.

Telehealth

The Committee includes \$45,050,000 for Telehealth, an increase of \$7,000,000 above the fiscal year 2023 enacted level. Funds support the Office for the Advancement of Telehealth, which promotes the effective use of technologies to improve access to health services for people who are isolated from health care and to provide distance education for health professionals.

Telehealth Centers of Excellence.—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 2023 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 Network Grants.—The Committee expresses support for the Telehealth Network Grant Program in addressing rural health emergencies and encourages HRSA to recompete and expand the program for both new and continuation awards with the

expiration of the current awards in fiscal year 2024. HRSA is encouraged to include telepharmacy as an area of emphasis for the fiscal year 2024 competition.

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 \$5,000,000 increase for this effort.

VACCINE INJURY COMPENSATION PROGRAM

Appropriation, fiscal year 2023	\$15,200,000
Budget request, fiscal year 2024	26,200,000
Committee Recommendation	15,200,000
Change from enacted level	— — —
Change from budget request	– 11,000,000

The Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. The Committee also includes \$261,497,000 in mandatory funding, the same as the fiscal year 2024 budget request for claims.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, fiscal year 2023	\$7,000,000
Budget request, fiscal year 2024	15,000,000
Committee Recommendation	7,000,000
Change from enacted level	— — —
Change from budget request	– 8,000,000

The CICIP provides benefits to individuals who are seriously injured as a result of a vaccination, medication, device, or other item recommended to diagnose, prevent or treat a declared pandemic, epidemic, or security threat.

Within 120 days of the date of enactment of this Act, the Department is directed to provide the committees of jurisdiction a report on its progress for COVID countermeasure claims that have been filed within the Countermeasures Injury Compensation Program (CICIP) but have not yet been resolved or compensated and how CICIP intends to address the backlog of cases still awaiting review.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Appropriation, fiscal year 2023	\$9,217,590,000
Budget request, fiscal year 2024	11,636,211,000
Committee Recommendation	7,591,566,000
Change from enacted level	- 1,626,024,000
Change from budget request	- 4,044,645,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes \$6,350,008,000 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 (PPH) Fund.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2023	\$919,291,000
Budget request, fiscal year 2024	1,255,930,000
Committee Recommendation	919,291,000
Change from enacted level	- - -
Change from budget request	- 336,639,000

The Committee recommendation includes \$326,075,000 in discretionary budget authority and \$593,216,000 in transfers from the PPH Fund.

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

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

Budget Activity	FY 2024 Committee
Section 317 Immunization Program	\$681,933,000
Acute Flaccid Myelitis	6,000,000
Influenza Planning and Response	231,358,000

Cost Estimates.—The Committee requests that the report on estimated funding needs of the Section 317 Immunization Program be updated and submitted not later than February 1, 2024.

Promoting Routine Vaccination.—The Committee is concerned by the continued lag in routine vaccination across the life course due to the COVID pandemic, with underserved populations affected to a greater degree and adolescents affected disproportionately. If not addressed, these trends will increasingly expose Americans to vaccine preventable diseases, outbreaks, and exacerbate existing health disparities. The Committee urges CDC to prioritize engagement with providers, healthcare stakeholders, educators, community organizations, and families on the importance of ensuring that all receive the recommended routine vaccinations. The Committee also requests CDC provide an update in the fiscal year 2025 congressional justification on the vaccine education efforts and the rate of routine vaccination across all ages, as well as an update on

the plan to administer missed doses. CDC should include updated recommendations about what other tools it could employ to address this issue.

Respiratory Syncytial Virus (RSV) Prevention.—The Committee encourages CDC to raise awareness of the impacts of RSV and to promote the uptake of novel vaccines.

Viral Hepatitis.—The Committee has included funding to support efforts to eliminate the public health threat of viral hepatitis and to specifically implement and help fund the HHS Viral Hepatitis National Strategic Plan which offers a framework to eliminate viral hepatitis as a public health threat. The Committee is aware of the November 2021 Advisory Committee on Immunization Practices recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B and CDC guidelines for universal screening and urges a coordinated Federal effort to implement these goals. Therefore, the Committee requests that CDC include information in the fiscal year 2025 congressional justification on the efficacy of the CDC in promoting vaccinations among the most at risk of viral hepatitis. Finally, the Committee urges that the Center prioritize funding for jurisdictions with the highest infection rates.

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

Appropriation, fiscal year 2023	\$1,391,056,000
Budget request, fiscal year 2024	1,544,556,000
Committee Recommendation	1,171,056,000
Change from enacted level	- 220,000,000
Change from budget request	- 373,500,000

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 HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention, the Committee provides the following amounts:

Budget Activity	FY 2024 Committee
Domestic HIV/AIDS Prevention and Research	\$793,712,000
Viral Hepatitis	43,000,000
Sexually Transmitted Disease	174,310,000
Tuberculosis	137,034,000
Infectious Diseases and the Opioid Epidemic	23,000,000

Ending the HIV Epidemic.—The Committee does not include funding for this activity. This program has demonstrated a lack of performance data based on outcomes, insufficient budget justifications, and vague spend plans. The initiative has not met its original objectives. Funding has been reallocated for higher priority activities.

Tuberculosis Testing.—The Committee is gravely concerned by the recurrence of Tuberculosis (TB) disease cases associated with

biologic products contaminated with *Mycobacterium tuberculosis*. The Committee appreciates CDC’s work to investigate the outbreak and directs the agency to continue to work with FDA to prevent TB transmission from contaminated biological products. The Committee requests a briefing on these activities within 180 days of enactment of this Act.

EMERGING AND ZONOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2023	\$750,772,000
Budget request, fiscal year 2024	845,772,000
Committee Recommendation	760,772,000
Change from enacted level	+10,000,000
Change from budget request	– 85,000,000

The Committee recommendation includes \$708,772,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund.

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

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

Budget Activity	FY 2024 Committee
Antibiotic Resistance Initiative	\$197,000,000
Vector-borne Diseases	62,603,000
Lyme Disease	26,000,000
Prion Disease	8,000,000
Chronic Fatigue Syndrome	5,400,000
Emerging Infectious Diseases	212,997,000
Harmful Algal Blooms	3,500,000
Food Safety	70,500,000
National Health Care Safety Network	24,000,000
Quarantine	58,772,000
Advanced Molecular Detection	40,000,000
Epidemiology and Laboratory Capacity	40,000,000
Healthcare-Associated Infections	12,000,000

Antimicrobial and Antibiotic Resistance.—The Committee supports efforts to develop a fundamental understanding of microbial community invasion, which will eventually lead to tools to reduce establishment of antibiotic-resistant microorganisms. This includes obtaining a deeper understanding of the basis for stability and invasion of microbial communities, especially with the use of model communities, by applying metagenomics, genetics, and small molecule analysis to study the nature of robustness and emergent properties of microbial communities.

Harmful Algal Blooms.—The Committee notes that harmful algal blooms (HABs) are on the rise globally and urges CDC to develop additional studies to assess the health effects of exposure to cyanotoxins in the air and water. The Committee encourages CDC to continue building interagency cooperation surrounding HABs.

Live Animal Imports.—The Committee notes the importance that live cargo inspections maintain standards of animal welfare and occur in the shortest practicable period.

Lyme Disease.—The Committee continues to support CDC’s efforts to improve the testing and treatment related to Lyme and other vector-borne diseases and encourages CDC to consider expanding activities related to development of more accurate diagnostic tools and tests for Lyme disease.

The Committee is aware that potentially valuable tools, methods, and approaches for preventing tickborne diseases have not been evaluated due to a lack of resources. The Committee continues funding for CDC training and evaluation activities to evaluate the most promising of those tools, methods, and approaches for preventing tickborne diseases and to provide advanced training for public health entomologists on their use.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.—The Committee commends CDC for its recent progress in the Long COVID and Fatiguing Illness Recovery Program, and in its participation in the Interagency Working Group for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.

Mycotic Diseases.—The Committee supports CDC’s efforts relating to mycotic diseases, including its collaboration with the Valley Fever Institute and the Cocci Study Group. The Committee provides an increase of \$10,000,000 in EZID for mycotic diseases, including improving diagnostics and developing vaccines. The Committee requests an update in the fiscal year 2025 congressional justification on how this funding is being utilized.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2023	\$1,430,414,000
Budget request, fiscal year 2024	1,813,539,000
Committee Recommendation	1,127,553,000
Change from enacted level	– 302,861,000
Change from budget request	– 685,986,000

The Committee recommendation includes \$797,569,000 in discretionary appropriations and \$329,984,000 in transfers from the PPH Fund. Programs supported within Chronic Disease Prevention and Health Promotion provide national leadership and support for State, tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases.

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

Budget Activity	FY 2024 Committee
Nutrition, Physical Activity, and Obesity	\$58,420,000
<i>High Obesity Rate Counties</i>	16,500,000
Vision and Eye Health (including Glaucoma)	6,500,000
Alzheimer’s Disease	38,500,000
Inflammatory Bowel Diseases	2,000,000
Interstitial Cystitis	1,100,000
Excessive Alcohol Use	6,000,000
Chronic Kidney Disease	4,500,000
Chronic Disease Education and Awareness	4,500,000
Heart Disease and Stroke	155,105,000
Diabetes	155,129,000
National Diabetes Prevention Program	37,300,000
Cancer Prevention and Control	409,549,000
Oral Health	20,250,000
Safe Motherhood/Infant Health	108,000,000
Arthritis	11,000,000

Budget Activity	FY 2024 Committee
Epilepsy	11,500,000
National Lupus Registry	10,000,000
Racial and Ethnic Approaches to Community Health	68,450,000
<i>Good Health and Wellness in Indian Country</i>	24,000,000
Million Hearts	5,000,000
National Early Child Care Collaboratives	5,000,000
Hospitals Promoting Breastfeeding	9,750,000

Automated External Defibrillators.—The Committee recognizes that sudden cardiac arrest is a leading cause of death among athletes at all ages and that timely access to automated external defibrillators (AEDs) can significantly improve survival rates. The Committee encourages CDC to publish best practices for how to best deploy AEDs in sporting facilities, including schools, colleges, community centers, and stadiums. The best practices should include recommendations on optimal locations, maintenance, training, and coordination with emergency medical services, including the development of Emergency Action Plans for AED deployment.

Breast and Cervical Cancer.—The Committee remains concerned with elevated public health impacts from triple-negative breast cancer and urges the modernization of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to ensure a larger focus on programming that offers meaningful benefits relative to their cost, including screening younger women at higher risk who are rarely or have never been screened for breast cancer and ensuring linkage to care. The Committee further supports efforts to increase awareness of triple negative breast cancer, particularly among rural, African American, and Hispanic women. The Secretary should examine the panoply of its outreach strategies to ensure best practices are maintained to maximize existing breast cancer screening, diagnosis, and linkage to care health programs and optimize such programs in order to provide greatest value and impact.

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. Within the funding provided, the Committee encourages NBCCEDP to build on existing programs by finding new and innovative outreach and education strategies to engage women to increase early screening rates. The Committee urges CDC to prioritize and allocate resources for cervical cancer prevention and control, including but not limited to community education and screening. The Committee requests a briefing on the specific steps being taken to eliminate cervical cancer across the agency and any barriers that have been encountered and assistance needed to overcome them within 120 days of enactment of this Act.

Cancer Prevention and Control.—The Committee provides \$409,549,000 for CDC Cancer prevention and control activities, the same as the fiscal year 2023 enacted level. The Committee directs CDC to fund the following activities at not less than the fiscal year 2023 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 2025 congressional justification, CDC is directed to include a discussion of planned efforts for each of the areas identified in the preceding sentence.

Chronic Kidney Disease.—Chronic Kidney Disease (CKD) affects more than 37 million adults in the United States, 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 could contribute toward earlier detection to allow more time for interventions targeted to improve outcomes. The Committee encourages additional investments to educate the public about their risk for kidney disease, including education of clinical professionals and efforts to 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.

Chronic Obstructive Pulmonary Disease.—The Committee notes the opportunity for CDC's implementation of the Chronic Obstructive Pulmonary Disease National Action Plan developed by CDC and the National Institutes of Health National Heart, Lung, and Blood Institute. The Committee urges CDC to support surveillance and awareness activities on Chronic Obstructive Pulmonary Disease through existing funding mechanisms.

Diabetes.—The Committee is aware of CDC studies confirming diabetic retinopathy affects almost one-third of adults over age 40 years with diabetes, and more than one-third of African Americans and Mexican Americans. The Committee also understands that 95 percent of vision loss due to diabetic retinopathy is preventable with early detection and monitoring. The Committee encourages the CDC to ensure that organizations participating in its Diabetes Prevention Program are aware of retinal imaging as a part of lifestyle screening consistent with the recommendations of the American Diabetes Association.

Early Child Care Collaboratives.—The Committee recognizes that the early care and education setting is important for promoting healthy habits in young children. The Committee provides \$5,000,000 to the National Early Child Care Collaboratives program to support implementation of healthy eating and physical activity best practices in the early care and education sector and to build capacity within States to create healthier early care and education environments. Funds will support technical assistance to States to embed best practices into existing State and local systems for early care and education, as well as direct provider level and State level training to maximize the impact of other Federal programming. The Committee urges an enhanced focus on ensuring healthy eating and physical activity are part of early care and education quality improvement initiatives.

Eating Disorders.—The Committee remains concerned that mental health problems amongst youth are at an all-time high, with

eating disorder-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 but ended that data collection in 2015. The resulting gap in data collection has left public health experts and researchers with limited data to address the current eating disorders crisis among youth. The Committee directs CDC to assist States in collecting data by including one standard question on unhealthy weight control practices for eating disorders through the Youth Risk Behavioral Surveillance System.

Epilepsy.—The Committee recognizes the importance of surveillance to accurately understand the incidence, prevalence, and mortality rate of the epilepsies and to address the long-term health outcomes, complications, and healthcare access needs of people living with epilepsy. The Committee encourages CDC to consider adding epilepsy to the National Neurological Conditions Surveillance System. The Committee directs CDC to provide a report within 120 days of enactment of this Act on current gaps in surveillance data of people living with epilepsy and on the feasibility, cost, and timing of case reporting epilepsy through the addition of the disease to the system.

Heart Disease and Stroke.—The Committee continues to support Heart Valve Disease Education and Awareness and encourages CDC to support the development and expansion of a national sudden cardiac arrest registry.

The Committee directs CDC to develop evidence-based educational materials that explain the risk factors for heart disease and promote heart health, on topics such as nutrition education, diet plans, and exercise, for communities disproportionately affected by heart disease.

Hospitals Promoting Breastfeeding.—The Committee encourages CDC to continue research, and ongoing monitoring and surveillance of breastfeeding in the U.S. and requests that CDC report on utilization and impact of breastfeeding funding to date in the fiscal year 2025 congressional justification. The Committee encourages CDC to continue to collaborate with other agencies to expand clinical-community linkages, and deepen engagement across the continuum of care, including multi-sectoral national, State, tribal, and territorial community breastfeeding coalitions. Through these means, the Committee encourages CDC to support building a robust public health infrastructure for breastfeeding support.

Inflammatory Bowel Diseases.—The Committee provides \$2,000,000, an increase of \$500,000, to support the 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 produce improved time to diagnosis and optimal disease management, including in medically underserved populations. The Committee recognizes that health literacy is an important factor in an individual's ability to find, understand, and use information to inform health-related decisions and actions and that CDC has a leading role in improving health literacy. As CDC seeks to improve

awareness of and education related to IBD, the Committee strongly encourages the agency to include health literacy activities within these activities and to work with multiple stakeholders to implement them.

Nutrition, Physical Activity, and Obesity.—The Committee directs CDC to continue this program at no less than the fiscal year 2023 level. CDC grantees are expected to work with State and local public health departments and other partners to support measurable outcomes through community and population level evidenced-based obesity intervention and prevention programs. Funded projects should integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. To that end, preference should be given 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 for the High Obesity Program as well as the preponderance of obesity by State based on the CDC Behavioral Risk Factor Surveillance System.

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 shall remain available for universities, university-affiliated research centers, and public health departments with expertise in the fields of obesity, diabetes, and related chronic diseases to reduce diet-related diseases.

The Committee is further concerned that 42 percent of adults reported weight gain during the COVID pandemic according to a survey by the American Psychological Association. The Committee recognizes that access to indoor fitness facilities is essential to promote public health, reduce preventable disease, and maintain continuity of care. The Committee encourages CDC to report on the public health impacts of forced closures of indoor fitness facilities during the COVID pandemic and make publicly available any findings from such report.

Polycystic Ovary Syndrome (PCOS).—The Committee recognizes the high prevalence of Polycystic Ovary Syndrome (PCOS) among Hispanic women in the U.S., the detrimental consequences of PCOS to general health, and its associated economic burden. The Committee encourages CDC to work with relevant stakeholders to study the risk factors for PCOS among this segment of the population. The Committee further encourages CDC to initiate longitudinal epidemiologic research on PCOS and publicly release information regarding obstacles for early diagnosis, timely access to medical treatment, and physician education.

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

Psoriatic Arthritis.—The Committee recognizes that psoriatic disease impacts 8 million Americans and presents a significant public health burden, including increased risk of co-occurring conditions such as depression, anxiety, diabetes, and cardiovascular disease,

as well as social isolation, and the need for costly treatments. The Committee commends CDC for its work to raise awareness of psoriatic disease to improve diagnosis, and to update epidemiology and surveillance tools. This work, as well as the addition of a psoriatic disease question in the National Health Interview Survey, presents new opportunities to mitigate the public health burden of psoriatic disease. The Committee encourages CDC to build upon and expand these activities on psoriatic disease, with a focus on developing and disseminating public health interventions for those living with psoriatic disease and other co-occurring conditions.

Safe Motherhood and Infant Health.—The Committee has concerns regarding the rising rate of maternal mortality in the U.S. and the collection of accurate data regarding pregnancy-related mortality. The Committee encourages CDC to provide technical assistance to improve data collection on prior pregnancy adverse events when recording later maternal deaths, pregnancy-related deaths, and pregnancy-associated deaths to improve the public health data regarding maternal mortality. The Committee requests and update on this effort within 180 days of enactment of this Act.

Skin Cancer.—The Committee supports efforts to ensure the health and safety of all Americans. The Committee understands that skin cancer is the most common form of cancer in the United States and agricultural workers are at increased risk for skin cancer due to prolonged exposure to the sun's ultraviolet (UV) radiation. The Committee appreciates that exposure to UV light is the most preventable risk for all skin cancers. The Committee recognizes the vital role research plays in increasing awareness of risk factors and disease prevention. Within 180 days of enactment of this Act, the Secretary shall publish a report online detailing the prevalence of skin cancer among farmworkers. This report may include, rates of melanoma and nonmelanoma; survival rates; prevalence by race, ethnicity, age, and sex.

Sleep Deficiency.—The Committee notes that sleep deficiency and sleep and circadian conditions impact large percentages of the population and are a major factor in health disparities. CDC currently maintains only a few public health activities in specific areas, usually where sleep is a comorbidity of another condition. CDC is encouraged to foster collaborations and provide education on the importance of sleep health and sleep disorders. CDC is directed to provide an update on this effort in the fiscal year 2025 congressional justification.

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 2023 enacted program level. The Committee is concerned with the rising prevalence of childhood myopia, a chronic progressive disease with no existing cure. Children aged 12 and younger who become myopic have a proportional increased risk of developing visually threatening complications later in life. Providers rely on prevention, early diagnosis, and treatment to mitigate the long-term effects of myopia. Optometrists recommend that children should receive a vision screening between the ages of 3 and 5 to establish a baseline measurement. The Committee urges CDC to direct adequate resources towards informing parents, educators, providers, and State and local health officials about the

value of eye exams for children, symptoms, and the treatments for childhood myopia.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

Appropriation, fiscal year 2023	\$205,560,000
Budget request, fiscal year 2024	222,560,000
Committee Recommendation	205,560,000
Change from enacted level	— — —
Change from budget request	– 17,000,000

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

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Committee
Birth Defects	\$19,000,000
Fetal Death	900,000
Fetal Alcohol Syndrome	11,500,000
Folic Acid	3,150,000
Infant Health	8,650,000
Autism	28,100,000
Disability & Health	45,500,000
Tourette Syndrome	2,500,000
Early Hearing Detection and Intervention	10,760,000
Muscular Dystrophy	7,500,000
Attention Deficit Hyperactivity Disorder	1,900,000
Fragile X	2,000,000
Spina Bifida	7,500,000
Congenital Heart Defects	8,250,000
Public Health Approach to Blood Disorders	10,400,000
Hemophilia Activities	3,500,000
Hemophilia Treatment Centers	5,100,000
Thalassemia	2,100,000
Neonatal Abstinence Syndrome	4,250,000
Surveillance for Emerging Threats to Mothers and Babies	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 efforts to support population-based surveillance at U.S. pilot sites to expand scientific knowledge on prevalence, risk factors, early detection, and co-morbidities of cerebral palsy in order to determine if the cerebral palsy 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 Still-birth Task Force.

Fragile X and Fragile X Associated Disorders.—The Committee commends CDC’s efforts to identify and define the population impacted by Fragile X (FX) and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. To help this effort, the Committee urges CDC to support additional strategies to promote earlier identifica-

tion of children with FX, such as voluntary newborn screening. The Committee also recommends CDC work to ensure underserved populations with FX conditions are being properly diagnosed and are aware of medical services available. Finally, the Committee recommends CDC support research across the lifespan of individuals living with Fragile X and the associated conditions and disorders.

Muscular Dystrophy.—The Committee includes funding to support Muscular Dystrophy research and disease surveillance initiatives, including the evaluation of the impact of incorporating care considerations, as identified in the recent report to the Committees, into the standards of care for Muscular Dystrophy patients in terms of patient outcomes. In addition, the Committee encourages CDC to collaborate with stakeholders on an initiative to integrate the care considerations into electronic health records to improve care, understand disease outcomes, and model disease progression.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2023	\$754,497,000
Budget request, fiscal year 2024	961,564,000
Committee Recommendation	654,497,000
Change from enacted level	– 100,000,000
Change from budget request	– 307,067,000

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

Within the total, the Committee provides the following amounts:

Budget Activity	FY 2024 Committee
Health Statistics	\$187,397,000
Surveillance, Epidemiology, and Informatics	298,100,000
<i>National Neurological Conditions Surveillance System</i>	5,000,000
<i>Primary Immunodeficiencies</i>	3,000,000
Laboratory Training and Oversight	23,000,000
Public Health Data Modernization Initiative	75,000,000
Public Health Workforce	71,000,000

Death Reporting.—The Committee urges CDC to develop recommendations for revising the United States standard certificate of death.

Maternity Practices in Infant Nutrition and Care.—The Committee believes CDC should include and report data from birth centers in their Maternity Practices in Infant Nutrition and Care and Levels of Care Assessment Tool surveys. The Committee requests a briefing on these activities within 180 days of enactment of this Act.

Public Health Data Modernization.—The Committee has recognized and supported CDC’s Data Modernization Initiative (DMI). The Committee is also aware of historical challenges to real time data sharing with HHS interagency partners. The Committee requests CDC provide a report to the Committees documenting the engagement and access to this real time interagency data sharing within 180 days of enactment of this Act.

The Committee is pleased to see progress towards the implementation of CDC's DMI 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 recommends CDC to create an Advisory Council to formalize its engagement with representatives from State, territorial, local, and tribal public health departments, health care providers, and the private sector towards the development and implementation of enterprise level public health data systems.

The Committee provides funding to advance the progress of this effort with State, Territorial, Local, and Tribal (STLT) partners. The Committee urges CDC to work with representatives from STLT health departments through a regular convening mechanism to establish a public health data sharing process to ensure that notifiable case data are reported to CDC during an emergency response event in a timely and efficient manner that is the least burdensome for STLT public health departments. The Committee includes a 30 percent set-aside for CDC to develop funding opportunities and make grant awards to STLT public health departments to facilitate the mission of the initiative. The grants shall include, as an allowable use, the procurement of products and solutions from commercial vendors for disease surveillance and data collection and reporting efforts. This process should include the use of an established minimal data set and transmission via existing and automated reporting mechanisms to the extent possible.

ENVIRONMENTAL HEALTH

Appropriation, fiscal year 2023	\$246,850,000
Budget request, fiscal year 2024	420,850,000
Committee Recommendation	181,850,000
Change from enacted level	- 65,000,000
Change from budget request	- 239,000,000

The Committee recommendation includes \$130,850,000 in discretionary appropriations and \$51,000,000 in transfers from the PPH Fund.

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

Within the total, the Committee provides the following amounts:

Budget Activity	FY 2024 Committee
Environmental Health Laboratory	\$60,750,000
<i>Newborn Screening Quality Assurance Program (non-add)</i>	21,000,000
<i>Newborn Screening/Severe Combined Immunodeficiency Diseases (non-add)</i>	1,250,000
Other Environmental Health Activities	10,000,000
<i>Vessel Sanitation (non-add)</i>	2,600,000
Climate and Health	-- --
Safe Water	8,600,000
Amyotrophic Lateral Sclerosis (ALS) Registry	10,000,000
Trevor's Law	3,000,000
Asthma	33,500,000
Childhood Lead Poisoning	51,000,000

Budget Activity	FY 2024 Committee
Lead Exposure Registry	5,000,000

Amyotrophic Lateral Sclerosis.—The Committee recommends a funding level of \$10,000,000 for the National Amyotrophic Lateral Sclerosis Registry and Biorepository at CDC. The Committee urge CDC to continue its investment in research that will reduce incidence of ALS in the United States. The Committee instructs CDC to provide reports to other agencies and the public that include State-by-State data on the incidence and prevalence of ALS no later than 90 days after enactment of this Act. The Committee directs that funding be used to support research to prevent ALS among active military personnel and veterans.

Additionally, the Committee urges CDC to collaborate with the Departments of Defense and Veterans Affairs to provide a publicly available report on the incidence and prevalence of ALS among military veterans. This report, due 1 year after enactment of this Act, must include a strategy to develop and test risk reduction strategies that will lower the incidence of ALS among active-duty personnel and veterans.

Vessel Sanitation Program.—The Committee includes \$2,600,000 to support the critical public health functions of the vessel sanitation program. The Committee directs CDC to include in the fiscal year 2025 congressional justification information regarding the total dollar amount of fees collected in fiscal year 2023 and fiscal year 2024 as well as estimated changes to the fee schedule program necessary to sustain the Vessel Sanitation Program without annual appropriations.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2023	\$761,379,000
Budget request, fiscal year 2024	1,351,669,000
Committee Recommendation	730,779,000
Change from enacted level	– 30,600,000
Change from budget request	– 620,890,000

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

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Committee
Domestic Violence and Sexual Violence	\$38,200,000
<i>Child Maltreatment (non-add)</i>	7,250,000
<i>Child Sexual Abuse Prevention (non-add)</i>	3,000,000
Youth Violence Prevention	—
Domestic Violence Community Projects	7,500,000
Rape Prevention	61,750,000
Suicide Prevention	30,000,000
Adverse Childhood Experiences	9,000,000
National Violent Death Reporting System	24,500,000
Traumatic Brain Injury	8,250,000
Elderly Falls	3,050,000

Budget Activity	FY 2024 Committee
Drowning	2,000,000
Injury Prevention Activities	29,950,000
Opioid Overdose Prevention and Surveillance	505,579,000
Injury Control Research Centers	11,000,000
Firearm Injury and Mortality Prevention Research	---

Drowning.—The Committee includes \$2,000,000 to prevent fatal drownings. Drowning is the leading cause of unintentional deaths among children 0–4 and the second leading cause of all death among children and youth. This funding will allow CDC to scale proven drowning prevention programs with national organizations to support State drowning surveillance efforts and to begin implementation of a national plan on water safety.

Firearm Research.—The Committee includes no funding for firearm-related research.

National Domestic Violence Action Plan.—The Committee looks forward to receiving the National Domestic Violence Prevention Action Plan in 2023, as requested in House Report 117–96.

Prescription Drug Monitoring Programs.—The Committee understands that 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 is concerned by CDC’s use of special conditions for grants used to address the opioid epidemic that require States to connect to a certain data hub in order to receive funding. The Committee supports States connecting to the interstate data exchange hub of their choice and is concerned that CDC imposed restrictive conditions that may impede States response to the opioid epidemic.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriation, fiscal year 2023	\$362,800,000
Budget request, fiscal year 2024	362,800,000
Committee Recommendation	247,700,000
Change from enacted level	– 115,100,000
Change from budget request	– 115,100,000

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 Committee
National Occupational Research Agenda	\$119,500,000
<i>Agricultural, Forestry, and Fishing</i>	29,000,000
Education and Research Centers	32,000,000
Personal Protective Technology	23,000,000
Mining Research	66,500,000
National Mesothelioma Registry and Tissue Bank	1,200,000

Budget Activity	FY 2024 Committee
Firefighter Cancer Registry	5,500,000
Other Occupational Safety and Health Research	-- --

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.

Farmworker Health.—The Committee directs the CDC to include in the fiscal year 2025 congressional justification an update regarding the work of the National Occupational Research Agenda Agriculture, Forestry, and Fishing Sector Council to improve reporting and surveillance of injury and illness in the agriculture sub-sector as it relates to skin cancer for farmworkers.

First Responders.—The Committee is aware that first responders, such as firefighters, are exposed to a complex mix of known and possible carcinogens which can lead to increased rates of cancer and death relative to the general population. Despite an understanding of the risks associated with such environmental exposures, there has been no large-scale, systematic examination of the mechanisms by which the environmental exposures experienced by these frontline responders can cause cancer. The Committee encourages the CDC to further examine the cancer disparity among those in the fire service considering age, family history, and individual behavior to build upon existing scientific evidence-based research to develop new solutions and best practices for complex occupational safety and health problems such as the toxic exposures and higher cancer incidence rates in this population.

Mining Research.—The Committee supports research related to the occupational exposure risks metal and non-metal mines to miners in Nevada and other states. Asbestos, erionite, and bioavailable minerals are natural constituents, which are known to cause respiratory illness. It is essential to evaluate the exposure risks, develop intervention technologies, and assess their effectiveness for mines.

World Trade Center Health Program (WTCHP).—The Committee recognizes that thousands of eligible members of WTCHP reside outside the New York-metropolitan area, including Florida, North Carolina, Pennsylvania, and Virginia. In consideration of migration trends, and with a greater need to provide clinical services, in particular monitoring and treatment of WTCHP-certified conditions and improve access to research within regions where eligible members live, the Committee encourages CDC to include an assessment in the fiscal year 2025 congressional justification on the value and impact on sustainability of the program in establishing an additional Clinical Center of Excellence outside the New York metropolitan area.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2023	\$55,358,000
Budget request, fiscal year 2024	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 2023	\$692,843,000
Budget request, fiscal year 2024	764,843,000
Committee Recommendation	370,722,000
Change from enacted level	-322,121,000
Change from budget request	-394,121,000

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 Committee
Global Tuberculosis	\$11,722,000
Global Immunization Program	230,000,000
<i>Polio Eradication</i>	<i>180,000,000</i>
<i>Other Global/Measles</i>	<i>50,000,000</i>
Parasitic Diseases and Malaria	29,000,000
Global Public Health Protection	100,000,000

Population-based Surveillance Platforms.—The Committee continues to support existing longitudinal population-based infectious disease surveillance platforms focused on pneumonia, diarrheal, and febrile illnesses, that enable comparative analysis between urban and rural populations.

Soil Transmitted Helminth and Related Diseases of Poverty.—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 2023	\$883,200,000
Budget request, fiscal year 2024	943,200,000
Committee Recommendation	735,000,000
Change from enacted level	- 148,200,000
Change from budget request	- 208,200,000

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 Committee
Public Health Emergency Preparedness Cooperative Agreement	\$735,000,000

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2023	\$40,000,000
Budget request, fiscal year 2024	55,000,000
Committee Recommendation	40,000,000
Change from enacted level	- - -
Change from budget request	- 15,000,000

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.

Lab Renovation.—The Committee provides \$85,000,000 from the HHS Nonrecurring Expenses Fund for the purposes of renovating the CDC Royal Campus Building 15 laboratories.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2023	\$723,570,000
Budget request, fiscal year 2024	1,038,570,000
Committee Recommendation	391,428,000
Change from enacted level	- 332,142,000
Change from budget request	- 647,142,000

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

The Committee recommendation includes \$231,428,000 in discretionary funds and \$160,000,000 in transfers from the PPH Fund.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Committee
Preventive Health and Health Services Block Grant	\$160,000,000
Office of the Director	96,428,000
<i>Office of Rural Health (non-add)</i>	5,000,000
Infectious Disease Rapid Response Reserve Fund	35,000,000

Budget Activity	FY 2024 Committee
Public Health Infrastructure and Capacity	100,000,000

CDC Core Capacities.—The Committee has prioritized funding for CDC Core Capacities necessary to respond to the threats of infectious disease across 15 accounts. These accounts include Quarantine; Advanced Molecular Detection; Epi and Lab Capacity; Health Statistics; Public Health Data; 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 2025 congressional justification, CDC is directed to provide a breakout table detailing the funding requested for these core capacity program lines.

Food Allergies.—The Committee recognizes the serious issue of food allergies, which affect approximately eight 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.

Infectious Disease Rapid Response Reserve Fund.—As utilized during the initial response to COVID, this fund provides an immediate source of funding to quickly respond to an imminent infectious disease crisis. Funds are available until expended.

Infectious Etiology.—The infectious etiology of chronic diseases and syndromes, including infections from *Borrelia burgdorferi*, *Bartonella henselae*, West Nile virus, and many other infectious agents, have been known or suspected for several decades, but research which could significantly reduce chronic diseases and syndromes, as well as lessen the severity of symptoms, has been severely neglected. The Committee encourages CDC to collaborate with Federal and non-profit partners to develop a common research agenda that might increase understanding of the causes of these chronic symptoms and improve patient outcomes across infectious disease etiologies.

Local Health Departments.—The Committee is concerned that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate. The Committee directs CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments, including amount and date funds are made available per grant award, by local jurisdiction, such information shall be made available on the agency's website.

Office of Rural Health.—The Committee is encouraged by efforts from the agency to establish the CDC Office of Rural Health (ORH). The Committee urges the agency to ensure that the established ORH will guide CDC's rural health activities 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 continues \$5,000,000 for this activity, the same as the fiscal year 2023 enacted level.

Wastewater Surveillance.—The Committee recognizes the role wastewater surveillance played in our nation’s response to COVID. In a January 2023 report, the National Academies of Sciences, Engineering, and Medicine highlights how critical wastewater surveillance has been in detecting, managing, and preventing further spread of the COVID virus and affirms its continued value for managing infectious disease outbreaks, including resurgences of known pathogens and newly emergent pathogens. The Committee recognizes best practices identified by the National Academies of a wastewater surveillance system that is “flexible, equitable, integrated, actionable, and sustainable” including capabilities to track multiple pathogens simultaneously, with an open and transparent process for prioritizing targets, and ability to detect emerging pathogens. The Committee further underscores the importance of a national wastewater surveillance system whose geographic and temporal design is informed by data and strategically incorporates sites as a mechanism for early detection. In order to meet the goals of a scientifically rigorous, sustainable, flexible, efficient, and responsive public health surveillance, the Committee encourages CDC to partner with public, private, and non-profit organizations at the forefront of this work, and including organizations that have experience monitoring multiple pathogens, have a proven record of responding to emerging viral threats by quickly adding assays in a standardized method across a network of sites that use a consistent protocol and process and sample using the most scientifically rigorous and sensitive method. CDC is encouraged to prioritize entities that offer interoperability across jurisdictions, uphold data confidentiality standards and transparency, and open-source scientific methods.

NATIONAL INSTITUTES OF HEALTH (NIH)

Appropriation, fiscal year 2023	\$48,959,000,000
Budget request, fiscal year 2024	50,770,089,000
Committee Recommendation	45,122,545,000
Change from enacted level	– 3,836,455,000
Change from budget request	– 5,647,544,000

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 understanding 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 National Institutes of Health (NIH) program level is \$44,622,545,000 excluding funding for the Advanced Research Projects Agency for Health (ARPA-H). The Committee provides \$42,888,063,000 in discretionary appro-

priations, \$1,327,482,000 in Public Health Service Act (PHS Act) section 241 evaluation set aside transfers, and \$407,000,000 as authorized in the 21st Century Cures Act (Cures Act) (PL 114–255).

The recommendation includes funding for initiatives established in the Cures Act; \$235,000,000 for the *All of Us* precision medicine initiative and \$172,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative.

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

NATIONAL CANCER INSTITUTE (NCI)

Appropriation, fiscal year 2023	\$7,320,159,000
Budget request, fiscal year 2024	7,820,159,000
Committee Recommendation	7,104,159,000
Change from enacted level	– 216,000,000
Change from budget request	– 716,000,000

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

Access to Affordable Cancer Screening.—The Committee notes ongoing innovation in non-invasive, at-home, self-sampling, including the development of collection technology for various sample types that are stable at room temperature and can be circulated through the mail, which have the potential to enhance access to cancer screening, particularly for rural and underserved communities. HHS is encouraged to fully leverage emerging opportunities in screening and access through the Cancer Moonshot and related activities.

Brain Cancer Research.—The Committee recognizes that certain types of brain cancers are associated with high mortality and morbidity rates. Brain and other nervous system cancers have a five-year survival rate of 33 percent. Certain brain tumors that occur in humans also occur spontaneously and naturally in dogs. These brain cancers in dogs share many of the same molecular underpinnings of their human counterparts. There is potential for developing treatments for brain cancers that will benefit dogs and humans and provide an intermediate step to evaluate human treatments in a more meaningful and related species. The Committee encourages NIH to continue to support research that brings together researchers and clinicians from pediatrics, adult oncology, veterinary medicine, and biomedical engineering to leverage the linkage between brain cancers in dogs and humans and evaluate and develop treatments and safe delivery systems.

Cancer Survivorship.—The Committee supports opportunities to strengthen the understanding of the late and long-term effects of cancer and cancer treatment for adults, which will in turn support initiatives to address the health care and quality of life issues facing cancer survivors. The Committee requests that the National Cancer Institute, through the Office of Cancer Survivorship, provide an update in the fiscal year 2025 congressional justification on research focused on cancer survivorship for patients diagnosed with cancer as adults, including an emphasis on long-term retrospective survivorship cohort studies supported by the Institute.

CD38 Diagnostic Research.—Multiple Myeloma (MM) is an incurable cancer of plasma cells. Approximately 36,000 new cases will be detected this year in the U.S. Monoclonal antibodies are an important treatment option for patients with MM. CD38 is a protein that is overexpressed in MM cells. Anti-CD38 monoclonal antibodies are used to treat MM malignancies. They also, however, destroy the body's CD 38+ Natural Killer cells, which are an important first line of defense. The Committee is aware of the CD38 diagnostic approach, which uses in-vitro testing and allows for the prediction of efficacy for the treatment of MM patients with monoclonal antibodies. The Committee urges NCI to continue to support research on the CD38 diagnostic approach and the development of promising trials that can lead to better outcomes for patients with MM.

Childhood Cancer Data Initiative (CCDI).—The Committee includes no less than \$50,000,000 for the CCDI, which is the same as the fiscal year 2023 enacted level. Within this total, the Committee includes no less than \$750,000, which is the same as the fiscal year 2023 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 \$30,000,000, the same as the fiscal year 2023 enacted level, for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act (PL 115–180).

Chimeric Antigen Receptor T-Cell Therapy.—The Committee is aware of NIH research in Chimeric Antigen Receptor (CAR) T-cell Therapy, which targets specific proteins found in blood cancers, including B-cell leukemias and lymphomas, as well as NCI research to evaluate this approach for solid tumors. This therapy is transforming the treatment of these cancers, and researchers are hopeful that this therapy could be used to treat solid tumors. The Committee notes new breakthroughs in this therapy, including the SNAP-CAR T-cell therapy, which administers the CAR T-cells with one or more antibody adaptors that fuse them to the SNAP-CAR on the therapeutic cells. Early research is promising and suggests this could be a universal therapeutic platform, including against solid tumors. Its advantages over current standard CAR T-cell treatments include a reduction in potential toxicity and in cancer relapse. The Committee encourages NCI to continue to support research to advance the potential for CAR T-cell therapy.

Deadliest Cancers.—The Recalcitrant Cancer Research Act of 2012 focuses on cancers with a five-year survival rate below 50 per-

cent, which account for 44 percent of all U.S. cancer deaths. Given the toll that recalcitrant cancers exact on society and the lack of diagnostic and treatment resources currently available to help patients, the Committee encourages NCI to continue to invest in the most promising research opportunities to advance progress against each of the deadliest cancers (gastric, esophageal, and GE junction; liver, including cholangiocarcinoma; lung, including mesothelioma; ovary; pancreas; and brain, including adult and pediatric brain tumors, and other deadly pediatric cancers). The Committee requests an update on research focused on each of these areas in the fiscal year 2025 congressional justification.

Diffuse Intrinsic Pontine Glioma.—Diffuse Intrinsic Pontine Glioma (DIPG) is a rare but aggressive brain tumor that accounts for nearly 80 percent of pediatric brain stem tumors. Due to its location and highly aggressive nature, its prognosis is nearly always fatal. The committee encourages NCI to continue its research to better understand DIPG 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.

Geriatric Oncology.—As our population ages and cancer treatments improve, more patients with cancer are living longer. Adults aged 65 and older currently account for 67 percent of cancer survivors but are projected to account for 73 percent by 2040. Survivorship programs, however, have primarily focused on the late effects of cancer diagnosed at younger ages rather than supporting older adults. In addition, older adults with cancer remain significantly underrepresented in clinical trials, making treatment of these patients challenging for oncologists. The Committee encourages NCI to support opportunities across the geriatric oncology research continuum. Investments in this area will allow clinicians to provide a higher quality of care to this vulnerable and growing cancer patient population.

Glioblastoma Treatment Research.—The Committee recognizes that glioblastoma is the most common, most deadly, and most difficult form of brain cancer to treat in adults. For the thousands of Americans facing this disease, the lack of progress is a devastating reality that trails behind the impressive progress made in research of other forms of cancer. The Committee strongly urges NIH to increase and expand its research on glioblastoma. The Committee requests an update on these efforts in the fiscal year 2024 congressional justification.

Helping Cancer Patients Quit Smoking.—The Committee is concerned that not all cancer patients who smoke and are treated at National Cancer Institute designated cancer centers are being offered tobacco cessation services. Research indicates that smoking cessation can lead to improved cancer treatment outcomes for all cancers. The Committee commends the NCI for identifying this gap and launching the Cancer Center Cessation Initiative with the long-term goal of helping cancer centers and other hospitals build and implement tobacco cessation treatment programs to address tobacco cessation with cancer patients. The Committee is also aware that tobacco use, and lung cancer rates are higher in rural areas.

Hepatitis B.—Additionally, the Committee applauds NCI for its collaboration to implement the Strategic Plan for Trans-NIH research to Cure Hepatitis B, given that Hepatitis B is estimated to cause up to 60 percent of liver cancer cases. The Committee encourages NCI to continue to participate in NIH efforts to address the plan's recommendations.

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

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 (NIMHB) as NIMHB establishes the Initiative for Improving Native American Cancer Outcomes.

Liver Cancer.—The Committee applauds the 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 5-year survival rate of only 18 percent and is the third most common cause of cancer death in the U.S. The rate of liver cancer mortality continues to increase, as well. The Committee encourages NCI to develop a national agenda for early detection, screening, and prevention of liver cancer. In support of this, NCI is encouraged to convene a summit to ensure input for all stakeholders. The Committee applauds NCI for its Early Detection of Liver Cancer consortia initiatives as a means of fostering progress and collaboration. The Committee urges NCI to continue such programs, as well as use Program Projects, R01s, and U01 Cooperative Agreements, to achieve the goals of its strategic plans and advance progress against liver cancer. The Committee requests an update on these efforts in the fiscal year 2025 congressional justification.

Maternal and Child Cancer Risks.—The Committee is concerned about knowledge gaps regarding the risk and impact of exposure to environmental carcinogens associated with common cancers in women and children, particularly in understudied and highly impacted populations. Additional research is needed to understand the windows of exposure and the relationships between multiple exposures to environmental contaminants and intermediate cancer risk to develop effective prevention programs. The Committee encourages NCI to continue to support research to understand the impact of multiple exposures to environmental chemicals, pollutants, and other stressors across a diverse population of pregnant women and children.

Metastatic Breast Cancer (MBC).—The Committee is aware that clinical research is of utmost importance to those living with MBC, which is breast cancer that has spread to other organs and become incurable. The Committee encourages a continued emphasis by NCI on research for MBC, to discover better treatments and a cure. The Committee requests an update on NCI's activities regarding MBC in the fiscal year 2025 congressional justification, including updates on actions NCI is taking to achieve representation of the demographic of the U.S. population in clinical trials.

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 requires 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 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.

Pediatric Research.—The Committee supports NIH maintaining a robust pediatric research portfolio spanning basic, translational, and clinical research, to adequately support researchers, particularly early career investigators, focused on pediatrics and to ensure pediatric components are included within larger NIH research priorities. The Committee includes \$1,500,000 for the National Academies of Science, Engineering, and Medicine to assess the current NIH pediatric research portfolio and structure, including how projects are categorized as pediatrics, how pediatric components have been included or excluded from larger NIH initiatives, structural or process impediments to pediatric applicants, how pediatric research priorities are established, and how pediatric research activity is coordinated across the institutes and centers. The assessment will include recommendations on improving NIH’s overall support of child health research.

Prostate Cancer.—The Committee remains concerned that men with advanced prostate cancer lack treatment options, as well as adequate diagnostic and imaging methodologies that are common in other hormone-driven cancers with a similar disease burden to prostate cancer. To ensure Federal resources are leveraged as much as possible, the Committee encourages NCI to coordinate its research efforts with other Federal agencies, including the Department of Defense, as well as private research foundations and advocacy organizations.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Appropriation, fiscal year 2023	\$3,982,345,000
Budget request, fiscal year 2024	3,985,158,000
Committee Recommendation	3,982,345,000
Change from enacted level	---
Change from budget request	-2,813,000

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

Awareness of Sickle Cell Trait.—The Committee supports efforts to provide Americans with screening for 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 children and adults. NIH is encouraged to consider

programs to evaluate the effectiveness of screening technologies for infants and children with sickle cell trait and disease and to develop different innovative technologies and medicines to treat and cure SCD.

Chronic Lung Disease.—The burden of chronic lung diseases continues to rise, and the Committee is supportive of efforts to accelerate progress in addressing these challenges for the approximately 15 million Americans diagnosed with chronic obstructive pulmonary disease and other airway diseases such as non-cystic fibrosis bronchiectasis. The Committee encourages NHLBI to support critical research on these conditions including: (1) development of complex tissue and cellular systems to mimic the disease process in the lung to help identify molecular pathways of disease; (2) research to promote earlier diagnosis; (3) clinical research of early disease to identify appropriate targets to modulate disease progression before irreversible tissue damage has occurred; and, (4) proof-of-concept clinical trials including translational and experimental medicine studies. NHLBI is directed to provide an update in the fiscal year 2025 congressional justification on the current and planned activities in these areas.

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

Diversifying Pathways to and Participation in Clinical Pulmonary Research.—The Committee encourages NHLBI to continue to address the under-representation of minorities in clinical and basic NIH pulmonary research by convening the nation's most productive pulmonary research academic research programs in regions with a dearth of high-trained researchers and local clinical partners. Through such efforts, NHLBI is encouraged to explore avenues for recruiting more minority individuals into NHLBI clinical research trials and minority high-school through college-aged students into leadership positions running NIH-funded clinical and basic research programs.

Endotoxemic Septic Shock.—The Committee encourages NIH to convene a stakeholder workshop to discuss research needs to inform the development of diagnostic criteria for characterizing endotoxemic septic shock in recognition of clinical advances in knowledge and emerging medical technologies to assess and treat this condition.

Pulmonary Fibrosis.—The Committee commends NHLBI for hosting a Pulmonary Fibrosis Stakeholders Summit in November 2022 to develop a blueprint for pulmonary fibrosis-related research priorities over the next five years and requests an update on the plan's implementation in the fiscal year 2025 congressional justification. The plan's priorities include a focus on early disease detection and improved diagnosis and innovative clinical trial designs. The Committee urges NHLBI to support the development of advanced research models more predictive of clinical trial success and the integration of these models into preclinical studies to facili-

tate faster drug development. The Committee supports more research into pulmonary fibrosis and coordination to address this deadly disease.

Sleep Health and Circadian and Sleep Disorders.—The Committee is supportive of the NHLBI and other institutes and centers for their ongoing commitment to sleep and circadian research and notes the opportunities for further progress in specific sleep disorders. The National Center for Sleep Disorders Research is encouraged to advance the blueprint for ongoing and emerging activities outlined through the recent NIH Sleep Research Plan and to include an update in the fiscal year 2025 congressional justification on efforts to facilitate further progress.

Valvular Heart Disease Research.—The Committee recommendation provides \$20,000,000 for research into the cause of and risk factors for valvular heart disease, which is the same as the fiscal year 2023 enacted level. The Committee recognizes that many Americans have heart valve defects or disease, but do not always present with symptoms. Not all of those with this condition experience significant or life-threatening problems because of their heart valve defects or disease; however, about 25,000 people die each year in the U.S. from this disease, primarily due to underdiagnosis and undertreatment. The Committee commends the NHLBI for its work advancing treatments for people with valvular heart disease. It encourages the agency to expand these initiatives to include research that advances technological imaging and precision medicine to generate data on individuals with valvular disease, identifies individuals who are at high risk of sudden cardiac death due to valvular disease, develops prediction models for high-risk patients, and enables interventions and treatment plans to keep these patients healthy throughout their lives.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
(NIDCR)

Appropriation, fiscal year 2023	\$520,163,000
Budget request, fiscal year 2024	520,138,000
Committee Recommendation	520,163,000
Change from enacted level	— —
Change from budget request	+25,000

Mission.—The mission of NIDCR is to advance fundamental knowledge about dental, oral, and craniofacial health and disease and translate these findings into prevention, early detection, and treatment strategies that improve overall health for all individuals and communities across the lifespan.

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

Appropriation, fiscal year 2023	\$2,300,721,000
Budget request, fiscal year 2024	2,303,098,000
Committee Recommendation	2,300,721,000
Change from enacted level	— —
Change from budget request	–2,377,000

Mission.—The NIDDK mission is to conduct and support medical research and research training and disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney,

urologic, and hematologic diseases, to improve people's health and quality of life.

Chronic Kidney Disease (CKD).—The Committee notes that NIH funding for kidney disease research has lagged far behind that of NIH overall. The Committee applauds recent changes to clinical practice in the diagnosis of kidney disease and concurs with recommendations for new markers for estimating kidney function. NIDDK should prioritize research into endogenous filtration markers, activities that spur the adoption of new equations for estimating glomerular filtration rate. 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, improves the delivery of evidenced-base care in under-represented populations, and improves patients' quality of life. The Committee requests an update on these priorities in the fiscal year 2025 budget justification.

Kidney Transplant Disparities.—The Committee appreciates NIH's response in the fiscal year 2024 congressional justification for an update on the kidney disease research program on disparities in the prevention, diagnosis, and treatment of kidney diseases. The Committee affirms the importance of reducing health disparities in kidney transplant care and commends NIDDK for launching new studies to address disparities in kidney transplant care. The Committee notes that kidney transplant care provides higher quality of life and lower health care costs for most people with kidney failure, yet there exists a dearth of funded opportunities across the Federal government to study clinical intervention, implementation, and management strategies that improve access and outcomes in kidney transplant care, such as efforts to improve organ allocation and matching kidney donors and recipients, organ preservation and reconditioning and management of patients with a functioning kidney transplant.

Lower Urinary Tract Symptoms.—Lower urinary tract symptoms (LUTS) describe symptoms related to the storage and voiding of urine. Associated conditions associated include overactive bladder, stress urinary incontinence, and neurogenic and non-neurogenic voiding dysfunction. The effectiveness of treatment for these conditions depends on patient characteristics and symptoms. An established repository of patient genotypes and phenotypes for LUTS does not exist, but knowledge in this area would enable the identification of symptom clusters to advance LUTS treatment. The Committee therefore encourages NIDDK to hold a workshop and encourage research that will lead to the development of a LUTS Precision Medicine Project focused on the characterization of LUTS clusters and their association to treatment responsiveness, identification of markers for phenotype clusters, development of functional and physiologic assessment measures specific to individual phenotype profiles to objectively correlate symptoms and treatment outcomes. The Committee requests in the fiscal year 2025 congressional justification an update on research activities to advance LUTS prevention and treatment.

Urinary Incontinence.—The Committee requests that NIDDK provide in the fiscal year 2025 congressional justification an update

on research on urinary incontinence in women, the gaps in understanding of how and why this condition manifests in women, and the potential research needed to fill these gaps.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
(NINDS)

Appropriation, fiscal year 2023	\$2,813,925,000
Budget request, fiscal year 2024	2,825,418,000
Committee Recommendation	2,674,925,000
Change from enacted level	- 139,000,000
Change from budget request	- 150,493,000

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

The Committee recommendation includes \$2,588,925,000 in discretionary appropriations and \$86,000,000 made available in the Cures Act.

Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias (AD/ADRD).—The Committee recommendation includes no less than the fiscal year 2023 enacted level across NIH for continued research into AD/ADRD.

BRAIN Initiative.—The Committee includes \$86,000,000 as authorized in the Cures Act. The Committee requests that NIH brief the Committee on the progress and achievements of key projects in the BRAIN Initiative, as well as its mid-term objectives and associated outcomes, within 90 days of enactment of this Act.

Brain Aneurysms.—The Committee requests an update in the fiscal year 2025 congressional justification detailing the last five years of NINDS’s expenditures and programs on research and related activities pertaining to brain aneurysms.

Dystonia.—The Committee encourages NINDS to collaborate with stakeholders on the implementation of the recommendations from the NINDS workshop, “Defining Emergent Opportunities in Dystonia Research,” held in 2018.

Early Detection of Brain Aneurysms.—The Committee is concerned that an estimated 1 in 50 Americans has a brain aneurysm, and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, with little or no warning. Ruptured brain aneurysms are fatal in about 50 percent of cases. Despite the widespread prevalence of this condition and the high cost it imposes on the country, the Federal government only spends approximately \$2.08 per year on brain aneurysm research for each person with the condition. The Committee urges NIH to expand research into the prevention and early detection of brain aneurysms.

Emergency Care Research.—The Committee recognizes that more than 130 million Americans seek lifesaving care in an emergency department each year and that emergency physicians treat all types of injury and illness. Emergency departments serve a critical role in the health care system, including as the first line of response in natural disasters and public health emergencies such as the COVID pandemic, and they shed light on health disparities in communities throughout the U.S. The Committee strongly supports the trans-NIH Office of Emergency Care Research (OECR) and its success to foster basic, translational, and clinical research and re-

search training for the emergency setting. The Committee urges NINDS to continue to work closely with OECR to advance these research projects, including developing and implementing specific translational research projects related to emergency medical conditions.

Multiple Sclerosis (MS).—The Committee encourages NINDS to prioritize studies that develop the medical understanding of the progression of MS and advance research on prevention strategies, treatments, and cures for MS.

Neuroarts.—The Committee notes NIH's contribution to the burgeoning field of neuroarts, which shows great promise in advancing health and wellbeing. The Committee requests an update in the fiscal year 2025 congressional justification that includes (1) a summary of what has been learned about the impact of various art modalities (including music) on brain function; and (2) an analysis of the knowledge gaps in understanding the impact of various art modalities, including music, on brain function.

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 United States. 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.

Postural Orthostatic Tachycardia Syndrome (POTS).—The Committee requests in the fiscal year 2025 congressional justification an update on NIH's work to establish a new multi-institute Notice of Special Interest to spur new research on POTS, as strongly encouraged in explanatory statement accompanying the fiscal year 2023 appropriations act (PL 117–328). The Committee appreciates that NIH added Postural Orthostatic Tachycardia Syndrome to its Research, Condition, and Disease Categories.

Preventative and Early Treatment Brain Health Research.—The Committee encourages NIH to give greater attention to the study of the silent phase, or preclinical stage, of neurological disorders. This stage consists of the events that happen in the brain before the first symptoms occur. Learning what happens during this phase will guide the development of improved methods for identifying early disease biomarkers and novel interventions for treating neurological disease before it becomes disabling, ultimately impacting the trajectory of diseases like Alzheimer's Disease, Parkinson's disease, multiple sclerosis, stroke, and epilepsy. Research indicates that significant brain damage has already occurred by the time symptoms occur, and that early, pre-symptomatic intervention can improve patients' outcomes. Such discoveries could reduce the strain that neurological diseases pose on our healthcare delivery system, including the Medicare and Medicaid programs.

Ribonucleic Acid (RNA) Molecules and Neurological Disorders.—The Committee is encouraged by recent findings that have implicated RNA molecules in neurological disorders including schizophrenia, bipolar disorder, and Alzheimer's disease, and bacterial and viral infections that have long been suspected of triggering

such diseases. Many of these RNAs additionally depend on personal attributes, making them promising candidates for developing personalized diagnostics, prognostics, and new therapies. The Committee recognizes that more research in this area could lead to new and important biological discoveries and improve the understanding of the conditions affecting many older Americans. The Committee urges NINDS to support analytical and experimental research on the roles of RNA molecules in neurological disorders.

Special Emphasis Panel.—The Committee encourages NIH to establish a Special Emphasis Panel (SEP) for Lyme and other tickborne diseases, similar to the SEP established for myalgic encephalomyelitis/chronic fatigue syndrome. Current Lyme applications are sent to various committees which do not always have specialized knowledge of the complexities of Lyme disease. Establishing a SEP would allow for the review of applications to include the study of the potential causes, diagnosis, pathogenesis, clinical manifestations, epidemiology, and treatments of chronic Lyme disease. The review would be done by panelists selected from different specialties and different perspectives to examine a broad range of the science—an aspect not always available in the current review process for Lyme—considering its complex, multi-systemic nature and how the Lyme pathogen can suppress and evade the human immune system. Panelists with appropriate expertise can be recruited each cycle for the science pertaining to received applications. The Committee requests an update on such panel and NIH Lyme research in the fiscal year 2025 congressional justification.

Spinal Muscular Atrophy.—The Committee remains committed to continued NIH research into spinal muscular atrophy (SMA), a neuromuscular disease that causes degenerative nerve damage and results in severe muscle loss and impaired motor function. Past SMA research at NIH, particularly through NINDS, has led to disease-modifying SMA treatments and greater knowledge of the nervous system, which has benefited other neurological and neuromuscular disorders. While current SMA treatments slow or stop future degeneration, they do not cure SMA. Individuals with SMA, particularly adults, face significant challenges in muscle weakness and fatigue due to degeneration that occurred prior to treatment. Individuals treated prior to clinical symptoms onset may also display unmet needs, such as bulbar impairment and gait abnormalities. The Committee urges NIH to address the significant unmet need that exists across all ages and disease stages of SMA by supporting new SMA research into the role and function of survival motor neuron (SMN) protein, investigation into non-SMN pathways and targets capable of modifying disease, and research into how to best combine SMN-enhancing and non-SMN approaches for optimal therapeutic outcomes.

Opioid, Stimulant, and Pain Management Research.—The Committee includes no less than the fiscal year 2023 enacted level within NINDS for the Helping to End Addiction Long-Term (HEAL) Initiative, which is a trans-NIH effort to accelerate scientific discovery related to prevention and treatment of opioid use disorder and improving pain management.

Undiagnosed Diseases Network.—The Committee recommendation includes \$18,000,000 for the Undiagnosed Diseases Network, the same as the fiscal year 2023 enacted level.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appropriation, fiscal year 2023	\$6,562,279,000
Budget request, fiscal year 2024	6,561,652,000
Committee Recommendation	5,062,279,000
Change from enacted level	– 1,500,000,000
Change from budget request	– 1,499,373,000

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

Antifungal Research.—Fungal pathogens that cause Valley Fever and fungal pathogens that are multi-drug resistant pose a threat to public health. The Committee strongly urges NIAID to increase funding for the research and development of novel anti-fungal therapies and vaccines, including for multi-drug resistant pathogens, to minimize their impact on public health. The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

Antimicrobial Resistance.—The Committee includes \$565,000,000 to support antimicrobial resistance research, the same as the fiscal year 2023 enacted level. Additionally, the Committee supports research to develop a fundamental understanding of microbial community invasion, which could lead to tools to reduce establishment of antibiotic-resistant microorganisms. This research includes obtaining a deeper understanding of the basis for stability and invasion of microbial communities, especially with the use of model communities, by applying metagenomics, genetics, and small molecule analysis to study the nature of robustness and emergent properties of microbial communities.

Celiac Disease.—The Committee supports research to improve the quality of life for patients with celiac disease, including efforts to find the cause of the disease and efforts to find a cure. The Committee commends NIH for issuing a Notice of Special Interest to spur additional research on the study of celiac disease. The Committee urges NIH to support focused research on the study of 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 thanks NIH for establishing a Research, Condition, Disease Categorization for celiac disease.

Consortium for Food Allergy Research.—The Committee recognizes the serious issue of food allergies which affect approximately eight percent of children and ten percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting a total of 17 clinical sites for this critical research, including seven sites as part of the Consortium for Food Allergy Research (CoFAR). The Committee includes \$12,100,000, the same as the fiscal year 2023 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.

Highly Pathogenic Zoonotic Viruses.—The Committee supports investments in research on highly pathogenic zoonotic viruses with pandemic potential, including filoviruses, flaviviruses, paramyxoviruses, and bunyaviruses. The Committee notes that research on high consequence zoonotic viruses requires high-containment BSL-4 labs. High-containment biosafety level 4 (BSL-4) labs enable researchers to investigate these types of pathogens, and develop rapid and reliable diagnostics, novel antiviral therapeutics, and vaccines, without endangering the staff or population. Additional investments in BSL-4 infrastructure for research in highly pathogenic zoonotic viruses is critical. The Committee encourages NIH to continue making funding available for all BSL-4 laboratories and not limited to National Biocontainment Laboratories.

Internal Audits.—NIH shall conduct an audit of all research that involves any of the following: virus manipulation, passaging of a virus, genetically modified animals that are derived from virus manipulation, or making any mutations to a virus. As part of this audit, NIH shall review all sub-grantee compliance with policies and procedures for any grant involving the aforementioned activities or any grant outside the U.S. In addition, the NIH shall review all research conducted intramurally or extramurally in a Biosafety Level 3 or 4 laboratory related to an enhanced potential pandemic pathogen. The NIH shall complete these audits within one year of enactment of this Act and brief the Committees on audit findings.

Lyme and Tick-Borne Disease Research.—The infectious etiology of chronic diseases and syndromes, including infections from *Borrelia burgdorferi*, *Bartonella henselae*, West Nile virus, and many other infectious agents, have been known or suspected for several decades, but research which could reduce chronic diseases and syndromes and lessen the severity of symptoms, has been neglected. Such research could have important implications for the treatment of severe mental health and psychological symptoms of chronic diseases and disabilities, including for people with chronic Lyme disease. The Committee notes that in 2019, NIH released its NIH Strategic Plan for Tick-Borne Disease Research, establishing a framework for addressing the problem of Tick-Borne Diseases (TBDs). The Committee includes not less than \$125,000,000 for NIH research into TBDs. NIH is encouraged to support research to better understand the causes of TBDs, to support research on tick-borne tularemia and other newly 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 notes that additional research could significantly reduce chronic diseases and syndromes, as well as lessen the severity of symptoms.

National Swine Resource and Research Center.—The Committee recognizes the biomedical advances made utilizing swine models of human health and disease, and therefore supports the creation of an additional National Swine Resource and Research Center. Such a center would support innovative basic and translational research on human diseases. The Committee notes the value of considering universities with an established center for biomedical swine research as well as patented lines of swine breeds that can be maintained at human sizes for several years for such a center.

Regional Biocontainment Laboratories.—Congress appreciates NIH’s use of cooperative agreements to fund the Regional Biocontainment Laboratories (RBLs). The Committee continues to provide \$52,000,000 to the 12 RBLs to support core and shared resources for biosafety lab 3 (BSL–3) containment enabling them to develop and maintain the research resources, facilities and personnel needed to meet national, regional, and local biodefense and emerging infectious diseases research needs in the event of a bioterrorism or infectious disease emergency. The Committee encourages NIAID to use a funding mechanism that allows the 12 RBLs to apply to use the funding for: (1) conducting research on biodefense, emerging infectious disease agents, and other infectious disease threats to global public health; (2) training researchers, including in biosafety level 3 practices; (3) maintaining a workforce skilled in BSL–3 research; (4) establishing best practices for the safe, effective, and efficient conduct of research in such facilities, and (5) ongoing support for operations, facilities, and equipment purchase costs. The minimum funding award for such mechanism shall be not less than \$3,000,000.

Potential Pandemic Pathogens.—HHS shall conduct a review of all NIH-funded research involving potential pandemic pathogens referred to an institutional biosafety committee and/or a dual use research of concern committee. Such review shall be conducted by the HHS Potential Pandemic Pathogen Care and Oversight review committee. Within one year of enactment of this Act, a report should be submitted to 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 and made available online summarizing the findings of the panel. In addition, the NIH shall list on the agency’s website by year each grant submitted for further review pursuant to the HHS Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogens.

Universal Influenza Vaccine.—The Committee includes no less than \$270,000,000, the same as the fiscal year 2023 level, to support basic, translational, and clinical research to develop a universal influenza vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. A universal vaccine would end the need for updating and administering the seasonal flu vaccine each year and could offer protection against emerging flu strains. The Committee requests an update on these efforts within 120 days of enactment of this Act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Appropriation, fiscal year 2023	\$3,239,679,000
Budget request, fiscal year 2024	3,239,679,000
Committee Recommendation	3,154,679,000
Change from enacted level	– 85,000,000
Change from budget request	– 85,000,000

The Committee recommendation includes \$1,827,197,000 in discretionary appropriations and \$1,327,482,000 in PHS Act section 241 evaluation set-aside transfers.

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

Institutional Development Awards (IDeA).—The Committee provides \$435,956,000 for IDeA, \$10,000,000 above the fiscal year 2023 enacted level. The Committee opposes any effort to change eligibility for the IDeA program to a system that would be based on States’ populations. 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 funds merit-based, peer-reviewed research that meets NIH research objectives. NIH IDeA is comprised of several initiatives: Centers of Biomedical Research Excellence, IDeA Networks of Biomedical Research Excellence, IDeA Clinical and Translational Research programs, IDeA Co-funding, and the IDeA Regional Entrepreneurship Development program. The IDeA program aims to strengthen an institution’s ability 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.

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

Appropriation, fiscal year 2023	\$1,749,078,000
Budget request, fiscal year 2024	1,747,784,000
Committee Recommendation	1,749,078,000
Change from enacted level	---
Change from budget request	+1,294,000

Mission.—NICHD’s mission is to lead research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all.

Cerebral Palsy.—The Committee encourages NIH to continue to prioritize and invest in research on cerebral palsy (CP) including the establishment of a Cerebral Palsy Notice of Special Interest 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, and functional outcomes.

Cross-Sex Hormone Research.—The Committee does not include funding for any research involving studying the effects of or administering cross-sex hormones in children for research related to gender dysphoria.

Docosahexaenoic acid (DHA) Supplements for Mothers.—The rising incidence of preterm birth rates in the U.S., particularly in low income, rural, and minority communities, remains a significant public health concern. Preterm births often result in a significant health impact to the child, including carrying the highest rates of mortality and long-term development challenges. The Committee encourages NICHD to include in its fiscal year 2025 congressional justification an update on the use of supplemental DHA and other dietary supplements to reduce the incidence of preterm births.

Endometriosis Research.—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods. 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, and the role of the human microbiome to develop new and innovative treatment methods.

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, children, and adolescent development. The Committee supports 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 potential correlations between increased use of digital media and technologies and suicidal thoughts and ideation among children. The Committee encourages NIH to consider different forms of digital media and technologies including mobile devices, smart phones, tablets, computers, and virtual reality tools, as well as social media content, video games, and television programming.

Intellectual and Developmental Disabilities Research.—The Committee recognizes the need to ensure continued support for intellectual and developmental disabilities research given the increase in developmental disabilities among children in the United States. Furthermore, the Committee urges NICHD to examine the participation of NIH IDeA State institutions in intellectual and developmental disabilities research programs and encourages NICHD to foster increased participation from institutions throughout the United States.

Learning Disabilities Research.—The Committee is increasingly concerned with the decline in achievement for students with disabilities, particularly in light of the COVID pandemic, which led to significant loss of in-person instruction for many students. The Committee 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 a major 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 affect an individual’s education and academic achievement, clinical research using the latest technology and advances in neuroscience is essential for understanding these disabilities, given that they are brain-based. To continue robust research into language, reading development, learning disabilities, and disorders that adversely affect the development of listening, speaking, reading, writing, and mathematics abilities, the Committee urges NICHD to increase its investment in its Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.

Male Reproductive Health.—The Committee urges NICHD to continue to support research on male mechanisms of infertility. There is a gap in the knowledge of how to diagnose and treat male infertility, often resulting in women undergoing unnecessary treatments due to undiagnosed or untreated male partner infertility.

Maternal Health.—The Committee includes no less than \$43,400,000 for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone Initiative, the same as the fiscal year 2023 enacted level, to come entirely from amounts provided under this heading.

Population Research.—The Committee commends NICHD for fulfilling its statutory authority by supporting a robust population research portfolio that includes population representative longitudinal surveys, research centers and networks, training programs, and grant mechanisms. Over the decades, these investments have yielded numerous scientific advances regarding the causes and consequences of population change on human and child development, maternal health, and the health and well being of individuals across the life course. The Committee congratulates NICHD for supporting initiatives that facilitate collaborations and resource sharing between the Population Dynamics Research Centers and outside institutions and for funding the innovative Data Sharing for Demographic Research data repository, which makes high-quality demographic data widely available to the scientific research community.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2023	\$896,549,000
Budget request, fiscal year 2024	896,136,000
Committee Recommendation	896,549,000
Change from enacted level	— —
Change from budget request	+413,000

Mission.—The mission of the National Eye Institute is to eliminate vision loss and improve quality of life through vision research.

Blepharospasm Research.—The Committee notes the National Eye Institute’s continued support for research blepharospasm, a form of dystonia, and it encourages continued collaborative efforts among stakeholders and other NIH institutes or centers.

Usher Syndrome.—The Committee encourages NEI to support research on Usher syndrome. The Committee requests an update in the fiscal year 2025 congressional justification on efforts to accelerate viable human treatment options for people with Usher Syndrome, as well as other developments in this field of research.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Appropriation, fiscal year 2023	\$913,979,000
Budget request, fiscal year 2024	938,807,000
Committee Recommendation	913,979,000
Change from enacted level	— —
Change from budget request	– 24,828,000

Mission.—NIEHS’s mission is to discover how the environment affects people in order to promote healthier lives.

Harmful Algal Blooms Research.—The Committee recognizes the value of the NIEHS mission and the jointly-funded Oceans and Human Health program between NIEHS and the National Science

Foundation (NSF) as a means to increase scientific knowledge about short-term and long-term human health effects potentially associated with acute and chronic exposures to toxins produced by harmful algal blooms (HABs). The Committee recognizes the increasing relevance of this scientific research to communities directly affected by HABs, including Florida, where in 2021, a bloom tested at 860 parts-per-billion microcystin, more than 100 times the Environmental Protection Agency’s (EPA) standard. The Committee urges NIEHS to continue investing in this research area using its competitive, peer-reviewed grantmaking processes. In particular, the Committee notes growing scientific interest in further investigating respiratory irritation or illness associated with inhalation of aerosolized HAB toxins and with neurotoxic shellfish poisoning arising from ingestion of contaminated seafood, as well as developing new preventative, diagnostic, and therapeutic strategies to combat the harmful health effects of airborne, ingested, and dermal exposure to HAB toxins. The Committee commends NIEHS for collaborating with agencies such as NSF, National Oceanic and Atmospheric Administration, EPA, and CDC, to advance such research and translate research findings for clinical and public health benefits.

NATIONAL INSTITUTE ON AGING (NIA)

Appropriation, fiscal year 2023	\$4,407,623,000
Budget request, fiscal year 2024	4,412,090,000
Committee Recommendation	4,407,623,000
Change from enacted level	---
Change from budget request	-4,467,000

Mission.—NIA’s mission is to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life.

Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias (AD/ADRD).—The Committee recommends no less than the fiscal year 2023 enacted level for AD/ADRD research across NIH.

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 urges 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, NIA should increase 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.

Microglia Dysfunction.—The Committee has previously directed NIA to collaborate with NINDS and NASEM to pinpoint research

priorities for preventing and treating Alzheimer’s Disease (AD) and Alzheimer’s Disease Related Dementias (AD/ADRD), including identifying barriers to advancing large-scale precision medicine approaches in this space. In order to more rapidly develop high-impact precision therapies for the maximum number of AD patients, research and clinical development centered on the most frequently occurring, genetically influenced subsets of AD is ideal. Of the approximately 6.5 million Americans over age 65 with AD, more than half have genetic risk variants linked to glial cell function, which makes them a key target for precision therapeutics. Therefore, the Committee encourages development of research initiatives focused on mitigating immune dysfunction as well as other equally promising targets with precision inspired therapeutics for AD/ADRD and encourages NIA and NINDS to provide a joint report to the Committee within 120 days of enactment of this Act on its progress in advancing these efforts, and to make such report available on the agency’s website.

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

Appropriation, fiscal year 2023	\$685,465,000
Budget request, fiscal year 2024	687,639,000
Committee Recommendation	685,465,000
Change from enacted level	---
Change from budget request	-2,174,000

Mission.—NIAMS’s mission is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

Alopecia Areata.—The Committees continues to note 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.

Atopic Dermatitis.—The Committee applauds NIAMS for its leadership sustaining recent progress and facilitating timely advancements in atopic dermatitis research. The Committee encourages NIAMS to continue to support emerging opportunities for this portfolio across all forms of eczema and to collaborate with community stakeholders and other institutes and centers, such as NIAID, to drive further scientific advancement.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Appropriation, fiscal year 2023	\$534,333,000
Budget request, fiscal year 2024	534,330,000
Committee Recommendation	534,333,000
Change from enacted level	---
Change from budget request	+3,000

Mission.—NIDCD conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and lan-

guage. NIDCD also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices which substitute for lost and impaired sensory and communication function.

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

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2023	\$197,693,000
Budget request, fiscal year 2024	197,671,000
Committee Recommendation	197,693,000
Change from enacted level	— — —
Change from budget request	+22,000

Mission.—The mission of NINR is to lead nursing research to solve pressing health challenges and inform practice and policy for health optimization.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Appropriation, fiscal year 2023	\$595,318,000
Budget request, fiscal year 2024	596,616,000
Committee Recommendation	595,318,000
Change from enacted level	— — —
Change from budget request	– 1,298,000

Mission.—NIAAA’s mission is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Appropriation, fiscal year 2023	\$1,662,695,000
Budget request, fiscal year 2024	1,663,365,000
Committee Recommendation	1,662,695,000
Change from enacted level	— — —
Change from budget request	– 670,000

Mission.—NIDA’s mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Future Thinking.—The Committee is concerned by alarming trends in addiction in the U.S. The number of alcohol-related deaths doubled from 1999 to 2017, the age-adjusted rate of deaths involving synthetic opioids other than methadone increased 1,040 percent from 2013 to 2019, and the use of psychostimulants increased 317 percent. One trait that is evident in every form of addiction is the excessive discounting of the future by the addicted person who will value the immediate over benefits of the future. Episodic Future Thinking is a promising intervention that helps individuals who are predisposed to addiction consider the positive consequences of remaining sober through a mental simulation of positive events that might occur in the future. The Committee en-

courages NIDA to support transdisciplinary research that incorporates neuroscience, behavioral research, neuroeconomics, brain imaging, decision-science, engineering, and computer science to deploy Episodic Future Thinking intervention strategies across a range of addictions.

Harm Reduction.—The Committee does not support research into harm reduction practices or policies; no funds are provided for any research related to harm reduction.

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 most of the Federal research has been limited to a single strain of marijuana and encourages NIH to support research that encompasses the diversity, quality, and potency of commonly available cannabinoid strains. 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. The Committee requests a report on NIH's efforts to study marijuana, including expanding researcher access to different marijuana strains, within 120 days of enactment of this Act.

Methamphetamines and Other Stimulants.—The Committee is concerned that, according to predicted provisional data released by the Centers for Disease Control and Prevention, more than 27,500 overdose deaths involved cocaine and more than 34,000 involved drugs in the category that includes methamphetamine during the 12-month period ending November 2022, an increase of 38 percent and 43 percent, respectively, in just two years. This sharp increase has led some to refer to the 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 Food and Drug Administration (FDA) approved medications are available for treating methamphetamine, cocaine, and other stimulant use disorders. The Committee continues to support NIDA's efforts to address the opioid crisis and supports NIDA's efforts to combat the growing problem of methamphetamine and other stimulant use disorders and related deaths.

Additionally, the Committee recognizes that NIDA is prioritizing research and development of treatments to rapidly reverse cocaine toxicity and reduce mortality rates. The Committee encourages NIDA to continue prioritization of additional research and development to advance a life-saving treatment for overdoses caused by cocaine.

Opioid, Stimulant, and Pain Research.—The Committee continues to be concerned about the high mortality rate due to the opioid overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The Committee is also aware of the most recent provisional data from the Centers for Disease Control and Prevention that shows opioid overdose fatalities were predicted to exceed 109,000 in

2022, with the primary driver being the increased overdose deaths involving synthetic opioids, primarily illicitly manufactured 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 includes no less than the fiscal year 2023 enacted level for NIDA’s share of the Helping to End Addiction Long-term Initiative. As we continue to address the opioid overdose epidemic and other drug related concerns, it is also important to continue research on criminal justice environments. A significant number of individuals with substance use disorders reside in carceral environments where there are substantial barriers to treatment access. In addition, supporting the development of medications for opioid use disorder and overdose is a priority for NIDA’s research agenda. The Committee has continued language that expands the allowable use of these funds to include research related to stimulant use and addiction.

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 abuse prescription opioids, as well as best practices for incorporating substance misuse and addiction screening and treatment into their clinical practices.

Post-Acute Withdrawal Syndrome.—Post-acute withdrawal syndrome (PAWS), also known as protracted withdrawal syndrome, can cause symptoms including depression, anhedonia, insomnia, hostility, and cognitive difficulties among people in recovery from substance use disorder. The Committee encourages NIDA to fund research to better understand PAWS, including its neurological bases, and potential treatments. The Committee also encourages NIDA to research drug-specific PAWS symptoms (including withdrawal symptoms related to alcohol, marijuana, opioids, and stimulants), as well as how it presents in polysubstance use.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a critical component of efforts to curb drug use and addiction, and it must target all of society, including healthcare providers, 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 such as internal medicine, family medicine, emergency medicine, and pediatrics. NIDA is encouraged to continue 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.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Appropriation, fiscal year 2023	\$2,337,843,000
Budget request, fiscal year 2024	2,541,653,000
Committee Recommendation	2,198,843,000
Change from enacted level	– 139,000,000
Change from budget request	– 342,810,000

The Committee recommendation includes \$2,112,843,000 in discretionary appropriations and makes \$86,000,000 available from Cures Act.

Mission.—NIMH’s mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cures.

BRAIN Initiative.—The Committee includes \$86,000,000 for NIMH in support of the BRAIN Initiative as authorized by the Cures Act.

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.

Suicide Prevention.—The Committee encourages NIMH to continue to prioritize suicide prevention research, 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 supporting research in areas that can contribute to suicide prevention, including NIA, NICHD, NHGRI, NIAAA, NIDA, and NINDS.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2023	\$663,200,000
Budget request, fiscal year 2024	660,510,000
Committee Recommendation	663,200,000
Change from enacted level	---
Change from budget request	+2,690,000

Mission.—NHGRI’s mission is to accelerate scientific and medical breakthroughs that improve human health by driving cutting-edge research, developing new technologies, and studying the impact of genomics on society.

Genomic Clinical Data Technology.—The committee encourages NIH to support development of technology that would allow biomedical researchers to manage and analyze genomic clinical data for research, independent of bioinformaticians in an environment for users without coding skillsets. The committee urges support of public-private collaboration and small businesses. The technology should be developed with translational researchers such as from pediatric institutions that represent end users.

Pharmacogenomic Research.—A person’s genome influences the person’s response to medications, including how effective the medication will be, how quickly the medication will be metabolized, and whether the person is likely to experience side effects from a particular drug. Unfortunately, most people begin treatments without this vital information. The Committee recognizes that additional research is needed to support the advancement of pharmacogenomics.

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 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 encourages NHGRI to utilize existing resources to engage with academia and domestic industry partners to expand its research into this cutting-edge field.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING
(NIBIB)

Appropriation, fiscal year 2023	\$440,627,000
Budget request, fiscal year 2024	440,625,000
Committee Recommendation	440,627,000
Change from enacted level	---
Change from budget request	+2,000

Mission.—The NIBIB mission is to improve health by leading the development and accelerating the application of biomedical technologies.

Alzheimer’s Disease Early Detection Technologies.—The Committee recognizes that early detection of Alzheimer’s disease is critical for effective interventions to stop its progression. Prior efforts have focused on neuroimaging and biomarkers in body fluids—indirect assessments that can identify the disease only after it has progressed. The Committee understands that new technologies may allow the diagnosis of disease at its earliest stages. As such, the Committee encourages NIBIB, in collaboration with NIA and NINDS, to support the development of novel technologies to discover the earliest biological events leading to Alzheimer’s disease and related dementias.

Diagnostic Technology Development.—The Committee is pleased with the success of the Rapid Acceleration of Diagnostics Tech program in accelerating the innovation and commercialization of COVID 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 2024 in consultation with other institutes and centers, including but not limited to NHLBI, NIAID, NICHD, NCI, NINDS, and NIMH.

Microfluidics and Nanofluidics.—The Committee encourages continued efforts by NIBIB regarding microfluidics and nanofluidics, particularly in IDeA States.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH
(NCCIH)

Appropriation, fiscal year 2023	\$170,384,000
Budget request, fiscal year 2024	170,277,000
Committee Recommendation	170,384,000
Change from enacted level	---
Change from budget request	+107,000

Mission.—The mission of NCCIH is to define, through rigorous scientific investigation, the fundamental science, usefulness and safety of complementary and integrative health approaches and their roles in improving health and health care.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES
(NIMHD)

Appropriation, fiscal year 2023	\$524,395,000
Budget request, fiscal year 2024	525,138,000
Committee Recommendation	524,395,000
Change from enacted level	---
Change from budget request	- 743,000

Mission.—NIMHD’s mission is to lead scientific research to improve minority health and reduce health disparities.

Alopecia Areata Health Disparities.—The Committees continues to note the disproportionate effect of alopecia areata. The Committee requests an update on collaborative efforts between NIAMS and other relevant NIH institutes and centers, including NIMHD, and stakeholders in identifying key research areas of concern.

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 \$10,000,000 for the creation of 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, Tribal organizations, and urban Indian organizations to improve the screening, diagnosis, and treatment of cancers among Native Americans, particularly those living in rural communities.

Native Hawaiian/Pacific Islander Health Research Office.—The Committee continues to support the establishment of a Native Hawaiian/Pacific Islander Health Research Office (NHPIHRO). The Committee provides \$5,000,000 for the 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 NHPIHRO should develop partnerships with academic institutions with a proven track record of working closely with NHPI communities and NHPI-serving organizations and located in States with significant NHPI populations to support the development of future researchers from these same communities.

Research Endowment Program.—The Committee notes the recent passage of the John Lewis NIMHD Research Endowment Revitalization Act (PL 117–104), which aimed to reinvigorate the NIMHD Research Endowment Program. The Committee includes \$12,000,000 for the Research Endowment Program, the same as the fiscal year 2023 enacted level. The Committee further notes that the statutory goal of the program is to assist eligible institutions in achieving a research endowment that is comparable to the mean endowment of health professions schools in its health professions discipline. The Committee requests an update in the fiscal year 2025 congressional justification regarding implementation plans, such update should also address engagement with key stakeholders.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2023	\$95,162,000
Budget request, fiscal year 2024	95,130,000
Committee Recommendation	95,162,000
Change from enacted level	---
Change from budget request	+32,000

Mission.—FIC’s mission is to support and facilitate global health research conducted by U.S. and international investigators, building partnerships between health research institutions in the U.S. and abroad, and training the next generation of scientists to address global health needs.

Obstetric Fistula Research.—The Committee notes that an estimated 500,000 women and girls worldwide live with obstetric fistula, with tens of thousands of cases occurring annually. Skilled health personnel at birth, emergency obstetric, and newborn care can ensure obstetric fistula is prevented. 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 result in an increased backlog of fistula cases. The Committee requests an update in the fiscal year 2025 congressional justification regarding the annual funding level for this training over the past 5 years, including the types of grants awarded.

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2023	\$497,548,000
Budget request, fiscal year 2024	495,314,000
Committee Recommendation	497,548,000
Change from enacted level	---
Change from budget request	+2,234,000

Mission.—As a leader in computational health and the world’s largest medical library, NLM collects, organizes, preserves, and disseminates data and information important to biomedicine and health; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the Network of the National Library of Medicine; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research and research training in biomedical informatics, computational health, computational biology, and data science; supports development, maintenance, and dissemination of health data standards that promote interoperability among clinical and research information systems; and manages and maintains information resources for genomics, molecular biology, clinical trials, medical images, environmental health, public health, and health services research.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2023	\$923,323,000
Budget request, fiscal year 2024	923,323,000
Committee Recommendation	923,323,000
Change from enacted level	---
Change from budget request	---

Mission.—NCATS was established to transform the translational process so that new treatments and cures for disease can be delivered to patients faster.

Clinical and Translational Science Awards (CTSA) Program.—The Committee includes \$629,560,000 for the CTSA Program, the same as the fiscal year 2023 enacted level.

CTSA Partnerships.—The Committee is aware that certain populations are underrepresented in clinical research. The Committee encourages NCATS to prioritize the engagement of underrepresented and diverse investigators, including by engaging minority-serving institutions and historically black colleges and universities, within the CTSA program.

Cures Acceleration Network (CAN).—The Committee includes not less than \$75,000,000 for the CAN, a \$5,000,000 increase from the fiscal year 2023 enacted level.

National COVID Cohort Collaborative (N3C).—The Committee continues to support NCATS N3C’s open-science privacy-preserved data-sharing platform to accelerate biomedical research and discovery. Supported by the CTSA program, N3C combines electronic health record data with imaging, mortality, viral genome sequences, Medicare and Medicaid data to answer key research questions about COVID. The Committee encourages NCATS to expand use of its virtual data research infrastructure to accelerate research and cures through re-use of NCATS repositories, other NIH repositories including clinical trial data, and readily available real-world data including Federal agency data such as claims data.

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 95 percent of rare diseases with no approved treatment, to strengthen the innovation of diagnostics to shorten the average 6.3 years-long diagnostic odyssey, and to lower the nearly \$1 trillion annual economic burden of rare diseases. The Committee strongly encourages NCATS to increase funding for rare disease research to help grow the newly created Division of Rare Diseases Research Innovation.

OFFICE OF THE DIRECTOR (OD)

Appropriation, fiscal year 2023	\$2,642,914,000
Budget request, fiscal year 2024	2,890,779,000
Committee Recommendation	2,069,459,000
Change from enacted level	– 573,455,000
Change from budget request	– 821,320,000

Mission.—The OD is responsible for the research, mission, policies, and administration of the agency. The OD leads and supports NIH-wide initiatives in partnership with NIH institutes and centers and their constituents. OD guides the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to the operations of NIH.

21st Century Cures Act.—The Committee includes \$407,000,000 provided by the Cures Act. This includes \$235,000,000 for the Precision Medicine Initiative within the Office of the Director and

\$172,000,000 for the BRAIN Initiative split equally between the National Institute of Mental Health and the National Institute of Neurological Disorders and Stroke.

Within OD, the Committee includes specific amounts for the following activities:

Budget Activity	FY 2024 Committee
Office of the Director:	
ACT for ALS	\$75,000,000
Biomedical Research Facilities	80,000,000
Common Fund	722,401,000
<i>Replication Experiments and Fraud Detection (non-add)</i>	<i>50,000,000</i>
Cybersecurity	265,000,000
Gabriella Miller Kids First Research	12,600,000
INCLUDE	90,000,000
Office of Research on Women's Health	55,000,000
Scientific Management Review Board	5,000,000

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

Adolescent Mental Health Research Using Non-Human Primates.—The Committee recognizes the role that research with non-human primates (NHPs) has had in biomedical research, including understanding the biological processes that cause diseases, which is necessary for the development and safety and efficacy testing of all new therapeutics before clinical trials. It also has informed the understanding of mental health disorders, because NHPs undergo a similar brain “remodeling” during adolescence. Understanding these biological changes provides valuable insights into mental health risks and the healthy development of adolescent brains. The Committee encourages NIH to fund meritorious research proposals to study the mental health risks of adolescents, including studies that utilize NHPs.

Advancing 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, wound healing, and immunological disease. The Committee encourages NIH to support research, development, and specific activities related to manufacturing of somatic (adult) cell-based therapies for patients with serious or life-threatening conditions. The Committee encourages NIH to support clinical trials and pre-clinical research exploring the use of somatic cell-based therapies for serious or life-threatening conditions; support development, characterization, optimization, and scaling of manufacturing of cell-based therapies; support sharing of best practices and lessons learned; support workforce development activities; and support collaborative evidence development, including continued NIH collaboration with FDA and HRSA to enhance transparency regarding outcomes from cellular therapies from somatic cells that are FDA-approved or being administered under FDA Investigational New Drug or Investigational Device Exemption protocols by ensuring Responsible Parties and award recipients comply with requirements to submit results to ap-

propriate databases such as the Stem Cell Therapeutics Outcomes Database and ClinicalTrials.gov.

Amyotrophic Lateral Sclerosis (ALS) Research, Treatment, and Expanded Access.—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.

In addition, the Committee includes \$75,000,000, the same as the fiscal year 2023 enacted level, to support expanded access grants as authorized in the ACT for ALS (PL 117–79). The Committee continues to direct NIH to handle this funding as separate from, not competitive with, funding for other 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 (PL 117–328).

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.

Animal Models.—The Committee recognizes the enormous value and benefit animal models have brought to biomedical research. While the Committee supports research into viable alternatives to animal models, such alternatives are not currently available for all forms of research. The Committee continues to support research into biomedical advancements with animal models until viable alternatives are available.

Autism Spectrum Disorder (ASD).—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 ASD. The Committee requests NIMH partner with OD to provide an update in the fiscal year 2025 congressional justification on how each institute on the IACC will address the IACC's budget recommendations. 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 im-

pect of social and environmental factors leading to such co-occurring health conditions.

In addition, recent reports indicate that an estimated 1-in-36 eight-year-old children in the U.S. is diagnosed with an ASD. While early intervention affords the best opportunity to support healthy development, many children with an autism diagnosis lack access to quality care and interventions. The Committee is encouraged by the growing evidence that early intervention can lead to improved child developmental outcomes, improved skills and knowledge, and reduced stress. The Committee encourages NIH to continue to prioritize research, including implementation research to improve developmental and behavioral outcomes for children with ASD.

Autoimmune and Immune-Mediated Diseases.—The Committee recognizes the important role the new Office of Autoimmune Disease Research within the Office of Women’s Health will play in coordinating and fostering collaborative research across institutes and centers. As the office develops a strategic research plan, the Committee strongly encourages it to seek input from external stakeholders, particularly patient advocacy organizations that represent people affected by autoimmune and immune-mediated diseases.

Biomedical Research Facilities.—The Committee includes \$80,000,000, the same as the fiscal year 2023 enacted level, for grants to public and nonprofit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under Section 404I of the Public Health Service Act.

Clinical Research Workforce.—The Committee supports efforts to increase participation of diverse populations in clinical trials and recognizes the importance of a research workforce that reflects the participants. The Committee encourages NIH to support efforts to diversify the clinical research workforce, as doing so may support an increase in the diversity of patients participating in clinical trials and a better understanding of health disparities among these groups.

Clinical Trials.—The Committee understands the importance of including sufficient representation of underrepresented populations across the lifespan in clinical studies. There is a significant need to better understand how best to diagnose, treat, and manage diseases and conditions and how certain diseases and conditions disproportionately impact these populations. Therefore, the Committee continues to encourage NIH to ensure all grant applicants seeking support for clinical research projects address inclusion of participants and justify the proposed sample in the context of the scientific goals during peer review.

Common Data Elements.—The Committee recognizes the continued need to develop Common Data Elements (CDEs) in disease areas where they currently do not exist, particularly in complex autoimmune and immune-mediated conditions. The Committee encourages the Office of Data Science Strategy (ODSS) to collaborate with the institutes and centers that oversee research on these conditions to prepare a roadmap and timeline for developing CDEs for these conditions. The Committee also encourages ODSS to engage

outside stakeholders, including professional societies and patient organizations, in this effort.

Common Fund.—The Committee includes \$722,401,000 for the Common Fund. The Committee notes with concern use of the Common Fund has strayed from its intended purpose of high-risk high-reward research. The Common Fund should be used to support programs that lead to innovative, biomedical advances. The Committee requests a detailed spend plan for anticipated resources within 120 days of enactment of this Act, as well as the process by which the Division of Program Coordination, Planning, and Strategic Initiatives, including its 14 suboffices, determine the Common Fund's strategic initiatives and grant selection opportunities.

Congenital Cytomegalovirus (cCMV).—cCMV is the most common viral infection infants are born with in the United States and the leading non-genetic cause of hearing loss. cCMV can cause stillbirth or miscarriage, visual impairment, developmental delays, and other health complications. The Committee encourages NIH to support research on the development of lower-cost and high-sensitivity prenatal (fetal) diagnosis and newborn screening technologies; the design, evaluation, and acceleration of clinical trials for vaccines; strategies to prevent CMV-related stillbirth and miscarriages; cCMV disparities research, effectiveness studies of risk reduction measures during pregnancy; treatment trials for those who are pregnant to reduce transmission and fetal disease; and intervention trials to assist those infants born with CMV. The Committee directs NIH to submit to the Committee an update in the fiscal year 2025 congressional justification on this research.

Cybersecurity.—The Committee includes \$265,000,000, the same as the fiscal year 2023 enacted level for cybersecurity.

Diet and Chronic Disease Research.—The Committee recognizes the importance of ongoing activities to better understand the impact of food and diet on the development of mucosal immunity and the relevance of this topic to Crohn's disease and ulcerative colitis and to other digestive and autoimmune or immune-mediated diseases. The Committee encourages NIH to convene a scientific workshop on this topic, supported by multiple institutes, centers, or Offices, including the Office of Nutrition Research, and to include in the fiscal year 2025 congressional justification an update on this topic.

Diversity, Equity, Inclusion and Accessibility Staff Report.—NIH recently released its Fiscal Years 2023–2027 NIH Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA), which articulates NIH's commitment to embracing, strengthening, and integrating DEIA across all agency activities. NIH shall include in the fiscal year 2025 congressional justification all full-time and part-time employees dedicated to DEIA activities across NIH and broken out by each of its 27 institutes and centers. NIH shall 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 on efforts to support the strategic plan.

Dog and Cat Research.—The Department of Veterans' Affairs has developed and implemented effective programs to continue the re-

sponsible use of dogs and cats in research. The Committee directs NIH to submit, not later than 180 days after enactment of this Act, a report on the types of studies conducted in intramural and extramural research that require the use of cats and dogs, and efforts to reduce such research use, which could include an assessment of research alternatives, including benefits and limitations of such alternatives, cost estimates, and areas with further need for innovative alternatives. Such report should be made available online on the agency's website.

Duchenne and Becker Muscular Dystrophy.—The Committee supports the research conducted by the Wellstone Muscular Dystrophy Research Network Centers of Excellence program established in 2003. The Committee requests NIH to provide in the fiscal year 2025 congressional justification information on the key scientific accomplishments of the centers to date and their current activities. The NIH also should use this information to update the agency's website content regarding the program.

Eating Disorders.—The Committee commends NIH for supporting multi-Institute research on the chronic, serious, and fatal mental illness of eating disorders impacting 30,000,000 Americans during their lifetime. More than 70 percent of people with eating disorders have comorbid mental health conditions including anxiety disorders, mood disorders, and trauma-related symptoms. Up to 50 percent of individuals with eating disorders use alcohol or illicit drugs at a rate five times higher than the general population. The Committee remains concerned about the lack of research surrounding binge-eating disorder, the most common eating disorder in the U.S. and encourages NIH to increase eating disorder research across all sub-types to better reflect the U.S. population, including historically underrepresented populations. The Committee requests an update in the fiscal year 2025 congressional justification on steps NIH is taking to diversify research across all eating disorder sub-types and an update on efforts to prevent, diagnose, and treat eating disorders.

Ehlers-Danlos Syndrome.—The Committee encourages NIH to support research and activities with respect to Ehlers-Danlos Syndrome and related connective tissue disorders.

Equipping NIH Research and the Centers for AIDS Research Programs to Target HIV/AIDS Hotspots.—The Committee directs the National Institutes of Health Office of AIDS Research to coordinate NIH-wide resources on areas with the highest HIV prevalence, including by utilizing the Centers for AIDS Research to develop targeted interventions that better protect those communities from HIV transmission and its consequences.

Encouraging Innovation and Experimentation.—The Committee recognizes that there are many ideas for how NIH could improve its operations and funding models—such as lotteries as to funding mid-range proposals, funding the person rather than the project, and more—yet there is not enough evidence to determine which flexibilities may produce the best results. The Committee urges NIH to study how best to create or empower a team that would engage in NIH-wide experimentation with new ideas such as peer review, funding models, with the goal to improve NIH's operations and drive forward biomedical progress. The NIH should provide an

update on this effort within 90 days of enactment of this Act and make such information available on the agency's website.

Environmental Influences on Child Health Outcomes.—The Committee does not include dedicated funding for this program.

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

Foreign Influence.—All Principal Investigators and other senior or key personnel seeking or receiving NIH research and development funding shall report any sources of foreign research support, including the funding amount, the identity of the funding source, the location of the funding source, and the time and effort committed, including supporting documentation.

Fragile X Research.—The Committee notes the importance of expanding the base of researchers and clinicians who are familiar with and trained in the Fragile X-associated disorders and promoting collaboration between basic scientists and clinicians, so that researchers can better understand phenotypes, document variations in how the disorder presents itself, identify potential biomarkers and outcome measures, and develop new interventions. The Committee commends NIH for recognizing the ethical, legal, and social issues in premutation screening and testing. It encourages NIH to look at existing pilot studies that are exploring innovative ways to screen newborns, study Fragile X across the lifespan, and to coordinate efforts and research with the CDC, as it considers screening solutions for FMR1-related conditions.

Funding Replication Experiments and Fraud Detection.—The Committee recognizes that many biomedical research studies have turned out to be irreproducible or even outright fraudulent. The recent Reproducibility Project in Cancer Biology showed that cancer biology studies in top journals often failed to be replicable (with replication effects that were 85 percent smaller than the original study), and a prominent line of Alzheimer's studies was recently found to be based on an allegedly fraudulent study funded by NIH in the early 2000s. Given the importance of detecting both reproducibility and fraud, the Committee provides \$50,000,000 to establish a program out of the Common Fund at the Office of the Director to fund replication experiments on significant lines of research, as well as attempts to proactively look for signs of academic fraud. The Committee directs NIH to brief the Committee within 180 days of enactment of this Act on the establishment, staffing, and plans for this effort in fiscal years 2024 and 2025.

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 Act (PL 113–94), which is the same as the fiscal year 2023 enacted level.

Harassment Policies.—The Committee directs NIH to submit the report requested under this heading in the explanatory statement accompanying the Consolidated Appropriations Act, 2021 (PL 116–260) to 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 3 business days of enactment of this Act.

Hepatitis B Virus (HBV) Research.—The Committee applauds NIAID for leading the effort to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B, in support of finding a cure for the disease. The Committee urges NIAID to expand the use of Program Projects, R01 and U01 Cooperative Research Agreements, as was done to discover cures for Hepatitis C, as well as cooperative research programs modeled after the Marin Delaney Collaborations. The Committee also applauds the success of the Point of Care Technologies Research Network and Rapid Acceleration of Diagnostics programs and urges the continued use of these programs for developing point of care tests for HBV, Hepatitis D Virus, and the cancers caused by these viruses. The Committee notes that research to enhance the human immune system to control and cure Hepatitis B is promising, and that continued use of animal models such as the Eastern Woodchuck is a research tool that needs to be continued. Similarly, the Committee applauds NIDDK for its efforts to create common resource services and materials for the research community and urges an expansion of clinical networks, data bank development, and precision medicine approaches. The Committee encourages the development of additional experimental animal and cell culture models to advance research for cures against the widest possible set of therapeutic targets and additional research on understanding the virology and immunology of people with low levels of Hepatitis B surface antigen—a protein on the surface of HBV—as this category of people are more responsive to therapy. The Committee is aware of the view in the scientific community that finding a cure for Hepatitis B, as has been done for Hepatitis C, is within reach. Therefore, the Committee urges NIH to issue and fund targeted calls for research, based on the needs in the updated Strategic Plan.

INCLUDE Down Syndrome Research Initiative.—The Committee includes no less than \$90,000,000, the same as the fiscal year 2023 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, NIH-wide 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 requests that NIH 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 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.

Internal Audits.—NIH shall conduct an audit of all research that involves any of the following: virus manipulation, passaging of a virus, genetically modified animals that are derived from virus manipulation, or making any mutations to a virus. As part of this audit, NIH shall review all sub-grantee compliance with policies and procedures for any grant involving the aforementioned activi-

ties or any grant outside the U.S. In addition, the NIH shall review all research conducted intramurally or extramurally in a Biosafety Level 3 or 4 laboratory related to an enhanced potential pandemic pathogen. The NIH shall complete these audits within one year of enactment of this Act and brief the Committees on their findings.

Long COVID Research.—The Committee notes with disappointment the work undertaken with supplemental funds for long COVID research has resulted in limited demonstrated value despite the sizeable investment. The lack of urgency, financial transparency, and scientific results is alarming. Remaining funds should be reallocated to the establishment of a network of Long COVID Centers of Excellence. Such centers would gather, develop, and disseminate data on evidence-based treatment; educate and train providers on best practices, conduct outreach to affected populations and community organizations, and coordinate access to care. In making awards, NIH should prioritize geographically diverse entities with experience working with Long-COVID patient populations on research and clinical care and that are able to coordinate data sharing and identify evidence-based treatments.

Mitochondrial Disease Research.—The Committee is aware of NIH's efforts to advance mitochondrial disorders research and translate research advances to therapies for mitochondrial disorders and their secondary diseases, such as Alzheimer's disease, Parkinson's disease, and cancer. The first treatment for a primary mitochondrial disease, Friedreich's Ataxia, was recently approved by the FDA. The Committee is aware of evidence implicating the impairment of mitochondrial function resulting from infection with COVID in the causation of so-called "long COVID" disease. Accordingly, the Committee encourages NIH to expand its funding of primary mitochondrial disease research, accelerate its outreach and collaboration with the FDA related to research that may lead to future mitochondrial disease-related drug approval, and ensure that the role of mitochondrial impairment is fully explored in the agency's research portfolio.

Mucopolysaccharidoses and Mucopolipidosis.—The Committee recognizes the severity of Mucopolysaccharidoses and Mucopolipidosis diseases and the need for additional research to improve life expectancy and quality of life for patients. The Committee supports research into this area.

National Laboratories.—The Committee supports collaborations between the NIH and the Department of Energy (DOE), including the National Laboratories, 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 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 in the fiscal year 2025 congressional justification on NIH's collaborations with DOE.

Neurofibromatosis (NF) Research and Treatment.—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Chil-

dren and adults with NF are at elevated risk of developing many forms of cancer, deafness, blindness, developmental delays, and autism. The Committee encourages NCI to increase its NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to continue to support clinical trials and preclinical research. Because NF can cause blindness, pain, and hearing loss, the Committee urges NINDS 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 increase support for laboratory-based and patient-directed 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 NEI to expand its investment in NF1-focused research on optic gliomas and vision restoration.

Office of Equity, Diversity, and Inclusion.—The Committee does not include funding for this activity.

Office of Nutrition Research.—The Committee does not include additional funding as proposed in the budget request.

Office of Research on Women's Health.—The Committee includes \$55,000,000 for the Office of Research on Women's Health.

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

Oligodendroglioma.—There are approximately 12,000 people living with an oligodendroglioma brain tumor in the U.S. today. Oligodendrogliomas occur most often in young adults between the ages of 35 and 44 but can occur at any age. Treatment options include surgery, chemotherapy, radiation, and clinical trials. The 5-year survival rate is 74 percent, with many factors affecting overall prognosis, such as tumor grade and type, traits of the cancer, patient's age and health when diagnosed, and response to treatment. The Committee encourages NIH to continue to support research on oligodendroglioma and requests an update on oligodendroglioma research efforts in the fiscal year 2025 congressional justification.

Opportunities for Academic Biomedical Research.—The Committee urges the NIH to invest in new opportunities for biomedical researchers, including physician scientists. The percentage of physicians who opt for academic career paths in biomedical research has declined in recent years, and the Committee is concerned that this troubling trend may inhibit innovation that would otherwise promise the next generation of discovery. Interventions are critically needed to replenish the ranks of researchers with clinical training. More specifically, the Committee encourages NIH to prioritize research-oriented career development grants, training Medical Doctor postdoctoral trainees, streamlining the peer review process, and empowering researchers to independently pursue new fields of research, including high-risk/high-reward projects. These efforts will strengthen the future of the United States' biomedical

research workforce, so that it maintains its global competitive edge in biomedical research.

Osteopathic Medical Schools.—Osteopathic medical schools educate 25 percent of all medical students and more research involving doctors of osteopathic medicine is needed to enhance primary care and improve healthcare for rural and underserved populations. The Committee urges NIH, in conjunction with national stakeholders, to consider how to best incorporate colleges of osteopathic medicine into research activities and involvement of their researchers on NIH National Advisory Councils and study sections to have better representation of the osteopathic medicine field.

Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus.—The Committee supports research and education related to the devastating diseases of Pediatric Acute-Onset Neuropsychiatric Syndrome and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus (PANDAS). The Committee is concerned that although the NIH supports research on PANS and PANDAS, significantly more needs to be done to fully understand causes, diagnosis, and treatment of these devastating disorders. Research and physician education are essential to early identification and intervention, thereby reducing the risk of chronic illness and associated costs to families, school systems, health care systems, and insurers. The Committee encourages NIH to increase prioritization of research in this area, and report to the Committee in the fiscal year 2025 congressional justification on the progress being made on the understanding of the causes, diagnostic criteria, and treatment of these conditions.

Peripheral Neuropathy.—The Committee supports research for peripheral neuropathy, a condition that affects 30 million Americans and can cause considerable pain and disability in those diagnosed with the disease. The Committee encourages NIH to develop a coordinated approach to better understand the causes of and find potential new treatments for peripheral neuropathy. Among other things, research could focus on developing a natural history database, collecting serial blood biomarkers, and creating a tissue bank, and identifying genetic risk factors and other strategies to facilitate the diagnosis and treatment of various types of peripheral neuropathy. The Committee also encourages NIH to support research on idiopathic peripheral neuropathy, which affects 10 million Americans.

Polycystic Ovary Syndrome (PCOS).—PCOS is a common female reproductive endocrine disorder that affects women across the lifespan. Research shows that the prevalence of PCOS reported in health system and insurance records is significantly less than the population prevalence of PCOS, further compounding the underdiagnosis of PCOS. The Committee recognizes the significant health and economic burden of PCOS, which may have reproductive, metabolic, cardiovascular, maternal, and mental health effects. Therefore, the Committee encourages NIH to continue to prioritize PCOS research and continue supporting additional investments in research on cardiometabolic, endocrine, and other comorbidities that impact the health and quality of life of patients with PCOS, such as insulin resistance, hirsutism and dermatologic

conditions, cardiovascular diseases and their risks factors, mental health disorders, stroke, and cancer. The Committee requests that NHLBI include in the fiscal year 2025 congressional justification information on the findings from the 2021 NIH workshop on the cardiovascular risks across the lifespan in PCOS and the recommendations and plans to address the identified gaps.

Potential Pandemic Pathogens.—HHS shall conduct a review of all NIH-funded research involving potential pandemic pathogens referred to an institutional biosafety committee and/or a dual use research of concern committee. Such review shall be conducted by the HHS Potential Pandemic Pathogen Care and Oversight review committee. Within one year of enactment of this Act, a report should be submitted to 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 and made available online summarizing the findings of the panel. In addition, the NIH shall list on the agency's website by year each grant submitted for further review pursuant to the HHS Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogens.

Preventive and Early-Treatment Brain Health Research.—The Committee encourages NIH to give greater attention to the study of the preclinical stage of neurological disorders, that is, the events that happen in the brain before the first symptoms of neurological disease. Learning what happens during the preclinical stage may guide the development of improved methods for identifying early disease biomarkers and intervention targets, as well as the development of novel interventions that may prevent or treat neurological disease before it becomes disabling and, ultimately, impact the trajectory of diseases like Alzheimer's disease, Parkinson's disease, multiple sclerosis, stroke, and epilepsy. Research indicates that with many neurological disorders changes in the brain begin well before clinical symptoms appear and early, pre-symptomatic intervention can lead to better outcomes.

Public Relations and Communications Consulting Services.—The Committee directs each institute or center to provide the total obligations by fiscal year for the past 5 years spent on public relations and communications consulting services from any funding source. Such data shall be made available online in one dataset and downloadable in electronic format from nih.gov. Amounts should be listed by funding source, fiscal year, institute or center, and service.

Rare Pediatric Genetic Diseases.—The Committee encourages NIH to work with stakeholders to improve the testing and diagnosis of rare pediatric genetic diseases, so that children suffering from such conditions may have better access to available treatments and improved health outcomes. Further, the Committee encourages NIH to work with stakeholders to promote awareness and research of rare pediatric genetic diseases.

Reducing Administrative Burden on Researchers.—The Committee recognizes that according to a national survey by the Federal Demonstration Partnership, Federally-funded researchers report spending 44 percent of their research time on bureaucracy, in-

cluding the time to prepare proposals and budgets, post-grant reporting of time and effort, ethical requirements, and other compliance activities. The Committee directs NIH to form a board on reducing administrative burden on researchers. Such board must have at least 75 percent of representation from non-Federal organizations, including robust participation from the extramural community and at least 25 percent of representation from early-career researchers (including post-docs, non-tenured professors, and graduate fellows). Within one year of enactment of this Act, the Board is directed to provide a report that includes recommendations aiming to reduce the administrative burden on researchers by 25 percent over the next three years. The Committee strongly supports efforts by the NIH for the recommendations to be put into effect as soon as practicable. The Committee requests a briefing on this effort 90 days from the enactment of this Act. The report of recommendations shall be made available to the public on the agency's website.

Research, Condition, and Disease Categories (RCDC) Table.—The Committee notes the RCDC table provides valuable insight into NIH funding, disease prevalence, and mortality. The Committee understands there can be considerable time lags in the data for mortality and disease prevalence. However, the Committee expects that the most recent data for mortality and disease prevalence should always be available on the website next to funding information. While it is understandable that updates may not be instantaneous, NIH should take steps to ensure information on mortality and disease prevalence is always available for each category listed in the RCDC table while the website is being updated for the most recently available information.

Research in China or Russia.—NIH shall provide a funding table that identifies any NIH-supported activity in the People's Republic of China or in Russia, including all funding mechanisms and all activities from any subrecipients of such mechanisms, covering the last four fiscal years, including the title of the NIH-supported activity, the amount for each fiscal year, the location, and the names of the recipients or sub-recipients. Such report shall be provided to 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 60 days of enactment of this Act.

Scientific Management Review Board.—The Committee recognizes that under the NIH Reform Act of 2006 (PL 109–482), a Scientific Management Review Board was created with the specific mission of reviewing the overall “research portfolio” of NIH, and advising on the “use of organizational authorities,” such as abolishing institutes or centers, creating new ones, and reorganizing existing structures (42 U.S.C. § 281(e)). Yet this Board has not met or issued a report since 2015, despite the obligation to do so every seven years. The Committee directs NIH to reconvene the Board within 90 days of enactment of this Act to fulfill its statutory obligation to provide recommendations to Congress, the Secretary, and the NIH Director on how best to organize biomedical research funding. The Committee includes not less than \$5,000,000 from

amounts provided under Office of the Director for the Scientific Management Review Board.

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

Subaward Reporting.—NIH shall maintain a public database on the agency's website a list of all subawards by location. Such information shall be publicly accessible without a login, searchable, and offer options to download in electronic format. Information shall be updated not less than once each calendar quarter.

Success Rates and Paylines.—Not later than 60 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 and paylines by institute or center, grant mechanism, and fiscal year. Such website information shall be easily accessible and include options to export into an electronic data format. Initial information should include the last ten years, to the extent practicable, and be maintained on the website indefinitely.

Term Limits.—Congress' decision to limit ARPA-H managers to a maximum of two 3-year appointments (4 years for the ARPA-H Director) is a break from NIH's longstanding practice of allowing its top officials to effectively serve as long as they wish. The Committee believes that a healthy degree of turnover in leadership is critical for sustaining the vitality of NIH. It also provides the opportunity for leading scientists across the nation to leave their positions for a set period of time and come to NIH to provide effective leadership to critical elements of the nation's biomedical enterprise. The Committee supports the recommendations outlined in the 2003 Institute of Medicine report *Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges*. Specifically, the Committee supports Recommendation 10, to set term limits for Institute or Center Director appointments to two 5-year terms. The Committee believes regular replacement of IC Directors following a maximum of two terms would be an overall benefit to medical research by ensuring the periodic introduction of fresh perspectives. The Committee provides \$500,000 for this effort and directs NIH to begin the planning process for implementing this policy, and to report to the Committees within 180 days of enactment of this Act on these efforts.

Ultra-rare Diseases.—Developing a therapy for conditions occurring in very small populations involves overcoming unique regulatory and research hurdles due to their small patient populations. The Committee encourages NIH to host a public workshop convening rare disease expert stakeholders including scientists, Federal agency representatives, including the Food and Drug Administration, patient advocacy leaders, clinicians, therapy and diagnostics developers, and other regulators. The workshop should address current efforts on research and treatment efforts for rare diseases, including focusing on commonalities across diseases and therapeutic platforms, the outcome of which would also be applicable for rare diseases with small patient populations.

Von Hippel-Lindau (VHL) disease.—The Committee recognizes that finding a treatment and cure for von Hippel-Lindau disease, in which the VHL tumor suppressor gene is damaged or non-existent, is key for treating and curing VHL and many other forms

of cancer. The role of the VHL gene is central in how cells sense and adapt to oxygen and nutrient availability and how this mechanism leads to abnormal cell or cancer growth. As a result, nearly a dozen medications currently used to treat various forms of cancer are the direct result of research in VHL biology. The Committee encourages NIH to continue to support intramural and extramural research on VHL disease and biology, seeking both pharmacological and gene therapy treatments for VHL and other cancer patients. The Committee requests an update on VHL research efforts in the fiscal year 2025 congressional justification.

Youth Evidence Review.—NIH shall conduct a comprehensive evidence review of all published research regarding the social and medical gender transition of minors. As part of this evidence review, NIH shall consider the mental health impacts and physical implications of such social and medical intervention on minors, both in the short- and long-term. NIH shall complete this evidence review within 180 days of enactment of this Act and 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 on findings. Until such review is complete, all existing guidelines with respect to this treatment shall be withdrawn.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2023	\$350,000,000
Budget request, fiscal year 2024	350,000,000
Committee Recommendation	350,000,000
Change from enacted level	---
Change from budget request	---

Mission.—This account provides for the design, construction, improvement, major repair, and demolition of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the NIH. The funds in this appropriation support the buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; the National Institute of Allergy and Infectious Diseases in Hamilton, Montana; and other smaller facilities throughout the U.S.

Once again, the Committee rejects the Administration’s request for NIH to transfer up to 1 percent of its research funding to this account. Funding provided for research should not be unilaterally transferred without a sound explanation and robust justification of need. NIH again provides woefully little explanation as to why such an extraordinary authority is necessary. The Committee commends the agency for continuing to develop a sound capital planning process and for keeping the Committee informed on such activities. These efforts have been supported by the Committee with modifications to section 216 of this Act which permit NIH to use up to \$100,000,000 of research funding for alterations and repairs. The Committee directs NIH to continue to provide quarterly updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds \$5,000,000, including any changes to those plans and the original baseline esti-

mates for individual projects. NIH is directed to provide a detailed briefing on the proposed Center for Pediatric and Adult Diseases, including how the size and activities in the Center compare to the footprint and activities in the existing facilities that would be demolished to make way for it. Finally, the Committee also directs NIH to describe in its fiscal year 2025 congressional justification how the projects requested in its budget tie to its capital planning process, including the Research Facilities Advisory Committee’s role in determining which projects are selected for inclusion in the budget.

NIH INNOVATION ACCOUNT

This account supports NIH programs authorized in the Cures Act.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH (ARPA–H)

Appropriation, fiscal year 2023	\$1,500,000,000
Budget request, fiscal year 2024	2,500,000,000
Committee Recommendation	500,000,000
Change from enacted level	–1,000,000,000
Change from budget request	–2,000,000,000

Mission.—The Advanced Research Projects Agency for Health fosters the development of novel, breakthrough, and broadly applicable capabilities and technologies to accelerate transformative innovation in biomedical science and medicine in a manner that cannot be readily accomplished through traditional Federal biomedical research and development programs or commercial activity.

Geroscience Research.—Geroscience research is a revolutionary way to approach health and aligns with the mission of ARPA–H to identify and invest in high-risk, high-reward research projects that have the potential to transform healthcare and improve public health. By uncovering new insights into the underlying causes of age-related diseases, geroscience research could lead to treatments and therapies that offer the possibility of improving people’s “healthspan,” so they remain healthier longer, and address the growing burden of age-related diseases on society. The Committee urges ARPA–H to prioritize two areas of research that could advance the field dramatically: biomarkers and epigenetic reprogramming. Discovering and validating biomarkers for aging would significantly improve the efficacy of interventions, and epigenetic reprogramming of cellular age could slow down or reverse the aging process and thereby prevent or delay age-related diseases.

Health Sciences Futures.—While there are more than 100 coronavirus vaccines in various stages of clinical development around the world, all of them are needle-based, most need multiple doses to be effective, and all need refrigeration. There is a need for next-generation COVID vaccines as well as platform technologies such as nanovaccines that can be used in plug-and-play formats to rapidly design multiplex vaccines against different pathogens or variants. There is a need to advance new and improved COVID vaccines by integrating multiple patent-protected nanovaccine platform technologies that have shown unique competitive advantages against respiratory infections and processes for rapid manufacture

of the novel vaccines and countermeasures through investing in public-private partnerships and consortia.

Nanovaccine Research.—The Committee recognizes the major importance of investing in nanovaccine research at U.S. universities to improve upon existing COVID vaccines, such as through room temperature-stable nanovaccines that can be rapidly designed, tested, and deployed. The Committee urges the agency to prioritize funding to a consortium of academic researchers working on such nanovaccines.

Rare Cancers.—The Committee is aware of the significant challenges faced by patients with rare and difficult-to-treat cancers. While many forms of cancer are now able to be successfully treated, extending life for most patients by many years, some forms of cancer continue to show five-year survival rates in the single digits, and many have had no new therapeutics available for decades. It is the Committee’s hope that the investments made in ARPA–H can begin to change outcomes for these patients especially.

To this end, the Committee is aware of the significant research investment that has been undertaken by the NCI in both foundational research that is applicable to all cancer types, as well as targeted research through collaborations on specific cancer types. One such collaboration is investigating treatments for a brain cancer known as glioblastoma which is a fast-growing and aggressive type of brain tumor. Many researchers believe such brain cancers could be successfully treated by developing novel effective agents that can cross the blood-brain-barrier, and NCI has invested in the Glioblastoma Therapeutics Network which seeks to rapidly launch clinical trials that speed access to promising qualified treatments to patients.

Investment in therapeutic interventions is vital to drive the development of novel treatments and personalized approaches for difficult-to-treat cancers such as glioblastoma. Accordingly, the Committee directs ARPA–H to make a significant investment of no less than \$100,000,000 to support pre-clinical and clinical trials, including the evaluation of immune-based therapies, targeted therapies, and combination treatments, to geographically diverse cancer medical facilities that treat cancers which have a 5 to 10 percent survival rate over the period of 5 years following an initial diagnosis, and with respect to which therapeutics have made no statistical change over the preceding 3 decades in the proportion of patients experiencing long-term (greater than 5 years) survival.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2023	\$7,678,583,000
Budget request, fiscal year 2024	10,582,975,000
Committee Recommendation	7,284,049,000
Change from enacted level	– 394,534,000
Change from budget request	– 3,298,926,000

The Committee recommendation for the Substance Abuse and Mental Health Services Administration (SAMHSA) program level includes \$6,975,882,000 in discretionary budget authority, \$133,667,000 in PHS Evaluation Tap Funding, and \$12,000,000 in transfers from the Prevention and Public Health Fund.

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 Public Health Service Act section 241 evaluation set-aside in fiscal year 2024.

Eating Disorders.—The Committee remains concerned about the rising rate of eating disorders in the U.S., especially amongst children and youth. Eating disorders have the second highest mortality rate of any mental illness, however, 1 in 3 individuals affected remain undetected and untreated. The total economic cost of eating disorders is almost \$65 billion annually. Only 6 percent of medical residency programs require training in eating disorders and 20 percent of surveyed medical residency programs offer elective training. Addressing this gap is crucial given the doubling of inpatient hospitalization for eating disorders since March of 2020. The Committee continues to support SAMHSA's Center of Excellence for Eating Disorders to increase trainings for primary care health professionals to screen, briefly intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 1131 of the Consolidated Appropriations Act, 2023 (PL 117–328).

Women and girls are at heightened risk for developing an eating disorder during their lifetime. The rate of adolescent girls visiting the emergency room due to eating disorders has doubled since the start of the pandemic, contributing to the youth mental health crisis. The Committee recognizes SAMHSA's efforts to address the rise in eating disorders amongst adolescent girls. The Committee directs SAMHSA to create a pediatric training model and commence training of pediatric providers in coordination with HRSA for prevention, early intervention, treatment, and ongoing support protocols for women and girls with or at-risk of developing an eating disorder.

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.

Female Adolescent Mental Health.—The Committee is extremely concerned with the findings of the 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 enactment of this Act.

Gambling.—The Committee understands that the annual national cost of problem gambling is estimated to be about \$7 billion per year. However, there is no Federal agency tasked to address the problem of gambling. Not later than 180 days after the enactment of this Act, the Secretary is encouraged to report to Congress regarding how resources can be better utilized to provide and facilitate problem gambling services and prevention programs to effectively address problem gambling.

Homelessness.—The Committee directs SAMHSA to include in the fiscal year 2025 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. SAMHSA is encouraged 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 (PL 114–94) required HHS 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, United States 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 understands 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 SUD epidemic—particularly a massive prescription opioid abuse crisis—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 very serious issue and poses a tremendous risk to the safety of the motoring public. Therefore, the Committee requests 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. An update on the agency’s effort should be included in the fiscal year 2025 congressional justification.

Minority Fellowship Program.—The Committee supports the Minority Fellowship Program and requests a report within 180 days of enactment of this Act outlining the number and type of health care providers, disaggregated by occupation, participating in the program.

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 SUD 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 Committees 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.

MENTAL HEALTH

Appropriation, fiscal year 2023	\$2,788,546,000
Budget request, fiscal year 2024	4,529,395,000
Committee Recommendation	2,739,321,000
Change from enacted level	-49,225,000
Change from budget request	-1,790,074,000

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 \$1,007,571,000 for the Mental Health Services Block Grant (MHBG) which is the same as the fiscal year 2023 enacted program level. 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.

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 2023 enacted program level, 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 2023 enacted program level, to support legal-based advocacy services to ensure the rights of individuals with mental illness, protect and advocate for these rights, and investigate incidents 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 2023 enacted program level, 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 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 \$93,887,000 for the National Child Traumatic Stress Initiative, which is the same as fiscal year 2023 enacted program level, to increase access to effective trauma and grief focused treatment and services systems for children, adolescents, and their families, who experience traumatic events.

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

Budget Activity	FY 2024 Committee
Capacity:	
Seclusion and Restraint	\$1,147,000
Project AWARE	100,000,000
Mental Health Awareness Training	27,963,000
Healthy Transitions	30,451,000
Infant and Early Childhood Mental Health	15,000,000
Children and Family Programs	7,229,000
Consumer and Family Network Grants	4,954,000
Project LAUNCH	25,605,000
Mental Health System Transformation	3,779,000
Primary and Behavioral Health Care Integration	55,877,000
Mental Health Crisis Response Grants	20,000,000
Suicide and Crisis Lifeline (988)	501,618,000
National Strategy for Suicide Prevention	28,200,000
<i>Zero Suicide</i>	<i>26,200,000</i>
<i>American Indian and Alaska Native Set-Aside</i>	<i>3,400,000</i>
Garrett Lee Smith-Youth Suicide Prevention:	
State Grants	31,806,000
Campus Grants	12,000,000
American Indian and Alaska Native Suicide Prevention	3,931,000
Tribal Behavioral Health Grants	22,750,000
Homeless Prevention Programs	33,696,000
Minority AIDS	---
Criminal and Juvenile Justice Programs	11,269,000
Assisted Outpatient Treatment	21,420,000
Assertive Community Treatment for Individuals with Serious Mental Illness	9,000,000
Interagency Task Force on Trauma-Informed Care	1,000,000
Science and Service:	
Garrett Lee Smith-Suicide Prevention Resource Center	11,000,000
Practice Improvement and Training	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	2,991,000
Minority Fellowship Program	11,059,000
Disaster Response	1,953,000
Homelessness	2,296,000

Capacity:

Seclusion and Restraint.—The Committee provides \$1,147,000, which is the same as the fiscal year 2023 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 \$100,000,000 for Project AWARE State 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 (PL 117–159) provided \$60,000,000 for fiscal year 2024 for this program in addition to resources in this Act.

Mental Health Awareness Training.—The Committee provides \$27,963,000, which is the same as the fiscal year 2023 enacted program level, for Mental Health Awareness Training program, to train individuals to recognize the signs and symptoms of mental disorders and provide education on resources available in the community for individuals with mental illness.

Healthy Transitions.—The Committee provides \$30,451,000, which is the same as the fiscal year 2023 enacted program level, for the Healthy Transitions program, to provide grants to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have, or at risk of developing a serious mental health condition. Within the amount provided, the Committee reserves not less than 20 percent for Indian Tribes and tribal organizations when making new awards.

Infant and Early Childhood Mental Health.—The Committee provides \$15,000,000, which is the same as the fiscal year 2023 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 \$7,229,000, which is the same as the fiscal year 2023 enacted program level, 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 2023 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 \$25,605,000, which is the same as the fiscal year 2023 enacted program level, for Project Launch. Project Launch provides grants for screening, prevention, and early intervention for behavioral health issues for children.

Mental Health System Transformation.—The Committee provides \$3,779,000, which is the same as the fiscal year 2023 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 2023 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.

Mental Health Crisis Response Partnership Pilot Program.—The Committee provides \$20,000,000, which is the same as the fiscal year 2023 enacted program level, for competitive grants to establish new, or enhance existing, mobile crises response teams.

The Committee notes the success of crisis stabilization centers that provide walk care services for individuals with serious mental health conditions and/or substance use disorders as an effective approach to reducing emergency department visits, hospitalizations, or incarceration and encourages SAMSHA to support such projects in future award cycles.

Suicide and Crisis Lifeline (988) Program.—The Committee provides \$501,618,000, which is the same as the fiscal year 2023 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.

National Strategy for Suicide Prevention.—The Committee provides \$28,200,000, which is the same as the fiscal year 2023 enacted program level, for the implementation of the National Strategy for Suicide Prevention including \$26,200,000 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, \$3,400,000 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 2023 enacted program level, for Garrett Lee Smith Youth Suicide Prevention, including \$43,806,000 for grants to States and Tribes or their designees for youth suicide prevention activities and services and \$8,488,000 for grants to institutions of higher education for services for students with mental health or substance use disorders.

American Indian/Alaska Native Suicide Prevention Initiative.—The Committee provides \$3,931,000, which is the same as the fiscal year 2023 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 Indian/Alaska Native (AI/AN), prevent substance misuse, and reduce substance misuse among AI/AN Tribes and other AI/AN communities.

Tribal Behavioral Grants.—The Committee provides \$22,750,000, which is the same as the fiscal year 2023 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 \$33,696,000, which is the same as the fiscal year 2023 enacted program level, for Homeless Prevention Programs to help to support the development and/or expansion of local implementation of an infrastructure that integrates mental health and SUD treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance, or co-occurring disorders who are experiencing homelessness.

Criminal and Juvenile Justice Activities.—The Committee provides \$11,269,000, which is the same as the fiscal year 2023 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 2023 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 2023 enacted program level, for Assertive Community Treatment programs which includes 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 \$1,000,000 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 2023 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 resources 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 2023 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 2023 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, \$1,000,000 more than the fiscal year 2023 enacted program level, to provide technical assistance to Primary and Behavioral Health Care Integra-

tion 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 PL 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 2023 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 2023 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center.

SUBSTANCE ABUSE TREATMENT

Appropriation, fiscal year 2023	\$4,157,298,000
Budget request, fiscal year 2024	5,463,087,000
Committee Recommendation	4,061,303,000
Change from enacted level	–95,995,000
Change from budget request	–1,401,784,000

Substance Use Prevention, Treatment, and Recovery Services Block Grant

The Committee includes \$2,008,079,000, which is the same as the fiscal year 2023 enacted program level, for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. The SUPTRS Block Grant provides funding to States and Territories to support alcohol and drug use prevention, treatment, and recovery support services. 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.

Alcohol Addiction.—The Committee is aware that States utilize SUPTRS Block Grant funding to support programs that address all substance use disorders, including those related to alcohol. SUPTRS Block Grant funds may support Screening, Brief Intervention, Referral to Treatment (SBIRT) initiatives related to alcohol. 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 the SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.

Medication-Assisted Treatment.—The Committee notes the importance of outreach to the community of the treatment center location.

Opioid Safety Education and Training.—The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and especially nonprescription illicitly manufactured opioids. SAMHSA is urged to take steps to encourage and support the use of SUPTRS 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.

Opioid Use Disorder in Rural Communities.—The Committee is aware that response to 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 SUDs 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.

Substance Use Disorder Treatment.—The Committee is concerned by the high rates of substance use and overdose among youth; more than 2 million adolescents suffered from a SUD in 2021. Despite the high prevalence of SUDs among 12- to 17-year-olds, few treatment programs are equipped to serve this population. The Committee encourages SAMHSA to urge states to dedicate funding, including from State Opioid Response grants, to support SUD treatment tailored to adolescents, as well as other populations with limited treatment options, including pregnant and parenting women.

State Opioid Response Grants

The Committee includes \$1,583,000,000, which is \$8,000,000 more than the fiscal year 2023 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 an increased set aside for Indian Tribes and tribal organizations to 4 percent.

The Committee continues to support the ability of SOR to support continuum of prevention, treatment, and recovery support services 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 ability of SOR funding to support treatment and support for co-occurring addictions, including alcohol use disorder.

FDA Approved Medications.—The Center for Substance Abuse Treatment 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 recurrence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers and criminal justice settings.

Technical Assistance.—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 Committee
Capacity:	
Opioid Treatment Programs and Regulatory Activities	\$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
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</i>	111,000,000
<i>Tribal Set-aside</i>	16,500,000
Grants to Prevent Prescription Drug/Opioid Overdose	16,000,000
First Responder Training	56,000,000
<i>Rural Emergency Medical Services Training Grants</i>	31,000,000
Pregnant and Postpartum Women	38,931,000
Recovery Community Services Program	4,434,000
Children and Families	30,197,000
Criminal Justice Activities	94,000,000
<i>Drug Courts</i>	74,000,000
Improving Access to Overdose Treatment	1,500,000
Building Communities of Recovery	16,000,000
Peer Support Technical Assistance Center	2,000,000
Comprehensive Opioid Recovery Centers	6,000,000

Budget Activity	FY 2024 Committee
Emergency Department Alternatives to Opioids	8,000,000
Treatment, Recovery, and Workforce Support	12,000,000
Youth Prevention and Recovery Initiative	2,000,000
Science and Service:	
Addiction Technology Transfer Centers	9,046,000
Minority Fellowship Program	7,136,000

Capacity:

Opioid Treatment Programs and Regulatory Activities.—The Committee provides \$10,724,000, which is the same as the fiscal year 2023 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 \$33,840,000, which is the same as the fiscal year 2023 enacted program level, for the SBIRT program. The SBIRT program identifies individuals who misuse substances and provides education, brief intervention, or referrals to specialty treatment as necessary through grants to States, Tribes, health departments, colleges and universities, and other non-profit organizations.

Targeted Capacity Expansion.—The Committee provides \$122,416,000, which is the same as the fiscal year 2023 enacted program level, for Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addition program (MAT-PDOA). These programs support State and local governments, Tribes, non-profit 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.

SAMHSA is directed to include all FDA-approved medications for opioid use disorder and other clinically appropriate services 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 2023 program level. The PDO program trains first-responders and other community sectors on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.

First Responder Training.—The Committee provides \$56,000,000 for First Responder Training, which is the same as the fiscal year 2023 program level, for equipping first responders with naloxone and other FDA-approved overdose reversal devices. Of the funds provided, \$31,000,000 are 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 2023 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. The Committee recognizes SAMHSA for its work managing this program, which utilizes a family-centered approach to provide comprehensive residential SUD treatment services. A provision in the Comprehensive Addiction and Recovery Act authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient, and related services in a family centered approach. The Committee again encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.

Recovery Community Services Program.—The Committee provides \$4,434,000 for Recovery Community Services Program, which is the same as the fiscal year 2023 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 2023 program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, treatment for such populations with co-occurring mental illnesses.

Criminal Justice Activities.—The Committee provides \$94,000,000, which is the same as the fiscal year 2023 program level, to support diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with alcohol and other drug use disorders and/or co-occurring alcohol and other drug use disorders and mental illness. This includes \$74,000,000 for SAMSHA's Drug Court initiative. The Committee continues to direct SAMHSA to ensure that all funding appropriated for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance use agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Improving Access to Opioid Treatment.—The Committee provides \$1,500,000, which is the same as fiscal year 2023 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 \$16,000,000, which is the same as the fiscal year 2023 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 2023 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 2023 program level, as authorized by section 7121 of the SUPPORT Act (PL 115–271).

Emergency Department Alternatives to Opioids.—The Committee provides \$8,000,000 for Emergency Department Alternatives to Opioids, as authorized by section 7091 of the SUPPORT Act (PL 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. The Committee notes that SAMSHA has limited participation exclusively to non-profit hospitals and emergency departments in a manner inconsistent with the authorizing statute and directs the Administration when issuing new funding opportunity announcements, to include as an eligible applicant in a manner consistent with the SUPPORT Act (PL 115–271). The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

Treatment, Recovery, and Workforce Support.—The Committee provides \$12,000,000, which is the same as the fiscal year 2023 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 2023 program level, for the for the Youth Prevention and Recovery Initiative to support early identification and services to children, adolescents, and young adults at risk of SUDs, treatment for such populations including those with co-occurring mental illnesses, as authorized by the SUPPORT Act (PL 115–271).

Science and Services:

Minority Fellowship Program.—The Committee provides \$7,136,000, which is the same as the fiscal year 2023 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 2023	\$236,879,000
Budget request, fiscal year 2024	245,738,000
Committee Recommendation	179,602,000
Change from enacted level	– 57,277,000
Change from budget request	– 66,136,000

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

Budget Activity	FY 2024 Committee
Capacity:	
Strategic Prevention Framework	\$125,484,000

Budget Activity	FY 2024 Committee
Federal Drug-Free Workplace	5,139,000
Sober Truth on Preventing Underage Drinking	14,500,000
<i>National Adult-Oriented Media Public Service Campaign</i>	<i>2,500,000</i>
<i>Community Based Coalition Enhancement Grants</i>	<i>11,000,000</i>
<i>Interagency Coordinating Committee to Prevent Underage Drinking</i>	<i>1,000,000</i>
Tribal Behavioral Health Grants	23,665,000
Science and Service:	
Center for the Application of Prevention Technologies	9,493,000
Science and Service Program Coordination	---
Minority Fellowship Program	1,321,000

Capacity:

Strategic Prevention Framework.—The Committee provides \$125,484,000, \$10,000,000 below the fiscal year 2023 enacted program level, for the Strategic Prevention Framework (SPF). The SPF provides grants to States, Tribes, and local governmental organizations to prevent substance misuse. The Committee strongly believes that investing in prevention is essential to ending the substance misuse 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 support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State or local applicant’s most pressing substance use issues, as determined by the State and/or local epidemiological data.

Federal Drug-Free Workplace.—The Committee provides \$5,139,000, the same as the fiscal year 2023 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 ensure the laboratories that perform this regulated drug testing are inspected and certified by HHS.

Sober Truth on Preventing Underage Drinking Act.—The Committee provides \$14,500,000, the same as the fiscal year 2023 program level, 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, and provides grants to prevent and reduce alcohol use among youth under the age of 21.

Tribal Behavioral Grants.—The Committee provides \$23,665,000 to address the high incidence of substance misuse and suicide among AI/AN populations.

Science and Service:

Center for the Application of Prevention Technologies.—The Committee provides \$9,493,000, the same as the fiscal year 2023 program level, for the Center for the Application of Prevention Technologies to improve implementation and delivery of effective sub-

stance use prevention interventions and provide training and technical assistance services to the substance use prevention field.

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, non-profit, 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.

Minority Fellowship Program.—The Committee provides \$1,321,000, the same as the fiscal year 2023 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 illness or substance use disorder treatment services for minority populations.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriation, fiscal year 2023	\$495,860,000
Budget request, fiscal year 2024	344,755,000
Committee Recommendation	303,823,000
Change from enacted level	– 192,037,000
Change from budget request	– 40,932,000

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2024 Committee
Health Surveillance	\$50,623,000
<i>PHS Evaluation Funds</i>	<i>30,428,000</i>
Program Support	79,500,000
Performance and Quality Information Systems	10,200,000
Behavioral Health Workforce	1,000,000
<i>PHS Evaluation Funds</i>	<i>1,000,000</i>

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2023	\$373,500,000
Budget request, fiscal year 2024	447,500,000
Committee Recommendation	– – –
Change from enacted level	– 373,500,000
Change from budget request	– 447,500,000

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 2023	\$367,357,090,000
Budget request, fiscal year 2024	406,956,850,000
Committee Recommendation	406,956,850,000
Change from enacted level	+39,599,760,000
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 \$197,580,474,000, which was provided as advance funding for the first quarter of fiscal year 2024. In addition, the Committee recommends an advance appropriation of \$245,580,414,000 for program costs in the first quarter of fiscal year 2025, to remain available until expended.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2024. 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 2023	\$548,130,000,000
Budget request, fiscal year 2024	476,725,000,000
Committee Recommendation	476,725,000,000
Change from enacted level	- 71,405,000,000
Change from budget request	---

This account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, and Medicare drug benefits and administration, as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related to administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues bill language providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and providing resources for the Medicare Part D drug benefit program if the annual appropriation is insufficient.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2023	\$4,124,744,000
Budget request, fiscal year 2024	4,550,070,000
Committee Recommendation	3,326,690,000
Change from enacted level	- 798,054,000
Change from budget request	- 1,223,380,000

Program Operations

The Committee includes \$2,256,823,000 for Program Operations, which is \$678,000,000 below the fiscal year 2023 enacted level and \$873,360,000 below the fiscal year 2024 budget request. This office administers the programs under the Centers for Medicare & Med-

icaid Services (CMS), funds beneficiary outreach and education, maintains information technology infrastructure needed to support various claims processing systems, and supports other programmatic improvements.

Area Wage Index.—In August of 2019, CMS implemented the Medicare Hospital Area Wage Index Low Wage Index Hospital Policy as part of Fiscal Year 2020 Medicare Hospital Inpatient Prospective Payment System and Long Term Acute Care Hospital Prospective Payment System (CMS–1716–F). CMS implemented the policy due to a recognition that there was a “common concern that the current wage index system perpetuates and exacerbates the disparities between high and low wage index hospitals.” At the time in 2019, CMS even acknowledged that the policy would be effective for “at least four years.” As a result of the unforeseen COVID pandemic, the impact of this adjustment has not been seen. The Committee strongly urges CMS to extend the Low Wage Index Hospital Policy as they had anticipated doing for an additional four years to allow hospitals and the agency more time to understand the policy’s true impact in a more normal environment. The Committee requests an update on this topic in the fiscal year 2025 congressional justification.

Autologous Breast Reconstruction Coverage.—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. Perforator flap reconstruction, which creates a breast without sacrificing a patient’s muscle, is the modern gold standard for autologous reconstruction. Autologous perforator flap reconstruction access is particularly important for patients diagnosed with more advanced disease 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 encourages CMS to review any policies regarding autologous reconstruction options.

Biosimilars.—The Committee is concerned about the lack of access to lower cost biosimilars to beneficiaries within the Medicare Part D program. The Committee encourages CMS to examine existing barriers to biosimilar adoption, including large payer price concessions. This includes the Center for Medicare and Medicaid Innovation exploring new voluntary models to test and develop incentives to encourage biosimilar use. The Committee encourages CMS to provide beneficiary focused education on the availability of biosimilars and the potential for lower out-of-pocket costs. CMS should include this information in Medicare Plan Finder and in Real Time Benefit tools.

Birth-Friendly Hospitals.—The Committee shares CMS’ goal to address the maternal mortality and morbidity crisis. As such, the Committee directs the agency to make a report publicly available online within 120 days of enactment of this Act on the new “Birth-Friendly Hospitals” designation recently put forth by CMS; the report should include how the agency intends to expand the criteria for “Birth-Friendly Hospital” designation eligibility in the future, and anticipated impacts on maternal health outcomes.

Cardiac Computed Tomography (CT).—The Committee reiterates concern raised in the fiscal year 2023 joint explanatory statement and notes that Medicare payment rates for cardiac CT services may affect access to these vital services. Despite clinical evidence demonstrating that use of cardiac CT can improve health outcomes for beneficiaries and reduce costs for the healthcare system, beneficiaries are up to twenty times more likely to receive a stress test. The Committee urges CMS to preserve access to this vital service.

County Level Data.—The Committee directs the U.S. Government Accountability Office (GAO) to review how State Medicaid programs fund behavioral health services in selected States. The Committee directs GAO to brief the Committees on the status of its review no later than 180 days after the date of enactment of this Act, and to complete its work for the Committee at a date to be agreed upon at the status briefing.

Dementia Care Management Model.—The Committee appreciates the Center for Medicare & Medicaid Innovation continuing to work with stakeholders to test a dementia care management model that could reach dementia patients across all stages and include coordinated care management and caregivers. The Committee looks forward to an update on this work, as requested in House Report 117–403.

Diagnostic Coverage for Alzheimer’s Disease.—The Committee is encouraged by the potential new therapeutic options for Alzheimer’s patients while significantly concerned about CMS’ National Coverage Determination (NCD) for monoclonal antibodies directed against amyloid for the treatment of Alzheimer’s disease. It is also critical that Medicare beneficiaries have access to the confirmatory diagnostic tests that will ensure treatment with novel therapeutic options, once available, as well as enable individuals to seek alternative interventions to impede the course of disease or participate in clinical trials or additional research to further Alzheimer’s treatments. The Committee encourages CMS to reexamine its NCD on beta amyloid positron tomography in dementia and neurodegenerative disease.

Diagnostic or supplemental breast imaging.—The Committee is aware that while breast cancer detection starts with routine screening mammograms, some individuals may require diagnostic or supplemental breast imaging (e.g., diagnostic mammography, breast ultrasound, or breast magnetic resonance imaging) to rule out breast cancer or confirm the need for a biopsy. The Committee encourages CMS to consider including diagnostic and supplemental breast imaging as integral services of breast cancer screening and early detection, a recommended preventive service for the patients that are recommended to receive these screening modalities.

Digital Mammography Coverage Analysis.—The Committee recognizes the importance of access to mammography screening for early detection of breast cancer. Digital Breast Tomosynthesis (DBT), or 3D mammography, offers clinical benefits to women with dense breasts, may detect more cancers, improves accuracy, can reduce patient recalls for additional testing, and provides rapid and reliable results and storage of images. While some States require insurance plans to cover tomosynthesis with no co-pay, many do not. Insurance coverage of “all modalities,” including 3D mam-

mography, would improve access to recommended screening. The Committee supports efforts by the GAO to assess coverage and copay gaps across different forms of private and public health insurance, as well as trends in the usage of 3D mammography screening.

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.

Early Screening for Chronic Kidney Disease (CKD).—The Committee is committed to ensuring that patients with CKD have access to the most clinically appropriate treatments. Approximately 37 million Americans have CKD, including nearly 800,000 with irreversible kidney failure. Another 80 million Americans are at risk for developing kidney disease from hypertension, diabetes, and other risk factors. Chronic kidney disease reaches across racial, ethnic, and culturally diverse populations in both urban and rural areas. And while patients being treated for kidney failure represent only 1 percent of beneficiaries, they account for 6 percent of all Medicare Fee-for-service expenditures. Overall, Medicare spends nearly 25 percent of its annual budget on beneficiaries with a kidney disease diagnosis. More effective diagnosis and care can help reduce the rates of kidney failure and cardiovascular complications for patients and with potential 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-to-Creatinine Ratio testing, diagnosis, and treatment for high-risk populations for CKD.

Functional Impairment after Mastectomy.—After breast cancer surgery, nearly 80 percent of women suffer from pain, numbness, or both. 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. Functional impairment resulting from mastectomy can include a total loss of sensation leading to thermal injuries such as burns and other accidents. 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.

GAO Report on Private Not-For-Profit Hospitals.—The Committee directs the Government Accountability Office to conduct an examination of (i) cost, quality and accessibility of care provided by private not-for-profit hospitals to uninsured and vulnerable patient populations, (ii) the level of charity care provided by those hospitals to patients at 400, 300, 200, and 100 percent of the Federal poverty level, and compare those charity care levels with that of all hospitals, all private for-profit hospitals, and hospitals that receive other Federal benefits, including disproportionate share hospital payments and 340B discounts. The Committee also directs GAO to

offer recommendations to better align tax incentives received by not-for-profit hospitals with community health benefits.

Hospital-At-Home for Observation Level Patients.—The Committee recognizes the importance of telehealth and further examining the early promise of the Hospital-at-Home program. The Committee supports efforts by CMS to pilot a portion of the program that targets observation level patients and build from the current Hospital-at-Home model with appropriate program integrity and clinical safeguards. The new model could follow all the current Hospital-at-Home treatment and reporting guidelines, including using an accepted patient leveling process to ensure that only patients requiring an observation level of care are treated. This effort should not incur any additional costs to the program, but simply allow hospitals to provide care at home for those patients that would be classified under observation status.

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.

Low-Density Lipoprotein Cholesterol (LDL-C) Management Techniques.—The Committee notes the ongoing burden of cardiovascular disease, which is responsible for one-in-three deaths in the United States each year and is on a trajectory to cost the economy more than \$1 trillion annually by 2035. The Committee notes the importance of monitoring patients' low-density lipoprotein cholesterol levels and achieving LDL-C target levels as established by leading medical and population health research. Therefore, the Committee requests an update in the fiscal year 2025 congressional justification that includes an assessment of the prevalence of effective LDL-C management techniques in current clinical settings.

Medicaid and Children's Health Insurance Program Territory Transparency and Information.—The Committee notes that CMS provides updated, specified information related to Federal expenditures under Medicaid and the Children's Health Insurance Program (CHIP) for each State and the District of Columbia. This information, however, is lacking for the territories—the Northern Mariana Islands, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. In the fiscal year 2025 congressional justification, the Secretary is directed to report to the Committees its plan to publish on its website, and periodically update, information on Federal expenditures under Medicaid and CHIP for each of the U.S. territories. The Secretary, in consultation with each of the territory governors, shall include specific information for each territory including program eligibility income levels; the number of individuals enrolled in Medicaid and CHIP; any State plan amendments in effect to carry out Medicaid or CHIP; any waiver of the requirements of title XIX or title XXI issued by the Secretary to carry out Medicaid or CHIP; including a waiver under section 1115 of the Social Security Act (42 U.S.C. 1315), any application for such

a waiver, and any documentation related to such application; the amount of the Federal and non-Federal share of expenditures under Medicaid and CHIP; the systems in place for the furnishing of health care items and services under Medicaid and CHIP; the design of CHIP in such territory; and other information regarding the carrying out of Medicaid and CHIP in the territories that is published on such Internet site with respect to carrying out Medicaid and CHIP in each State and the District of Columbia.

Medicaid Eligibility Determinations.—The Committee recognizes that, as a result of the end of the COVID public health emergency, States must now redetermine Medicaid beneficiaries' eligibility for benefits. In addition, the Committee notes that significant progress has been made in technology and the use of diverse intra-state data sets to determine eligibility for Medicaid and support integrated eligibility systems across multiple public benefit programs. The Committee urges the Secretary to make publicly available for State Medicaid agencies guidance for IT solutions to determine Medicaid eligibility and enrollment more accurately and efficiently. The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

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 in 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 Institutions for Mental Disease (IMD).—The Committee notes the importance of removing arbitrary and discriminatory limits to critical health care in the United States. Medicaid-eligible individuals with mental health issues should have their treatment covered just like individuals with any other medical condition. The Committee directs the Administrator of the Centers for Medicare & Medicaid Services to issue a report within 180 days examining how repealing Medicaid's IMD exclusion could improve access to and quality of mental health services in our health care system. An emphasis should be placed on how repealing the IMD exclusion would impact mental health services for nonelderly, Medicaid-eligible adults, especially those between the ages of 21 and 64. The report would also provide an updated cost estimate of repealing the exclusion, guidance to States and the Federal government on accommodating the expanded service, and a description of the methodology and results of the analysis as well as a summary of the data. The Centers for Medicare & Medicaid Services shall continue to update the committees of jurisdiction regarding the timeline and process for analyzing data and for publishing the report publicly.

Molecular Diagnostics for Cancer Patients.—Molecular diagnostics are critical for cancer patients, especially those with cancers for which treatment is not straightforward or no standard

protocol exists. Molecular diagnostics can determine the form of cancer and the molecular drivers of each individual patient's cancer. The Committee commends CMS for making this technology available for breast and ovarian cancer patients at the time of diagnosis and other cancers when they reoccur and encourages CMS to provide an update on its coverage policies for molecular diagnostics for all cancers at time of diagnosis in the fiscal year 2025 congressional justification.

Navigator Program.—The Committee provides no funding for the Navigator program. The Committee notes with concern that the use of exchange user fees to fund this program increases patient costs through higher health insurance premiums and higher premium tax credit subsidies. The Committee does not believe higher health insurance premiums should fund the failed Navigator program and directs the Administration to provide a comprehensive annual report on the number of beneficiaries enrolled by Navigators to the committees of jurisdiction.

No Surprises Act Administrative Fees.—The Committee is concerned about the CMS No Surprises Act independent dispute resolution (IDR) process. The Committee strongly encourages CMS to improve the IDR process by reducing the excessive fee required of providers to access the IDR process and by issuing guidance that directs IDR entities to consider more expansive batching of claims.

No Surprises Act Audits.—CMS shall expeditiously conduct random audits of insurers' qualifying payment amount (QPA) calculations as mandated by the No Surprises Act (NSA) and report to the committees of jurisdiction the results of the audit. CMS shall also provide the committees of jurisdiction a report regarding the number of audits conducted as a result of complaints received about insurers' failure to comply with NSA QPA requirements.

Non-emergency medical transportation (NEMT).—The Committee notes some have raised concern with low-income beneficiary access to dialysis and diabetes-related wound care services because of Medicare's prior authorization policy for ambulance non-emergency medical transportation. The Committee encourages CMS to examine the impact of the policy on low-income Medicare beneficiaries and their ability to navigate the Medicaid NEMT benefit.

Nursing Home Medical Directors.—Nursing home medical directors are responsible for coordination and oversight of the overall clinical care in the facility. The Committee is concerned that this position remains underutilized and invisible to most patients, families, and others in the healthcare field. The Committee encourages CMS and the Secretary to identify better ways to publicly disclose nursing facility medical directors through mechanisms like Care Compare or on data.cms.gov. Such efforts would align with the recent HHS proposed rule to increase the data transparency related to nursing homes.

Obesity.—The Committee has repeatedly encouraged CMS to work to ensure beneficiary access to care to treatments for obesity if determined as clinically appropriate by the patient's physician and consistent with statutory and regulatory authority. The Committee has also encouraged CMS to reconsider its national coverage determination for intensive behavioral therapy for obesity considering the evidence base in favor of intensive behavioral therapy.

The Committee encourages CMS to consider policies that allow patients to benefit from the full continuum of care for obesity and comorbid chronic conditions, including anti-obesity medications when appropriate.

Organ Procurement Organization Final Rule Guidance.—The Committee is aware that on November 20, 2020, CMS issued a final rule (CMS–3380–F) that updates the Organ Procurement Organization (OPO) Conditions for Coverage that OPOs must meet to receive Medicare and Medicaid payment. The rule establishes a recertification process, which is likely to result in changes to the current structure of the nation’s OPOs. Outstanding issues remain on the decertification of OPOs, mergers of OPOs, and steps that can be taken to ensure national coverage is maintained at a comparable level. The Committee urges CMS to prioritize this issue in their regulatory agenda and provide proactive comprehensive guidance within 60 days of enactment of this Act regarding the rule’s implementation to the transplant community.

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. The Committee encourages CMS to provide greater visibility into the scope of the Medicare services currently provided by pharmacists.

Plan Innovation.—The Committee recognizes rising health care costs and narrow networks in some exchange marketplaces can prevent consumers from seeking the most appropriate care. The Committee believes CMS does not have the authority to ban health insurance plans that are not in compliance with the Patient Protection and Affordable Care Act and strongly urges CMS to work with States who want to allow more innovative plan options, including those who follow statutory coverage requirements, but do not differentiate benefits based on whether the issuer has a contractual agreement with the provider that furnishes covered services. CMS should include an update on this effort in the fiscal year 2025 congressional justification.

Preserving Access to Flexible Health Insurance Options.—The Committee strongly supports efforts to expand access to affordable and flexible insurance options. The Committee urges the Administration against future rulemaking that would limit options and flexibility for health insurance offerings, including Affordable Care Act plans.

Programs of All-Inclusive Care for the Elderly.—The Committee notes before the COVID pandemic, during the COVID Public Health Emergency, and after, the Programs of All Inclusive Care for the Elderly (PACE) enabled medically complex, nursing home eligible population to stay safe at home. Given the increasing demand for home and community-based services by older adults and those living with disabilities, the Committee encourages the Secretary to consider an implementation plan for PACE specific model tests that examine methods of increasing access and affordability for Medicare beneficiaries, Medicaid beneficiaries, and dually eligible individuals.

Provider Discrimination.—The Committee is aware that the Secretaries of the Departments of Health and Human Services and Labor were directed to promulgate interagency rulemaking implementing protections against provider discrimination by January 1, 2022, pursuant to the Consolidated Appropriations Act, 2021 (PL 116–260). The Committee requests the Secretaries to meet Congressional deadlines for all statutory rulemaking.

Radiation Oncology.—The Committee remains interested in efforts to reform the delivery and payment of certain types of radiation therapy and how those policies will affect oncology innovation and patient outcomes. The Committee continues to encourage CMS to work closely with all affected stakeholders to develop reforms that support patient access to high quality, innovative care.

Remote Monitoring Devices for Pregnant Women.—The Committee is concerned with the rising rates of maternal morbidity and mortality, 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 supports efforts by CMS to expand coverage recommendations and resources 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 2025 congressional justification.

Robotic Stereotactic Radiosurgery.—The Committee remains concerned that payment rates for robotic stereotactic radiosurgery and robotic stereotactic body radiation therapy may ultimately affect patient access to this important treatment option for many types of cancer in both the hospital and freestanding center setting. The Committee notes CMS' statement in the calendar year 2023 Medicare Physician Fee Schedule Final Rule that the agency intends to review coding and payment policies for radiation therapy services, including possible adoption of revised Current Procedural Terminology codes established in calendar year 2015. If CMS pursues any changes to radiation therapy coding and payment policies, the Committee urges the agency to consider the affects that these policies may have on patient access to these services as well as provider consolidation and the potential inappropriate migration of services to more expensive hospital settings.

Sole Community Hospitals.—The Committee appreciates that CMS, during the COVID public health emergency (PHE), waived distance and market share requirements to ensure Sole Community Hospitals were able to focus on maintaining access to needed health care services for Medicare beneficiaries. As the PHE has ended, the Committee strongly urges CMS to utilize its existing regulatory flexibilities to ensure hospitals that may have fallen out of compliance with Sole Community Hospital requirements for either distance or market share requirements during the PHE be afforded a reasonable transition period. The Committee directs CMS to provide a report within 60 days of enactment of this Act on this topic.

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 Inte-

grated Care for Kids Model. To build State capacity to address stressors impacting youth mental health through sustainable payment and delivery models, the Committee encourages CMS to consider approaches to designing a whole child health demonstration program centered in primary care. Such program would address the mental, developmental, and social factors impacting children served by Medicaid and CHIP through pediatric value-based care models and locally driven strategies to align financial incentives and resources across Medicaid and other programs. The Committee requests that CMS report back to the committees of jurisdiction within 180 days of enactment of this Act on its plan to design the demonstration program, including cost estimates for implementation.

Whole Genome Sequencing.—The Committee understands there is a growing body of evidence that whole genome sequencing (WGS), whole exome sequencing, and gene panel testing can save lives and save money when used to diagnose infants and children who are suspected of having a rare genetic disease. Under Project Baby Bear, a pilot program in California’s Medicaid program, the use of rapid WGS helped physicians identify the exact cause of rare genetic diseases more accurately than standard genetic testing. Patients received results through rapid WGS in an average of three days, instead of the typical four-to-six weeks with standard testing, which also helped drive substantial reductions in hospital intensive-care spending. The Committee also understands that other States are pursuing or considering similar initiatives. To support these efforts, the Committee urges CMS to develop guidance for State health officials on best practices for incorporating WGS, whole exome sequencing, and gene panel testing into their Medicaid and CHIP programs as a first-line diagnostic for infants and children who are suspected of having rare genetic diseases in the inpatient setting. This guidance should also include advice for States on how to encourage and incentivize managed care organizations to cover WGS, whole exome sequencing, and gene panel testing for this population. The Committee requests an update in the fiscal year 2025 congressional justification on steps taken to develop such guidance. Additionally, the Committee understands that there are undiagnosed diseases that do not require hospital inpatient care. Therefore, the Committee urges CMS to issue guidance on the Early and Periodic Screening, Diagnostic and Treatment Benefit on the usage of WGS, whole exome sequencing, and gene panel testing.

State Survey and Certification

The Committee provides \$397,334,000 for State Survey and Certification activities, which is the same as the fiscal year 2023 enacted level and \$168,526,000 below the fiscal year 2024 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 2023 enacted level and \$181,494,000 below the fiscal year 2024 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 (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2024.

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 2023	\$893,000,000
Budget request, fiscal year 2024	937,000,000
Committee Recommendation	915,000,000
Change from enacted level	+22,000,000
Change from budget request	–22,000,000

The Health Care Fraud and Abuse Control Account (HCFAC) funds support activities conducted by CMS, the HHS Office of Inspector General, and the Department of Justice (DOJ). This appropriation includes a base amount of \$311,000,000 and an additional \$604,000,000 through a discretionary budget cap adjustment provided to meet the terms of legislation establishing fiscal year 2024 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 \$7,000,000 for the Senior Medicare Patrol program from funds provided in this Act. However, the Committee includes modified 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 2023	\$2,883,000,000
Budget request, fiscal year 2024	3,309,000,000
Committee Recommendation	3,309,000,000
Change from enacted level	+426,000,000
Change from budget request	-- --

The Committee also provides \$1,400,000,000 in advance funding, as requested, for the first quarter of fiscal year 2025 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 2023	\$5,100,000,000
Budget request, fiscal year 2024	4,211,000,000
Committee Recommendation	4,111,000,000
Change from enacted level	-989,000,000
Change from budget request	-100,000,000

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.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2023	\$6,427,214,000
Budget request, fiscal year 2024	7,258,755,000
Committee Recommendation	2,756,956,000
Change from enacted level	-3,670,258,000
Change from budget request	-4,501,799,000

The Office of Refugee Resettlement (ORR) programs are designed to help refugees, asylees, Cuban and Haitian entrants, and trafficking victims become employed and self-sufficient. These programs also provide for 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 Committee
Transitional and Medical Services	\$300,000,000
Victims of Trafficking	30,755,000
Refugee Support Services	157,201,000
Unaccompanied Alien Children	2,250,000,000
Survivors of Torture	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 United States. Within the total, the Committee includes not less than \$5,000,000 for the National Human Trafficking Hotline, the same as the fiscal year 2023 enacted level.

Mandatory Reporting.—The Committee directs HHS to ensure the National Human Trafficking 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. The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

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.

Refugee School Impact Program.—In the fiscal year 2025 congressional justification, the agency is directed to include the amount provided by State for school impact grants.

Unaccompanied Alien Children (UAC)

The Unaccompanied Alien Children Program supports the care and placement of unaccompanied alien children under the age of 18 apprehended by the Department of Homeland Security (DHS) at the Southwest border while attempting to enter the United States 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 Committee proposes reduced funding consistent with the historical needs of the account. To address the crisis at the southern border the Administration should work with Congress on legislative solutions.

Fraudulent Sponsors.—The Committee directs HHS to submit a report not later than 90 days following the enactment of this Act that details the number of fraudulent sponsors that ORR has identified in the reunification process since the beginning of fiscal year 2021, and subsequently, what actions ORR has taken to ensure that no UACs were released or will be released to such a sponsor.

Identification Services.—ORR is responsible for supporting the safe placement of a growing number of unaccompanied alien minors entering the United States. Intelligent biometric-based identification services, open-source intelligence, and software platforms

play a key role in identifying potential sponsors and ensuring the safe placement of children. ORR should prioritize the approval and procurement of databases of biometric data that would expedite the validation of the identity of sponsors through image recognition. The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

Locality Reporting.—The Committee directs ORR to notify state child welfare agencies within 24 hours of any transfer of 5 or more unaccompanied alien children into a State for placement in a facility or care of a sponsor. In addition, ORR shall maintain a public website updated monthly displaying by county the placement of 5 or more children in any care facility or with a sponsor.

Notification.—The Committee directs ORR to continue to report the death of any unaccompanied alien child, or death of any child born to an unaccompanied alien child, in its custody within 24 hours, including relevant details regarding the circumstances of the fatality.

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,” May 2023–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 Committees not later than 90 days after enactment of this Act on the corrective actions taken by ORR in response to these findings.

Referrals.—The Committee directs ORR to submit a report not later than 90 days after the enactment of this Act, and each quarter thereafter, that includes the number of referrals ORR made to the Department of Homeland Security’s Homeland Security Investigations Division and the Center for Countering Human Trafficking for further investigation.

Report on UACs.—The Committee notes that ORR has often failed to ensure the safety of the UACs under its care and directs ORR to report to the Committees within 90 days of enactment of this Act on the number of UACs that remain in HHS care due to not having a viable sponsor, the number of UACs that HHS has released to sponsors within the United States since the start of fiscal year 2021, and of those, the number that HHS has been unable to contact, the number and percentage of UACs who were released to an immediate relative who previously served as the UACs primary caregiver, the number and percentage of UACs who were released to an immediate relative who did *not* previously serve as the UACs primary caregiver, and the number and percentage of UACs who were released to distant or non-relative sponsors. HHS should also report to the Committees on the methods that ORR has used to follow-up with UACs after they are released to sponsors, including the number and method of follow-up attempts, and the Department’s plan to locate and contact the UACs that remain unaccounted for as of the date of enactment of this Act.

Report on Repatriation of Unaccompanied Alien Children.—Within 30 days of enactment of this Act, ORR is directed to submit to the committees of jurisdiction and make available online the report required under 8 U.S.C. 1232(a)(5)(C).

Spend Plan.—The Committee continues to direct the Secretary of HHS to submit a comprehensive spend plan to the Committee every 90 days.

Sponsor Vetting.—The Committee notes with concern the removal of safeguards for sponsor suitability contained in Field Guidance (FG) #10, Expedited Release for Eligible Category 1 Cases, and FG #15, Release for Eligible Non-Sibling, Closely Related Children to a Category 1 or Category 2A Sponsor, issued in March and May 2021, respectively. The Committee also notes concern with the newly instituted Trusted Adult Relative Program being piloted in Texas, where Federal social workers are vetting and reuniting minors with the adult they were apprehended with, on the spot at the border. As a result of these policy changes, the Committee is aware that HHS has been unable to contact over 80,000 children for a post-release safety and well-being check, while reports of child labor and trafficking in the U.S. are on the rise. The Committee encourages ORR to conduct a quarterly follow-up call with each UAC who is released to a sponsor.

Trusted Adult Relative Program (TARP).—The Committee directs HHS to submit a report to the Committees no later than 90 days following enactment of this Act that includes the following information: the number of sponsors who have been vetted and subsequent UACs released under TARP as of the enactment of this Act; the category of these sponsors; the number of these sponsors that ORR has been unable to contact for the well-being check broken down by sponsor category/sub-category; the cost of operating this program compared to the traditional program; and any plans the agency has to expand the program.

Website Maintenance.—The Committee notes several websites hosted by HHS and ORR are not regularly updated. The Committee directs HHS and ORR to update as appropriate all websites containing information related to this program no later than 30 days after the enactment of this Act.

Survivors of Torture

The program funds competitive grants to non-profit organizations providing services to refugees, asylees, and asylum seekers to address the effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

Appropriation, fiscal year 2023	\$8,021,387,000
Budget request, fiscal year 2024	9,000,000,000
Committee Recommendation	8,021,387,000
Change from enacted level	-----
Change from budget request	- 978,613,000

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.

State Laws.—The Committee is concerned that education requirements for childcare workers and overly burdensome regulations for childcare providers are driving up childcare costs for Americans. The Committee notes that several States have waived higher education requirements for childcare workers and updated State childcare licensing laws. The Committee applauds these efforts and encourages the Department to provide technical assistance to States on these efforts.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2023	\$1,700,000,000
Budget request, fiscal year 2024	1,700,000,000
Committee Recommendation	1,700,000,000
Change from enacted level	---
Change from budget request	---

The Social Services Block Grants provides formula grants to States targeted at a broad set of goals, including reducing or eliminating poverty, achieving, or maintaining self-sufficiency, and preventing neglect, abuse, or exploitation of children and adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriation, fiscal year 2023	\$14,618,437,000
Budget request, fiscal year 2024	16,139,665,000
Committee Recommendation	13,388,077,000
Change from enacted level	-1,230,360,000
Change from budget request	-2,751,588,000

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 Committee
Programs for Children, Youth, and Families:	
Head Start	\$11,246,820,000
Preschool Development Grants	---
Runaway and Homeless Youth Program	125,283,000
Prevention Grants to Reduce Abuse of Runaway Youth	21,000,000
Child Abuse State Grants	105,091,000
Child Abuse Discretionary Activities	30,000,000
Community Based Child Abuse Prevention	55,660,000
Child Welfare Services	268,735,000
Child Welfare Training, R&D Projects	18,984,000
Adoption Opportunities	51,000,000
Adoption Incentive Grants	75,000,000
Social Services Research and Demonstration	---
Native American Programs	60,500,000
Community Services:	
Community Services Block Grant	770,000,000
Community Economic Development	22,383,000
Rural Community Facilities	12,000,000
Domestic Violence Hotline	20,500,000
Family Violence/Battered Women's Shelters	240,000,000
Chafee Education and Training Vouchers	44,257,000
Disaster Human Services Case Management	1,864,000
Program Direction	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.

The Committee funds Head Start at a level \$750,000,000 below the fiscal year 2023 enacted level. The Committee is concerned that separate GAO reports in 2010 (“Undercover Testing Finds Fraud and Abuse at Selected Head Start Centers,” GAO-10-733T) and 2019 (“Action Needed to Enhance Program Oversight and Mitigate Significant Fraud and Improper Payment Risks,” GAO-19-519) found that staff at Head Start centers incorrectly determined the eligibility of families and encouraged families to lie about their income to qualify for the program. In the report, GAO recommended that HHS perform a fraud risk assessment for the Head Start program, to assess the likelihood and impact of fraud risk it faces. To date, HHS has not performed this assessment.

The Committee also notes that, as GAO wrote in 1998 testimony to Congress (“Head Start: Research Insufficient to Assess Program Impact”) and in a 2002 report (“Head Start and Even Head Start: Greater Collaboration Needed on Measures of Adult Education and Literacy,” GAO-02-348), no definitive information exists on the effectiveness of the Head Start program, yet Congress continues to increase funding for the program year after year. HHS also found in its own 2012 assessment of Head Start (“Third Grade Follow-up to the Head Impact Study: Final Report”) that any benefits children may have accrued while in Head Start dissipated quickly—all gains in language, literacy, and math were no longer evident in elementary school. The Committee is also concerned about a recent case of embezzlement by a Head Start provider in New York City that had received 500 previous violations from the city’s health department before being shut down. Violations include not screening employees for criminal records, including child abuse.

Cost-Share Waivers.—The Committee is concerned that HHS is not tracking the number of Head Start recipients who have received a waiver of the 20 percent cost-share. In light of the end of the public health emergency, the Committee directs HHS to submit a report to the Committees that includes this information not later than 120 days after enactment of this Act.

Head Start Slots.—The Committee directs HHS to submit a report not later than 90 days after enactment of this Act aggregating the number of new Head Start slots that have been added across the country over the past 10 fiscal years.

Tribal Colleges and Universities-Head Start Partnership Program.—The Committee includes \$8,000,000 for the Tribal Colleges and Universities-Head Start Partnership program, the same as the fiscal year 2023 enacted level.

Vaccine and Mask Mandates.—The Committee notes that a Federal judge in Texas has vacated the Head Start vaccine mandate nationwide and the mandate can therefore not be enforced anywhere in the U.S. The Committee directs HHS to develop a plan to ensure that Head Start employees who were terminated because of the mandate are notified that the mandate has been lifted and provided an opportunity to reapply for their previous position. The Committee supports the Department’s decision to end the Head

Start mask mandate and discourages any return to mandatory masking. Additionally, the Committee directs HHS to issue a publicly available report, not later than 90 days after the enactment of this Act, that address the developmental, physiological, and academic impacts of the mask mandate imposed on children enrolled in Head Start.

Preschool Development Grants

The Committee does not provide any funding for these competitive grants. The Committee believes this program is duplicative of the funding provided by States and in this bill to support children from birth to five.

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 run away and homeless youth.

Inter-Agency Collaboration.—The Committee recognizes that a two-generation approach is needed to address child, youth, and family homelessness. The Committee encourages the Department to develop a plan for the Administration for Children and Families to lead and implement efforts across the Department and with other agencies, such as the Department of Education, to provide holistic services to homeless children, youth, and families to break the cycle of homelessness and support families to achieve self-sufficiency, including by identifying existing resources and gaps. The Committee directs HHS to submit a report to the Committee detailing the findings of these efforts within 180 days of enactment of this Act and to make such report available online on the agency's website.

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 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 neglect, 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.

The Committee does not provide any funding for the Department's project to address racial bias, inequity, and disparity in child welfare.

Child Abuse Hotline.—The Committee supports ongoing efforts to address and support youth and families impacted by child abuse and neglect and directs ACF to provide \$2,000,000 for broad, ongoing support for the existing 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.

Technical Assistance.—The Committee encourages ACF to continue providing technical assistance to State lead agencies on how they may use funds provided under this account to help local governments and communities to develop (or maintain) websites that provide current and regularly updated information on family, youth, and community resources, including programs and services provided through nonprofits; community organizations; the Federal government; and State and local governments.

Trauma-Informed Interventions.—The Committee includes \$2,000,000 for a demonstration project related to the implementation of a new and innovative approach to serving children in foster care, by providing trauma-informed interventional programming, including evidence-based clinical services, foster parent training and curriculum, volunteer support services for foster parents, positive biological and birth family engagement to enhance family reunification, enrichment activities for the children and trauma-informed systems work. Eligible applicants should be qualified non-profit organizations with demonstrated experience in providing trauma-informed interventional programming for children and families in foster care. Applicants should also have an integrative residential foster care campus utilizing individually licensed foster care homes and outpatient behavioral health services for children and families involved in the child welfare system. Applicants should include Institutional Review Board-approved research supported by content area and epidemiological experts. The project should report regularly to ACF on findings, outcomes, and recommendations regarding sustainable funding and replicable programmatic models.

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.

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. For the purposes of carrying out compliance measures as required under Title IV–B, subpart 2, the Mary Lee Allen Promoting Safe and Stable Families program, the Committee directs ACF to consult with the Department of the Interior to develop guidance for State child welfare agencies to assess their strengths and areas for improvement regarding their responsibilities to Indian children under the Indian Child Welfare Act (ICWA). The Committee further directs ACF to consult with State child welfare agencies and Indian Tribes in developing this guidance, to the extent possible, and to furnish this guidance to State child welfare agencies within 180 days of the en-

actment of this Act and make such guidance available online on the agency's website. Such guidance should address factors including, but not limited to, the timely identification of Indian children and extended family members; timely notice to Tribes of State child custody proceedings; foster care or adoptive placements of Indian children; and case recordkeeping as it relates to transfers of jurisdiction, termination of parental rights, and insufficient active efforts, as defined by ICWA.

Child Welfare Training, Research, or 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.

The Committee provides no funding for the Department's request for a new competitive grant program to address racial inequities in child welfare.

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, particularly children with special needs.

Adoption Resources.—The Committee directs the Department to maintain a public website of adoption resources for healthcare workers to improve awareness. Those resources should be developed in consultation with an outside group of adoption experts, including but not limited to representatives of organizations involved in adoption education, maternal health experts, child welfare experts, licensed social workers, hospital case managers, and adoption attorneys. The Committee provides \$500,000 for this purpose.

Adoption-Sensitive Care for Hospital Staff.—The Committee provides \$1,000,000 for a professional development competitive grant program to improve access to adoption-sensitive care training for hospital staff. Grantees should be health care-based, non-profit education organizations focused on adoption that partner with healthcare professionals, hospitals, and community organizations, but not child-placing agencies or those that provide or refer abortions. The Committee directs the Department to brief the Committees no later than 90 days after enactment of this Act on its plans for carrying out this competition. In addition, the Department shall provide notice and briefing to the Committees at least seven days before grantees for any new competitions are announced.

National Adoption Competency Mental Health Training Initiative.—The Committee urges the continuation of the National Adoption Competency Mental Health Training Initiative. The Committee provides \$2,000,000 to support ongoing resources for a national organization with the capacity and expertise to continuously evaluate, update, and implement its web-based training curriculums, and to provide all States, Tribes, and territories the necessary technical assistance to ensure that the curriculums are appropriately used by State child welfare and mental health professionals. This funding should also be used to initiate the development of derivative trainings for courts and continuing medical education for medical professionals to ensure consistency across dis-

ciplines. The Committee recommends HHS continue a cooperative agreement for the National Adoption Competency Mental Health Training Initiative to institutionalize its curriculums as the standard for consistent training in all state child welfare agencies.

National Training and Development Curriculum.—The Committee also provides \$1,000,000 for the National Training and Development Curriculum (NTDC) to provide technical assistance and training to ensure that private domestic adoption and inter-country adoption agencies can access and utilize the developed NTDC resources for the children and families they serve.

Support for Birth Parents.—The Committee recognizes the birth parents who voluntarily place their children for adoption often benefit from post-adoption counseling and support. The Committee provides \$2,000,000 for a demonstration program to provide support groups and counseling services to birth parents.

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 and village governments and Native American institutions and organizations in their efforts to support and develop stable, diversified local economies. Tribes and non-profit organizations use funds to develop and implement sustainable community-based social and economic programs and services to improve the well-being of Native people.

Within the total, the 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 Programs

Community Services Community Services Block Grant.—This program provides formula grants to States to alleviate the causes and conditions of poverty in communities.

Community Economic Development.—Community Economic Development is a competitive grant program which funds Community Development Corporations seeking to address the economic needs of low-income individuals and families through the creation of sustainable business development and employment opportunities.

Rural Community Facilities Development.—Rural Community Development is a competitive grant program that works with regional and tribal organizations to manage safe water systems in rural communities.

Domestic Violence Hotline

The Hotline provides 24-hour, toll-free and confidential services immediately connecting callers to local service providers.

Religious Communities.—The Committee recognizes the unique challenges experienced by individuals in religious communities, especially populations underserved because of religion, in accessing appropriate domestic violence services and supports. The Committee supports the work that Family Violence Prevention and Services Act Resource Centers are doing to improve outreach to faith-based communities and includes \$250,000 for the Domestic Violence Hotline to evaluate and expand its list of resources for contacts from religious communities. The Committees also directs HHS to provide an update to the Committees on the hotline's work in this area within 180 days of enactment of this Act.

Family Violence Prevention and Battered Women's Shelters

The Family Violence Prevention and Services Act programs provide funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims (and their dependents).

The Committee looks forward to receiving the report which was requested under this heading in House Report 117-403.

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 the Department addressing human service preparation for, response to, and recovery from, natural disasters.

Program Direction

This funding supports Federal administrative costs associated with administering ACF's programs.

Putative Father Registry.—The Committee recognizes that most States have established registries to protect the rights of possible fathers and to ensure a smooth process for adoptive families. Nonetheless, State registries are limited in their capacity to inform a man of legal proceedings related to the child pending in a State other than the one in which he registered. For that reason, the Committee directs HHS to report to the Committees, within 180 days of enactment of this Act, recommendations to leverage existing resources at HHS to link putative father registries among the States to facilitate the seamless exchange of information. The report should include a cost estimate for forming a national registry and identify technical resources as well as legal hurdles for implementation of a national registry.

Temporary Assistance for Needy Families (TANF) Pilot Projects.—The Committee directs HHS to provide to the committees of jurisdiction the criteria and the notice of funding oppor-

tunity for section 302 of the Fiscal Responsibility Act (PL 118–5), Pilot Projects for Promoting Accountability by Measuring Work Outcomes at least seven days prior to public release. In addition, HHS shall provide notice to the committees of jurisdictions at least seven days before award of any grant for such section.

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2023	\$431,515,000
Budget request, fiscal year 2024	451,000,000
Committee Recommendation	431,515,000
Change from enacted level	— —
Change from budget request	– 19,485,000

The Committee provides \$345,000,000 in mandatory funds and \$86,515,000 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.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2023	\$7,606,000,000
Budget request, fiscal year 2024	8,594,000,000
Committee Recommendation	8,594,000,000
Change from enacted level	+988,000,000
Change from budget request	— —

The Committee also provides an advance appropriation of \$3,400,000,000 for the first quarter of fiscal year 2025 to ensure timely completion of first-quarter grant awards.

Within the total, the Committee provides \$6,615,000,000 for the Foster Care program, which is a \$425,000,000 increase from the fiscal year 2023 enacted level. 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 \$4,706,000,000 for Adoption Assistance, which is a \$578,000,000 increase from the fiscal year 2023 enacted level. 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 \$330,000,000 for the Kinship Guardianship Assistance program, which is a \$15,000,000 decrease from the fiscal year 2023 enacted level. 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, which is the same as the fiscal year 2023 enacted level. This mandatory program assists foster children age 16 or older make successful transitions to independ-

ence. 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 2023	\$2,537,787,000
Budget request, fiscal year 2024	3,027,622,000
Committee Recommendation	2,474,143,000
Change from enacted level	- 63,644,000
Change from budget request	- 553,479,000

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 \$410,000,000 for Home and Community-Based Supportive Services, which is equal to the fiscal year 2023 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 2023 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 2023 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. Within the recommendation, the Committee provides \$21,885,000 to the Long-Term Care Ombudsman program.

Family Caregivers

The Committee provides \$205,000,000 for the National Caregiver Support program, which is equal to the fiscal year 2023 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 \$12,000,000 for the Native American Caregivers Support program, which is equal to the fiscal year 2023 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.

Congregate and Home-Delivered Meals

The Committee provides a total of \$1,066,753,000 for senior nutrition, which is equal to the fiscal year 2023 enacted level. The recommendation includes: \$540,342,000 for Congregate Nutrition Services; \$366,342,000 for Home-Delivered Meal Services; and \$160,069,000 for the Nutrition Services Incentives program. 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.

Grants for Native Americans

The Committee provides \$38,264,000 for Native American Nutrition and Supportive Services, which is equal to the fiscal year 2023 enacted level. This program provides formula 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 \$30,461,000 for Aging Network Support Activities, which is equal to the fiscal year 2023 enacted level. This program supports activities that expand public understanding of aging and the aging process.

Care Corps.—The Committee provides \$5,500,000 for the Care Corps program, which is equal to the fiscal year 2023 enacted level. The Committee recognizes the growing demand for services and supports to help seniors and individuals with disabilities live independently in their homes, and the need to support family caregivers who facilitate that independence. In addition to existing aging network support activities funded under section 411 of the Older Americans Act, the Committee includes \$2,000,000 for grants to public agencies or private nonprofit agencies for the purpose of placing volunteers in communities to assist family caregivers and/or assist seniors and individuals with disabilities in maintaining independence by providing non-medical care.

Direct Care Workforce Demonstration.—The Committee provides no new funding for this demonstration. The Committee requests a briefing within 90 days of enactment of this Act on how ACL is

using the direct care workforce funding provided in PL 117–328 for technical assistance (TA) center activities. The Committee is interested in how demonstration projects can be used to (1) improve care coordination for patients between settings by incorporating direct care workers into care coordination teams; and (2) train direct care workers to take on more advanced roles in caring for persons living with chronic illnesses, including Alzheimer’s disease and dementia, congestive heart failure, and diabetes. The Committee requests ACL include in its briefing how these activities can be incorporated into the TA center.

Holocaust Survivor’s Assistance and Person-Centered, Trauma-Informed Care.—The Committee provides \$8,500,000, which is equal to the fiscal year 2023 enacted level, for the Holocaust Survivor’s 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.—While numerous Federal agencies and programs support the health and independence of older Americans, interagency coordination is critical to ensure these programs are effective and cohesive. The Committee provides \$1,000,000, which is equal to the fiscal year 2023 enacted level, for the coordination of programs that support healthy aging and community living across HHS, the Department of Housing and Urban Development, the Department of Transportation, and other agencies as appropriate, and the development of a national framework and recommendations for all Americans to be able to age well, including strategies for falls prevention programs and safe living environments.

Research, Demonstration, and Evaluation Center for the Aging Network.—The Committee provides \$5,000,000, which is equal to the fiscal year 2023 enacted level, for the Research, Demonstration, and Evaluation Center for the Aging Network, as authorized in the Older Americans Act. Funding should be used to hire staff, and invest in research, demonstration, and evaluation of falls prevention programs. The Committee expects the Center to research best practices on falls prevention and distribute the most promising practices in the field of falls prevention to the aging network. Within funding provided, the Committee expects the Center to offer demonstration and evaluation programs through competitive grants to be innovative and respond to evolving evidence about what works to prevent and reduce risk of falls and equip the Network with funding to implement those models.

Alzheimer’s Disease Program

The Committee provides \$31,500,000 for the Alzheimer’s disease program, which is equal to the fiscal year 2023 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 2023 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 2023 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 2023 enacted level. Falls prevention competitive grants and cooperative agreements support the promotion and dissemination of prevention tools delivered in community settings.

Elder Rights Support Activities

The Committee provides \$18,874,000 for Elder Rights Support Activities, which is a \$15,000,000 decrease from the fiscal year 2023 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 that received its first appropriation in the American Rescue Plan (PL 117-2).

Aging and Disability Resources

The Committee provides \$8,619,000 for Aging and Disability Resource Centers (ADRCs), which is equal to the fiscal year 2023 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 Program

The Committee recommends \$55,242,000 for the State Health Insurance Assistance Program, which is equal to the fiscal year 2023 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 \$5,700,000 for the Paralysis Resource Center, which is a \$5,000,000 decrease from the fiscal year 2023 enacted level. The Committee notes that this is a competitive grant program that has had the same grantee since 2002.

Limb Loss Resource Center

The Committee provides \$2,200,000 for the Limb Loss Resource Center, which is a \$2,000,000 decrease from the fiscal year 2023 enacted level. The Committee notes that this is a competitive grant program that has had the same grantee.

Traumatic Brain Injury

The Committee provides \$13,118,000 for the Traumatic Brain Injury program, which is equal to the fiscal year 2023 enacted level. 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 2023 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 \$700,000 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 2023 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 patients who do not desire it. The Committee notes that actions to close intermediate care facilities for individuals with intellectual disabilities may impact some individuals who do not meet the criteria for transfer to a community-based setting. The Committee urges HHS to ensure that programs properly account for the needs and desires of patients, their families, caregivers, legal representatives, and other stakeholders as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act.

The Committee also recognizes that the Americans with Disabilities Act 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 IDDs. 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 Disabilities Assistance and Bill of Rights Act have targeted these opportunities for closure. The Administration for Community Living should encourage stakeholders to coordinate in order to ensure that individuals with IDD appropriately suited to participate in center-based work programs are not deprived of the opportunity to do so.

Oversight.—The Committee requests a report within 120 days of enactment of this Act describing the policies and procedures, including auditing and monitoring, taken by ACL to ensure compliance with bill language regarding intermediate care facilities for people with an intellectual or developmental disability.

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 2023 enacted level. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to States to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee provides \$12,250,000 for Developmental Disabilities Projects of National Significance, which is equal to the fiscal year 2023 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 2023 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, of which \$26,078,000 is for the Independent Living State Grants program and \$102,105,000 is for the Centers for Independent Living program. These funding levels are equal to the fiscal year 2023 enacted levels. 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 2023 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.

Assistive Technology

The Committee provides \$40,000,000 for Assistive Technology, which is equal to fiscal year 2023 enacted level. Assistive Technology (AT) supports programs providing formula grants to States for addressing assistive technology needs of individuals with disabilities. The goal is to increase awareness of and access to assistive technology devices and services that may help with education, employment, daily activities, and inclusion of people with disabilities in their communities.

The Committee continues to provide \$2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices. The Committee directs the agency to give priority to non-profit community-based disability organizations with demonstrated experience with alternative financing that operate independently from the State assistive technology programs.

Program Administration

The Committee provides \$47,063,000 for Program Administration, which is equal to the fiscal year 2023 enacted level. This funding supports Federal administrative costs associated with administering ACL’s programs.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2023	\$3,629,677,000
Budget request, fiscal year 2024	4,271,913,000
Committee Recommendation	3,620,597,000
Change from enacted level	- 9,080,000
Change from budget request	- 651,316,000

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.

Chemical, Biological, Radiological, and Nuclear Threats.—The Committee notes with concern the elevated risks posed by chemical, biological, radiological, and nuclear (CBRN) weapons across the globe and provides robust funding for the Biomedical Advanced Research and Development Authority’s core national security mission to protect Americans against these deliberate, man-made threats. The Committee urges ASPR to prioritize the development

and stockpiling of critical CBRN vaccines, treatments, and diagnostics to ensure there is no disruption in the availability of these life-saving medical countermeasures (MCMs) in the Strategic National Stockpile (SNS).

Cybersecurity.—The Committee notes its significant concerns with cybersecurity threats to the Healthcare and Public Health Sector and recognizes the role of ASPR in advancing cybersecurity for this sector through the Office of Critical Infrastructure Protection in support of the Department of Health and Human Services' duties as the Sector Risk Management Agency for the Sector.

Public Health Emergency Countermeasure Enterprise.—The Committee recognizes the importance of the Public Health Emergency Countermeasure Enterprise (PHEMCE) in budgeting and implementing critical countermeasure strategies to protect against the health security threats and directs ASPR to continue to partner with PHEMCE interagency partners in the execution of those functions. The Committee further directs ASPR, working with PHEMCE and intelligence community partners to provide an annual classified threat briefing, and provide additional briefings, as situations arise, that may materially impact the medical countermeasure enterprise.

The Committee is concerned about communication between industry and government in the limited medical countermeasure market and recognizes that public-private partnerships are essential to our nation's preparedness and response. Therefore, in concurrence with the November 2021 National Academies of Sciences, Engineering, and Medicine report recommendation, the Committee strongly urges within 180 days of enactment of this Act the creation of an industry advisory committee to the PHEMCE composed of rotating corporate partners and industry stakeholder organizations. Following the creation of such a committee, the Committee requests a briefing from the industry advisory committee identifying industry gaps and vulnerabilities in the sustainment of material threat determinations capabilities and capacities.

The Committee notes that 42 U.S.C. 300hh-10 requires annual updates to the PHEMCE multiyear budget. The Committee has not received these updates by the date required in statute and directs ASPR to notify the Committees 14 days in advance of any anticipated delay.

The Committee understands the critical role of ASPR in the larger U.S. government and private sector efforts to prepare for and potentially respond to CBRN threats. The Department of Defense possesses unique capabilities that contribute to interagency efforts to prevent, detect, and respond to outbreaks of infectious diseases worldwide. The Committee encourages prioritizing and aligning investments in medical countermeasures among all Federal stakeholders to ensure that effective countermeasures are developed to meet both military and civilian needs, and to prevent potential duplication of efforts. The Committee encourages ASPR to leverage private industry expertise to meet these needs. The Committee supports utilizing the engineering and technology capabilities provided and established within private industry and recommends ASPR increase efforts to ensure that the capabilities at these organizations are coordinated.

RESEARCH, DEVELOPMENT, AND PROCUREMENT

Biomedical Advanced Research and Development Authority (BARDA)

The Committee includes \$1,100,000,000 for the Biomedical Advanced Research and Development Authority, which is \$150,000,000 above the fiscal year 2023 enacted level and \$84,868,000 above the fiscal year 2024 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.

Active Pharmaceutical Ingredients.—The Committee is concerned with the national security risk of our increased reliance on foreign-based sources of active pharmaceutical ingredients, their chemical components, and offshore drug production. The Committee recognizes the importance of domestic drug manufacturing and onshore production of medicine and provided supplemental emergency funding in pandemic relief legislation to support increased U.S.-based manufacturing capabilities. The successful work of BARDA in addressing public health vulnerabilities and securing a national stockpile of drugs has unique potential to consider program expansion to include at-risk drug ingredients. The Committee urges BARDA to engage in public-private partnerships for U.S.-based advanced manufacturing for active pharmaceutical ingredients including their chemical precursors for the Strategic National Stockpile. The Committee directs BARDA to provide a report within 180 days of enactment of this Act detailing their efforts to promote domestic drug manufacturing, including efforts during the COVID public health emergency, and recommendations for Congress to support onshore pharmaceutical production.

Antifungal Product Development.—The Committee supports the development of products that target fungal pathogens, as listed on CDC's 2019 Antibiotic Resistance Threats Report. The Committee requests an update in the fiscal year 2025 congressional justification on how this funding is being utilized.

Antifungal Research and Development.—The Committee is concerned with the increasing geographic spread and prevalence of certain fungal diseases, such as Valley fever. The Committee includes increased funding to support BARDA's efforts to prioritize research and development for antifungal therapies and vaccines. With additional funding, the Committee urges BARDA to expand efforts related to diagnostics, vaccines, and other antifungal medical countermeasures.

Antimicrobial Resistance.—The Committee recognizes the grave threat that antimicrobial resistant bacteria represent to the American public and strongly encourages BARDA, as consistent with the recommendations of the PHEMCE, to prioritize investments in diagnostic devices and medical countermeasures with the potential to help reduce the emergence of antimicrobial resistant bacteria by

identifying the appropriate treatment sooner. The Committee continues to support the Combating Antibiotic-Resistant Bacteria (CARB-X) initiative and the advanced clinical stage development of novel broad-spectrum antimicrobials to prevent and treat drug-resistant bacterial infections. The Committee requests a briefing within 180 days of the passage of this Act related to the transfer of antibacterial initiatives from either CARB-X or NIAD into BARDA's advanced development portfolio and the FDA review of antimicrobial resistance tests.

The Committee further encourages ASPR, in coordination with FDA and CDC, to implement a class review system to regularly assess the safety, efficacy, and vulnerability to antimicrobial resistance of existing SNS assets that could be used to respond to such threats and to support efforts to maintain an inventory of medical countermeasures appropriate to respond to the continued evolution antimicrobial resistant organisms.

Domestic Manufacturing Surge Capacity.—The Committee supports BARDA's utilization of authorities provided in the fiscal year 2023 enacted appropriation to support domestic manufacturing surge capacity for future public health emergencies. BARDA is encouraged to consider opportunities to expand domestic manufacturing facilities with end-to-end capabilities to produce bulk drug substance, support platform technologies for medical countermeasures, and provide fill-finish capacity.

Cold Chain Technologies.—The Committee recognizes the limitations that are presented by cold chain requirements for vaccine distribution and storage and continues to support efforts to address these challenges in the coming years. The Committee supports ASPR's exploration of opportunities for new technologies such as dry power approaches or thin-film freeze drying that allow for vaccines to be physiochemically stable for an extended period without causing degradation or reduction in immunogenicity. The Committee requests an update in the fiscal year 2025 congressional justification on such efforts.

Deoxyribonucleic Acid Synthesis.—The Committee remains concerned about the potential for State actors or terrorist organizations to modify existing pathogens using Deoxyribonucleic Acid (DNA) synthesis technologies to create dangerous biological agents that could be used as bioweapons. HHS in collaboration with the Department of Homeland Security is currently required to establish and regulate the list of biological agents and toxins that have the potential to pose a severe threat to public health and safety, referred to as "Select Agents". Current DNA synthesis technologies are enabling the production of Select Agents, as well as nontraditional Agents, that could pose a significant risk to national security and may not be covered by current HHS select agent review or regulations. The Committee is concerned by the potential for commercial DNA synthesis providers to manufacture and distribute synthetic genetic material (directly or indirectly through providing synthesizing instruments) that could enable the production of infectious forms of agents with potential to cause serious intentional or unintentional harm. The Committee therefore directs the Secretary in consultation with the Secretary of the Department of Homeland Security to brief the Committees in a classified setting on the cur-

rent threat landscape and for the Secretary of Health and Human Services to propose an updated regulatory framework for screening synthetic genetic material to prevent the mistaken or malicious production of biological agents.

Highly Pathogenic Avian Influenza.—The Committee requests a report within 180 days of enactment of this Act from ASPR documenting interagency awareness, planning, and utilization of expiring or near-expiring product such as for highly pathogenic avian influenza.

Infectious Disease Outbreaks with Pandemic Potential.—The Committee encourages BARDA to engage in public-private partnerships to support advanced research and development of innovative platform technologies and MCM programs focused on, but not limited to, therapeutics, vaccines, and other MCMs for emerging infectious diseases, including novel pathogens and viral families with pandemic potential. The Committee encourages ASPR to collaborate with other appropriate Federal departments, agencies, and offices, the private sector, and other stakeholders to identify promising MCMs and platform technologies that can be leveraged to address a range of potential pathogens, including virus families with significant pandemic potential. The Committee encourages BARDA to prioritize expeditious development of such MCMs, innovative platform technologies, and novel multi-modal methods, and requests a briefing and a publicly available report within 120 days of enactment of this Act to provide an update on the status of MCMs and platforms to address these threats.

Next-Generation Blood Products.—The Committee remains concerned regarding the vulnerability of the blood supply that has been amplified by the frequent blood shortages resulting from the COVID pandemic. Currently, there has been development of next generation blood products by BARDA to respond to nuclear threats, however the threats posed by future pandemics that involve a hemorrhagic disease, lone-wolf or coordinated terrorist attack, or natural or man-made disasters should be considered a priority for funding. The HHS Advisory Committee on Blood and Tissue Safety and Availability report indicated that, “the continued availability of a robust blood supply faces significant threats and challenges in the current environment” (Adequacy of the National Blood Supply Report to Congress, 2020). The report recommended the “implementation of new technologies to improve the safety and reliability of the blood supply.” Thus, the Committee encourages the Secretary to consider the development of freeze-dried hemostatic products to include a wide range of indications encompassing treatment of hemorrhagic disease, use in general surgery, obstetrics, and trauma. Suitable products that are in clinical trials should be considered a priority for funding. As part of the Department’s continued work to strengthen the supply chain and industrial base, the Committee strongly encourages the Department to consider the manufacturing base for these products to develop adequate infrastructure supporting a national inventory to accommodate predicted needs so that in the event of an overwhelming number of casualties these research products could be used to fill the capacity gap. The Committee requests an update on this effort in the fiscal year 2024 congressional justification.

Pathogen-Reduction Technology.—BARDA has funded approximately \$149,000,000 through fiscal year 2022, and American industry has co-invested more than \$500,000,000, for clinical trial development 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. Clinical trials are ongoing in 14 States, which are in turn positioned to be the early adopters of this new world-class blood safety technology once it is approved by the FDA. The Committee urges BARDA to continue investments in these blood technologies during fiscal year 2024 to achieve timely FDA approval for use in all fifty States, and in particular to ensure that completion of technology development is accomplished in parallel with the clinical trials in a manner that results in sufficient capacity for routine blood screening operations and pandemic preparedness. The Committee requests an update on this effort in the fiscal year 2024 congressional justification.

Project Next Generation.—The Committee is concerned that current Administration project prioritization excludes innovative next generation antiviral platforms. The continued antiviral preclinical and clinical development against current and anticipated pandemic and biothreats is critical to reducing morbidity and mortality. Recent data indicates both waning efficacy and building resistance of existing Covid-19 antivirals and monoclonal or polyclonal antibodies. The Committee requests an update from BARDA on its plans to support the ongoing development of these novel antivirals against pandemic and biothreats.

Project BioShield

The Committee provides \$850,000,000 for Project BioShield, which is \$30,000,000 above the fiscal year 2023 enacted level and \$20,000,000 above the fiscal year 2024 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 \$35,000,000 above the fiscal year 2023 enacted level and \$5,000,000 above the fiscal year 2024 budget request.

Diagnostics.—The Committee recognizes the critical role of diagnostics in responding to and managing public health emergencies, and that the country must be prepared for the next emergency with adequate testing and related infrastructure to avoid devastating loss of life and negative societal impacts. The Committee is concerned that the SNS may not include an adequate supply of diagnostics and therefore encourages ASPR to ensure that the SNS includes diagnostic testing equipment and supplies sufficient to enable them to respond to future emergencies.

Made in America Strategic National Stockpile.—The Committee is concerned about the nation’s limited infrastructure to produce essential products such as medical devices, medical equipment, pharmaceuticals, and personal protective equipment. The Committee strongly urges the Secretary to develop long-term sustain-

able procurement plan that gives preference to and results in purchases directly from domestic manufacturers to the maximum extent practicable.

Pandemic Influenza.—The Committee remains concerned about the perennial threat of pandemic influenza. In addition to vaccines, antivirals are a critical medical countermeasure. The Committee strongly urges HHS to diversify and replenish its stockpile of emergency influenza antivirals to ensure the nation has multiple current treatment options in the event of an influenza pandemic.

Shelf-Life Extension Program.—The explanatory statement accompanying the fiscal year 2023 Consolidated Appropriations Act expressed concern that efforts to achieve cost savings through the Shelf-Life Extension Program (SLEP) could negatively impact distribution of, patient adherence to, and ultimately consumer confidence in certain products in the SNS, particularly aged antivirals. The Committee is still waiting for ASPR to deliver the audit of SLEP for antivirals in the SNS as well as recommendations to safeguard SNS's ability to effectively respond to future severe influenza outbreaks and expects delivery of those materials expeditiously. Moreover, additional MCM in the SNS, which have been procured to support domestic readiness in the event of a biological event, are expired or approaching expiry but are not currently included in the SLEP. The Committee suggests that an appropriate strategy to evaluate the potency and utility of these products in a public health emergency be established.

System Interoperability.—The Committee recommends that the SNS work with U.S.-based medical and pharmaceutical distributors on developing and maintaining information technology (IT) connectivity. The Committee recognizes that distributors need to have and implement technology for IT interoperability so that their systems can connect with SNS and HHS systems to participate in potential governmental distribution efforts.

Pandemic Influenza Preparedness

The Committee includes \$327,991,000, for the pandemic influenza preparedness program, which is the same as the fiscal year 2023 enacted level and \$47,000,000 below the fiscal year 2024 budget request. 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.

Virus Bank.—The Committee urges ASPR to work with manufacturers to develop a comprehensive library of working virus banks for influenza strains of pandemic potential that can quickly be tested in a variety of vaccine platforms to accelerate the development of vaccines.

OPERATIONS AND EMERGENCY RESPONSE

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.

Medical Innovation for Disaster Response.—The Committee supports the establishment of a Federally-funded research and development center (FFRDC), led by an academic medical center, to improve far forward medical response, training, and innovation, specifically utilizing health information technology, unmanned aerial systems, countermeasure delivery and remote patient assessment and triage. The Committee instructs ASPR to provide a report within 90 days of enactment of this Act describing the role of an FFRDC with an academic partner that has strengths in telehealth and far forward medical response, as well as strong partnerships that can be leveraged to meet the full scope of required work. Should it be necessary, the Committee supports the creation of an interim collaborative agreement to develop the scope of work for this new entity.

National Disaster Medical System

The Committee provides \$96,904,000, the same as the fiscal year 2023 enacted level and \$33,126,000 below the fiscal year 2024 budget request, 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 man-made incidents.

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 2023 enacted level.

Pediatric Disaster Care.—The Committee provides \$7,000,000 for the pediatric disaster care program, the same as the fiscal year 2023 enacted level.

Hospital Preparedness Program

The Committee provides \$155,055,000, for the Hospital Preparedness Program (HPP) formula grants, which is \$150,000,00 below the fiscal year 2023 enacted level and \$157,000,000 below the fiscal year 2024 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. These entities have also received supplemental funding for COVID.

Emergency Medical Service Preparedness and Response.—The Committee encourages ASPR to clarify the extent to which Hospital Preparedness program can better integrate emergency medical service operations, including both governmental and non-governmental emergency medical services, into regional health care coalitions.

National Special Pathogen System.—The Committee provides no dedicated funding for the National Special Pathogen System given the continued general support for the Hospital Preparedness Pro-

gram and robust funding provided to the CDC’s National Center for Emerging and Zoonotic Infectious Diseases.

Medical Reserve Corps

The Committee provides \$6,240,000 for the Medical Reserve Corps, which is the same as the fiscal year 2023 enacted level and the fiscal year 2024 budget request.

Preparedness and Response Innovation

The Committee provides \$4,000,000, an increase of \$920,000 over the fiscal year 2023 enacted level and \$920,000 over the fiscal year 2024 budget request, for a bilateral cooperative program with the Government of Israel for the development of health technologies.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2023	\$601,972,000
Budget request, fiscal year 2024	704,566,000
Committee Recommendation	460,369,000
Change from enacted level	– 141,603,000
Change from budget request	– 244,197,000

Of the funds provided, \$58,028,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act, which is \$6,800,000 less than fiscal year 2023 enacted level and \$35,218,000 below the fiscal year 2024 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. 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.

Administrative Offices.—The Committee provides no more than \$30,000,000 for the Assistant Secretary for Financial Resources. The Committee provides no more than \$32,000,000 for the Assistant Secretary for Planning and Evaluation (ASPE). As part of its mission, ASPE conducts research and evaluation studies; develops policy analyses; and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress. The Committee notes such analysis should be conducted in a scientific nonpartisan manner.

Advancing Cell-Based Therapies.—To support collaborative evidence development, the Committee encourages the Department of Health and Human Services—in collaboration with the Food and Drug Administration, the Health Resources and Services Administration, and the National Institutes of Health, to fully operationalize an outcomes database for adult cellular therapies that are FDA-approved or being administered under FDA Investigational New Drug or Investigational New Device Exemption protocols. The Committee also encourages the engagement of experts

and stakeholders to provide input on the development and operation of the database.

Advertising.—The Committee directs each Department and agency funded by this Act with annual advertising budgets to include a report on expenditures related to local media advertising to include digital, television, and radio no more than 120 days after the enactment of this Act. Such report shall be made available online.

Bioattribution.—The Committee is aware that there is a need to improve the capacity of the country to determine the origins of serious future epidemics or pandemics, whether they come from a natural, accidental, or deliberate source—a capacity also referred to as bioattribution. Having strong national bioattribution capabilities to allow the identification of a pandemic could help to prevent further events, either through information that leads to stronger prevention measures or through deterrence of deliberate misuse. The Committee is further aware that future bioattribution efforts must rule out deliberate misuse as a primary matter, rather than presume natural origin until otherwise suspected. Such a posture change would result in improved diplomatic relations and ensure timely response and accountability for deliberate use scenarios. Developments in the complementary fields of genomics, proteomics, metabolomics, and data analytics provide opportunities for development of improved bioattribution capabilities that may provide more conclusive answers regarding the origins of future pandemics in a shorter time frame, and with lower costs less than current approaches. Additionally, existing capabilities can be matured to higher technological readiness levels to support fielded use. Therefore, the Committee encourages HHS to work with other government agencies towards the development, maturation, and implementation of new bioattribution technologies through both internal government scientific development programs and the award of grants or contracts, as appropriate. The Committee further encourages HHS to provide relevant data flows to other relevant government agencies in the bioattribution community such as the Federal Bureau of Investigation on a regular and ongoing basis, rather than only in the instances in which HHS determines that such relevant government agencies should be consulted, in order to aid in the posture change regarding the timely and confident detection and attribution of deliberate misuse. Lastly, the Committee requests as part of the fiscal year 2025 congressional justification the current level of spending on bioattribution capabilities and an assessment of what capabilities would be required to achieve the bioattribution capabilities described here.

Blood and Plasma Donation Education.—Blood and plasma donations are critical to the U.S. healthcare system to ensure patients in need have access to life-saving treatments and therapeutics. The Committee applauds the Department's efforts to raise awareness of the importance of blood and plasma donations and encourages the continued effort to educate and raise awareness.

Budget Submission.—As part of the Fiscal Year 2025 President's Budget Request, the Department is directed to provide the Committee in electronic format a table that corresponds with every program line found in the back of these explanatory materials. Such table shall include a column for the most recently enacted ap-

appropriation, the current year, and the budget year, assuming current law.

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 enactment of this Act based on the stakeholder group's recommendations.

Children's Interagency Coordinating Council.—The Committee supports the initial efforts by the Assistant Secretary for Planning and Evaluation to establish the Children's Interagency Coordinating Council and encourages continued partnerships with the National Academies of Sciences, Engineering, and Medicine.

Chronic Fatigue Syndrome Advisory Committee.—The Committee looks forward to reviewing the HHS plan regarding myalgic encephalomyelitis/chronic fatigue syndrome which was requested in House Report 116–62. In the interim, the Committee continues to encourage HHS to foster interagency and stakeholder collaboration by forming a Post-Infectious Disease Advisory Committee.

Congressional Justifications and Budget In Brief.—The Committee expects full delivery of all congressional budget justification and budget in brief documents no later than the day of the President's Budget Appendix publication online. The agency is directed to notify the Committee 24-hours in advance of any anticipated delay.

Customer Experience.—The Committee continues to support efforts to improve agency customer experience. The Committee directs 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 2025 congressional justification.

Cybersecurity Risks from Commercial Information Technology.—The Committee notes the Department of Defense in consultation with other Federal agencies will conduct an assessment of risks posed using commercially available information technology, particularly relating to computer and printers from countries of concern. The Committee looks forward to receiving this analysis and supports efforts to ensure any recommendations are disseminated to all relevant Federal agencies for implementation.

Dietary Guidelines and Alcohol Consumption.—The Committee notes section 772 of the Consolidated Appropriations Act of 2023 (PL 117–328) required a study by the National Academies of Sciences, Engineering, and Medicine related to alcohol. The study is based on the preponderance of the scientific and medical knowledge consistent with section 5341 of title 7 of U.S.C. and the Secretary of Agriculture shall ensure that the 2025 Dietary Guidelines for Americans process includes a recommendation for alcohol and shall be based on the same standard. Moreover, the process is di-

rected to be fully transparent and include a balanced representation of individuals who are unbiased and free from conflicts of interest.

Early Detection of Brain Aneurysms.—The Committee supports increasing awareness of the symptoms of a ruptured aneurysm among healthcare professionals such as first responders and emergency room physicians. Therefore, the Committee reiterates the language provided in fiscal year 2019 House Report 115–862 and Senate Report 115–289 encouraging the Secretary, in consultation with appropriate stakeholders—including healthcare providers such as neurosurgeons, neurologists, neuro-interventional surgeons, and emergency physicians, as well as 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 such as the symptoms of brain aneurysms, evidence-based risk factors for brain aneurysms, appropriate use of medical testing and diagnostic equipment, and screening recommendations. The Secretary shall, in consultation with appropriate stakeholders, develop a strategy for disseminating information about the best practices and begin implementing this strategy at least one year after the date of enactment of this Act. The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

Electric Vehicle.—The Committee does not include any of the funding requested for the electric vehicle program.

Embryo Adoption Awareness Campaign.—The Committee includes \$1,000,000 for the Embryo Adoption Awareness Campaign to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Federal Poverty Guidelines.—The Committee directs HHS to include in its fiscal year 2025 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 not 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 determining the allocation of Federal funds to state or local grantees.

Global Health Research.—The Committee requests an update in the fiscal year 2025 congressional 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.

Indirect Costs.—GAO shall select, after consulting with the Committees, a sample of HHS administered research grants to conduct an audit of all costs associated with facilities and administrative costs, broken out by fixed capital costs, administrative overhead, and labor costs. GAO shall brief the Committees on the findings before releasing the report. Such audit shall include the methodology for determining allowable costs by participating institutions and HHS, required documentation, procedures for verifying accuracy, validity, and reliability of documentation.

Joint Funding Arrangement.—The Committee directs the agency to include all amounts assessed from any operating division and the methodology used to determine such amounts.

KidneyX.—The Committee continues to include a total of \$5,000,000 for KidneyX to support a public private partnership to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases. An estimated 850 million people worldwide are living with kidney disease. KidneyX exit disclaimer icon seeks to improve their lives by accelerating the development of drugs, devices, biologics, and other therapies across the spectrum of kidney care.

LymeX Innovation Accelerator.—The Committee commends the Office of the Secretary and its Chief Technology Officer for the Lyme Innovation Initiative, launched November 2018, and the LymeX Innovation Accelerator announced in October 2020. LymeX is a key component of the HHS Lyme Innovation initiative, focused on accelerating Lyme Innovation progress and strategically advance tick-borne disease solutions in direct collaboration with Lyme patients, patient advocates, and diverse stakeholders across academia, nonprofits, industry, and government. LymeX is a \$25,000,000 public-private partnership with the Department of Health and Human Services and the Steven & Alexandra Cohen Foundation. LymeX is modeled after the success and methods of the KidneyX Innovation Accelerator, a partnership between HHS and the American Society of Nephrology that includes kidney care patients in every step of its innovation process. In January 2022, LymeX announced the initial call for concepts for the LymeX Diagnostics Prize challenge and, in November 2022, LymeX announced 10 Phase 1 winners of the LymeX Diagnostic Challenge. Phase 2 is expected to start in 2023. The Committee continues \$5,000,000, the same as the fiscal year 2023 enacted level for this activity.

Moyer Report.—The Committee requests a complete Moyer Report for fiscal year 2025 no later than 14 days after online publication of the fiscal year 2025 congressional justifications. Such report shall be made available publicly online on the same day it is submitted to the Committee. In addition, within 4 days of enactment of this Act, the Department is directed to make available online the Moyer Report for fiscal years 2023 and 2024.

Nonrecurring Expenses Fund (NEF).—The Committee directs HHS 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 on-

going 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 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 permitting Congressional review before additional notifications for use of the NEF.

Non-Scheduled Alternatives for Treatment.—The Committee notes there are non-scheduled alternatives for the treatment of Medicare beneficiaries that are non-addictive and can reduce dependence and adverse outcomes for patients. The Committee encourages the Secretary to study disease states that have both scheduled and non-scheduled drug treatments options and Medicare claims to better understand the utilization of scheduled and non-scheduled drugs within each disease state. In addition, the Committee encourages CMS to identify methods of publicly sharing this information with Medicare beneficiaries about non-scheduled treatment alternatives.

Pediatric Vaccine Schedule.—Not later than 30 days after enactment of this Act, the Secretary shall conduct a review of the scientific evidence related to the COVID vaccination and the child and adolescent immunization schedule.

Performance Reporting.—As part of the congressional justification for fiscal year 2025, the agency 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 agency shall include in such justification the total amount spent in fiscal year 2023 on performance awards for the Senior Executive Service.

Public-Private Health Care Safety Team.—The Committee strongly encourages the Secretary to conduct a planning study on the necessary funding resources, steps, and authorities required to establish a public-private Health Care Safety Team. Upon completion, the Secretary shall submit the plan to create a Health Care Safety Team to the committees of jurisdiction. The Health Care Safety Team shall be designed to review, update, and prioritize patient safety measures about injury and harm in health care settings; identify data sources for the patient safety measures; understand the pre-cursors to and causes of injury and harm in health care settings; and create autonomous patient safety solutions with the goal of preventing injury and harm in health care settings across all patient populations.

Polycystic Ovary Syndrome (PCOS) Education and Awareness.—PCOS is one of the most common endocrine disorders in women. Research shows that the prevalence of PCOS reported in health system and insurer records was significantly less than the populational prevalence of PCOS, further compounding the underdiagnosis of PCOS. One possible rationale is a lack of education

and awareness about the disorder by healthcare professionals and patients. The Committee urges HHS to work in partnership with medical societies and relevant PCOS patient education and advocacy organizations to increase education and awareness about PCOS among health care providers and patients. The Committee further encourages HHS to investigate and report on gaps in care for PCOS patients regarding metabolic, cardiovascular, cerebrovascular, mental, reproductive, oncologic, maternal health, and adolescent health, and any other identified care gaps.

Questions for the Record.—The Committee notes the inclusion of section 527 in this Act requiring answers to questions submitted for the record within 45 business days after receipt. The Committee directs the agency to provide notification at least 7 days in advance if the agency does not anticipate meeting this statutory requirement.

Rare Kidney Disease Diagnostic Issues.—The Committee encourages the Secretary to convene a conference focused on rare kidney disease diagnostic issues. The Committee notes the need to analyze the impact of the decline of routine urinalysis on the timely diagnosis of rare kidney disease and on the quality of patient care as well as the quality and reliability of kidney biopsy in diagnosis of rare kidney disease. The Committee further encourages the Secretary to report back, in the fiscal year 2025 congressional justification, on whether genetic and genomic testing may improve preventative care and precision medicine, and health outcomes.

Rare Kidney Disease Transplant and Dialysis.—The Committee notes the high costs of dialysis and transplant costs associated with rare kidney disease. The Committee encourages the Secretary to conduct experiments to evaluate methods for treating rare kidney disease, particularly those that would delay or eliminate the need for dialysis and transplant through a comprehensive study of methods to increase public awareness of rare kidney disease. The Committee requests an update on these activities in the fiscal year 2025 congressional justification.

Rural News Media and Advertising Campaigns.—The Committee recognizes the critical role local media plays in delivering lifesaving public health messages to small or rural communities. Therefore, the Committee directs the Secretary to ensure that local media in small or rural markets are part of the Federal public health advertising campaigns, such as the Vaccine, Maternal and Child Health and Blood Plasma campaigns to improve the delivery of public health messages to these small or rural communities. To further this goal, the Committee directs the Secretary in coordination with the Assistant Secretary for Public Affairs and their media buyer contractors to utilize local news media in rural areas for HHS Federal advertising campaigns to reach citizens in these communities with key health messages. Local media should include newspapers, including non-daily newspapers, television, and radio. The Committee directs the Office of the Secretary, within 180 days of enactment of this Act, to provide an update on the efforts of the Department has taken to ensure that local media in rural areas are part of the Department's public health advertising campaigns, including a breakdown of money allocated to local media in rural areas for the most recent fiscal year.

Staffing Reports.—The Committee includes a general provision requiring the Department to submit a biannual staffing report to the Committees. The Excel table shall include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous 180 days.

Status of Congressional Reports.—The Department is directed to provide the Committee, within 30 days from the date of enactment of this Act and quarterly thereafter, a summary document describing each requested report to the Committee along with its status. The status of reports submission should include all outstanding reports from any prior fiscal year.

Stillbirth Working Group.—Last year, the Committee provided \$1,750,000 for the Office of the Secretary to convene a Task Force on Stillbirth comprised of experts to evaluate current risk factors for stillbirths and provide recommendations on how to mitigate risk, reduce stillbirth incidence, and improve maternal health outcomes. The Stillbirth Working Group released its final report on March 15, 2023, identifying findings and recommendations for addressing the nation's stillbirth crisis. The Committee again provides \$1,750,000 for the Secretary to implement these recommendations across the Department, maintaining level funding for stillbirth prevention activities but transitioning its purpose into implementation of announced recommendations. The Committee directs the Secretary to prioritize the Department-wide implementation of the Working Group's recommendations and engage in efforts to promote evidence-based stillbirth awareness and prevention activities; the Department shall report to Congress on its progress within 180 days of enactment of this Act and make such report available online on its website.

Study on the Cost of Serious Mental Illness.—Pursuant to section 1124 of the Consolidated Appropriations Act, 2023, the Committee directs the Department 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 county jails, housing programs, and nursing facilities. The Committee encourages the Department to collaborate or consult outside entities with experience in serious mental illness and conducting extensive studies of government and nongovernmental entities.

Study on Patient Safety Pre-cursors, Causes, and Solutions.—The Committee encourages the Secretary to study the precursors of patient injury and harm in health care settings, their causes, and the solutions to prevent injury and harm in health care settings. In response to the current levels of healthcare workforce shortages, turnover, and burnout in the wake of COVID, such a study could recommend and develop solutions to support and enable all healthcare providers to provide safe care. To accomplish this, the study should use clinically informed, human factors engineering methods and technologies, such as artificial intelligence and machine learning to develop solutions. Further, the study should seek input from the public and stakeholders on how to develop and im-

plement the solutions. The study should include recommendations to address technology deficiencies and gaps in aggregating data about injury and harm in health care settings across Federal agencies that may be encountered during the study to inform future autonomous patient safety studies.

Supplemental Oxygen.—The Committee notes with concern reports of supplemental oxygen shortages exacerbated by the increase in patients with COVID. The Committee notes the supplemental oxygen shortages are affecting both COVID patients and other patients who rely on supplemental oxygen and long-term solutions are necessary. The Committee urges the HHS to take steps to address the current shortages and to evaluate options to ensure the long-term availability of supplemental oxygen. The Committee requests an update on this effort in the fiscal year 2025 congressional justification.

Telework.—HHS shall conduct a review of telework implementation for all agency components. As part of this review, HHS is directed to include the total number of currently employed full-time and part-time HHS employees, broken out by subagency; the total number of days full-time and part-time employees of the agencies physically worked for the majority of the day (more than 4 hours) in-person at HHS headquarters, the employee's respective subagency headquarters, or an assigned office (not including a home office), if applicable; the total number of full-time and part-time employees who physically worked for the majority of their time (more than 16 hours a week or 32 hours biweekly) in-person at HHS headquarters, the employee's respective subagency headquarters, or an assigned office (not including a home office), if applicable; the total number of days full-time and part-time employees worked for the majority of the day (more than 4 hours) remotely; and the total number of full-time and part-time employees who worked for the majority of their time (more than 16 hours a week or 32 hours biweekly) remotely. For full-time or part-time employees identified as working the majority of their time remotely, HHS shall provide the State and/or region of the employee's duty station and the policies and procedures to ensure the remote work is conducted in the geographic area associated with the employee's duty station. Where applicable, for each of the preceding datasets, HHS shall include the breakdown for each of the offices and centers under each subagency. HHS shall complete this review within 180 days of this Act and brief the committees of jurisdiction on findings.

Minority HIV/AIDS Fund

The Committee includes \$28,000,000 for the Minority HIV/AIDS Fund (MHAF), which is \$32,000,000 below the fiscal year 2023 enacted level and the fiscal year 2024 budget request.

The Committee is aware of the critical role that the Minority AIDS Initiative (MAI) plays in our longstanding efforts to eliminate HIV and address the disproportionate disease burden that racial minority communities face. To ensure that MAI funds are being spent in the areas of greatest need, and in regions with the highest rates of new infections and disease burden, the Committee directs the Department, not later than 120 days after the enactment of

this Act, to make available online a detailed accounting of MAI program financial data for the previous 5 years, including: the names of MAI grant recipients (including sub-grantees) and the total amount awarded to each grant recipient for each of the last five years; the geographic area that each such grantee serves; and the programs and activities that each such grantee provides.

GAO Report describing Minority AIDS Initiative.—The Committee directs GAO to submit a report describing the Minority AIDS Initiative (MAI) activities across the Department, detailed by agency and program. Such report shall include: (1) an accounting of the last 10 years of program activities within each relevant agency and a description of activities conducted under MAI; (2) types of grantees funded and the types of services grantees funded under MAI; (3) the characteristics of the persons served by MAI, including demographic and geographic information; (4) how funds are distributed to screening, linkage to care, prevention, treatment, and supportive services; (5) how funding is allocated based on burden; (6) how the current approach to the distribution of funds reduces health care disparities in HIV treatment in communities with highest rates of new infections; (7) how MAI funding compares between rural and urban areas; and (8) any recommended changes to Federal regulations or statutes that would ensure MAI funding is reaching the communities with the highest rates of new infections and those most severely impacted by HIV.

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 continues to include \$5,000,000 provided in fiscal year 2023 as a tribal set-aside within the MHAF.

Office of the Assistant Secretary for Health

Abortion Hotline.—The Committee includes a new provision prohibiting funds for the abortion hotline or any similar hotline.

Hepatitis B.—The Committee encourages the Office of the Assistant Secretary for Health to lead the development of a government-wide coordinated effort to support the implementation of the Advisory Committee Immunization Practices recommendation that all adults between 19 and 59 be vaccinated for hepatitis B.

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

Office of Population Affairs.—No funds are provided for the Office of Population Affairs.

Reproductive Rights.—No funds are provided to support www.reproductiverights.gov nor any similar website.

Office of Minority Health

The Committee includes \$25,868,000 for the Office of Minority Health (OMH), which is \$48,967,000 below the fiscal year 2023 enacted level and \$59,967,000 below the fiscal year 2024 budget request. The OMH works with U.S. Public Health Service agencies and other agencies of the Department to address the health status

and quality of life for minority populations in the United States. OMH develops and implements new policies; partners with States, Tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Center for Indigenous Innovation and Health Equity.—The Committee continues to recognize the importance of advancing Indigenous solutions to support improved indigenous health. The Committee includes \$6,000,000, an increase of \$2,000,000, to support the work of the Center for Indigenous Innovation and Health Equity. The Committee continues to urge HHS to consider partnering with universities with a focus on Indigenous health research and policy among Native Americans and Alaska Natives, as well as universities with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders.

Language Access and Communications Services for Limited English Proficient Communities.—The Committee is supportive of efforts the Department is taking to improve communications, which should include mediums such as television and radio, to reach limited English proficient communities, especially Hispanic communities. The Committee encourages the Department to create uniform applications across all agencies to strengthen communication practices to include digital, television and radio advertising when working with limited English proficient communities, especially Spanish speaking communities. The Committee continues \$2,000,000, the same as the fiscal year 2023 enacted level, for this activity.

National Lupus Training, Outreach, and Clinical Trial Education Program.—The Committee continues to support the National Lupus Training, Outreach, and Clinical Trial Education Program at \$2,000,000, the same as the fiscal year 2023 enacted level. The Committee commends efforts by OMH to increase outreach, education, and awareness of opportunities to participate in lupus clinical trials among minority populations nationally.

Structural Racism in Public Health.—The Committee does not include funding for this activity.

Office on Women's Health

The Committee includes \$20,312,000 for the Office on Women's Health, which is \$23,828,000 below the fiscal year 2023 enacted level and the fiscal year 2024 request.

Combating Violence Against Women.—The Committee includes \$10,000,000, the same as the fiscal year 2023 enacted level, to combat violence against women through the State partnership initiative.

Eating Disorders Research.—The Committee is 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 rate of adolescent girls visiting the emergency room due to eating disorders has doubled since the start of the pandemic, contributing to the youth mental health crisis. The Committee recognizes the Office's efforts to address the rise in eating disorders amongst adolescent girls. The Committee recommends no less than \$1,500,000 in funding for

prevention, early intervention, and treatment protocols for women and girls with or at-risk of developing an eating disorder.

Pregnant Women and Lactating Women Advisory Committee.—The Committee continues \$200,000, the same as the fiscal year 2023 enacted level, for an Advisory Committee to monitor and report on the implementation of the recommendations from the Task Force on Research Specific to Pregnant Women and Lactating Women.

The Committee proposes moving the following programs from the Public Health and Social Services Emergency Fund. The Committee does not propose funding for HHS Protect.

Office of the Assistant Secretary for Administration

Cybersecurity

The Committee provides \$100,000,000, the same as the fiscal year 2023 enacted level and \$88,326,000 below the fiscal year 2024 budget request, for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department’s cybersecurity posture.

Office of National Security

The Committee provides \$8,983,000, the same as the fiscal year 2023 enacted level and \$3,000,000 below the fiscal year 2024 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 2023 enacted level and \$1,000,000 below the fiscal year 2024 budget request, for the Office of Global Affairs work related to pandemic influenza.

MEDICARE HEARINGS AND APPEALS

Appropriation, fiscal year 2023	\$196,000,000
Budget request, fiscal year 2024	199,000,000
Committee Recommendation	196,000,000
Change from enacted level	— — —
Change from budget request	– 3,000,000

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 THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriation, fiscal year 2023	\$66,238,000
Budget request, fiscal year 2024	103,614,000
Committee Recommendation	56,238,000
Change from enacted level	– 10,000,000
Change from budget request	– 47,376,000

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.

Expansion of Health Information Exchanges.—The Committee recognizes the importance of electronic health data as a critical piece of the healthcare system. The Committee encourages HHS to work with States as needed if States choose to designate nonprofit health information exchange(s) (HIEs) to be the State's health data utility (HDU). HDU models are designed and implemented in alignment with States' policies and priorities to address the needs of a broader health and healthcare ecosystem. An HDU can be defined as one or more entities, guided by a diverse stakeholder governance structure, that combine, enhance, and exchange disparate electronic health data sets for treatment, care coordination, quality improvement, population health, public health emergencies, and other public and community health purposes.

Information Blocking.—The Committee recognizes that ONC's rule to implement the interoperability and information blocking provisions of the 21st Century Cures Act (PL 114–255) 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. The Committee requests an update in the fiscal year 2025 congressional justification on such efforts.

Interoperability.—The Committee notes that HHS has made significant progress on interoperability since passage of the 21st Century Cures Act, but the full goals of the Act—including patient and clinician access to data—has not fully materialized. The Committee requests that the Department include in the fiscal year 2025 congressional justification an update on progress implementing the interoperability provisions of the 21st Century Cures Act and gaps that remain for full implementation with regard to patient and clinician access to data, including images; efforts to ensure standardized capabilities for real-time benefit checks and electronic prior authorization for drugs and services; and the enablement of decentralized clinical trials via technology.

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 \$5,000,000 for ONC to work with industry to develop matching standards that prioritize interoperability, patient safety, and patient privacy.

Standards for Interoperability.—The Committee's recommendation includes not less than \$5,000,000, the same as the fiscal year 2023 enacted level, to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resource standards or associated implementation standards.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2023	\$87,000,000
Budget request, fiscal year 2024	116,801,000
Committee Recommendation	80,000,000
Change from enacted level	- 7,000,000
Change from budget request	-36,801,000

The Committee recommends \$80,00,000 for the Office of Inspector General, which is \$7,000,000 less than the fiscal year 2023 enacted level and \$36,801,000 below the fiscal year 2024 budget request.

In addition, within the Health Care Fraud and Abuse Control program discretionary appropriations for fiscal year 2024, the Committee provides the OIG with \$100,145,000. Mandatory appropriations for this office are also contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996.

Core Mission.—The Committee encourages the Office of the Inspector General to remain focused on the main missions of the Office, as it is 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. Activities lending support to political issues, including through social media, are not consistent with the Office’s intended independent, nonpartisan role.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2023	\$39,798,000
Budget request, fiscal year 2024	78,000,000
Committee Recommendation	32,000,000
Change from enacted level	- 7,798,000
Change from budget request	-46,000,000

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.

The Committee notes OCR maintains an unobligated balance of more than \$37,000,000 in offsetting collections. The Committee requests a spend plan within 90 days of enactment of this Act on the planned use of these funds.

Conscience Protections.—The Committee is interested in whether conscience protection laws are being enforced. The Committee directs the Secretary of Health and Human Services to brief the congressional committees of jurisdiction—no later than 30 days after the date of the enactment of this Act, and quarterly thereafter, on how the Office for Civil Rights is enforcing conscience protections. These briefings shall discuss the Department’s efforts to promptly investigate complaints, issue findings, and require corrective actions. These briefings shall also include assessments of complaints submitted, including the number and nature of complaints received and processed, and the actions taken to resolve the complaints, among other things.

Long-Term Services and Supports.—The Committee 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 (LTSS) and to require that referrals to such treatments and services be given if requested. Finally, the Committee encourages the Administration for Community Living to work through its existing protection and advocacy network to operationalize a disability ombudsperson position who is authorized to facilitate communication between healthcare providers and patients with disabilities or their proxies and advocate on the patient’s behalf, when required, to ensure that all clinical and LTSS options and choices are made available.

Suicide Prevention.—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 OCR to clarify that all HHS suicide prevention grants and services must comply with existing disability rights laws, including the Americans with Disabilities Act, and sections 504 and 508 of the Rehabilitation Act, including the provisions requiring accessible communications, so that all videos, documents, and other products ensure access to persons with disabilities.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriation, fiscal year 2023	\$710,327,000
Budget request, fiscal year 2024	792,691,000
Committee Recommendation	792,691,000
Change from enacted level	+82,364,000
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 modifies a provision regarding the PHS evaluation set-aside.

(TRANSFER OF FUNDS)

Sec. 205. The Committee continues a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees

on Appropriations at the program, project, and activity level in advance of any such transfer.

Sec. 206. The Committee 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 to allow funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 212. The Committee modifies a provision authorizing certain international health activities.

(TRANSFER OF FUNDS)

Sec. 213. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

(TRANSFER OF FUNDS)

Sec. 214. The Committee continues a provision that makes NIH funds for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 215. The Committee continues a provision granting authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 216. The Committee continues a provision clarifying that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to \$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 2025 budget request.

Sec. 220. The Committee modifies a provision for a report on CMS’s Health Insurance Exchange activities in the fiscal year 2025 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 2024, 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 Committee
ACL	Alzheimer’s Disease Program	\$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
ACL	Falls Prevention	5,000,000
CDC	Breastfeeding Grants (Hospitals Promoting Breastfeeding)	9,750,000
CDC	Diabetes	155,129,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease and Stroke Prevention Program	155,105,000
CDC	Million Hearts Program	5,000,000
CDC	Preventive Health and Health Services Block Grant	160,000,000
CDC	Section 317 Immunization Grants	593,216,000
CDC	Lead Poisoning Prevention	51,000,000
CDC	Early Care Collaboratives	5,000,000
SAMHSA	Garrett Lee Smith—Youth Suicide	12,000,000

Sec. 223. The Committee continues 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 a report on staffing.

Sec. 227. The Committee continues a provision allowing HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Sec. 228. The Committee continues a provision related to donations for unaccompanied alien children.

Sec. 229. The Committee continues a provision related to the use of funds to house unaccompanied alien children in facilities that are not State-licensed.

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 HHS personnel stationed in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and the possessions of the United States.

Sec. 234. The Committee includes a new provision modifying certain reporting requirements for the CDC.

Sec. 235. The Committee includes a new provision striking a report.

(RESCISSION)

Sec. 236. The Committee modifies a provision related to unobligated balances in the Nonrecurring Expenses Fund.

Sec. 237. The Committee includes a new provision related to reporting.

Sec. 238. The Committee includes a new provision related to employee travel.

Sec. 239. The Committee includes a new provision related to fetal tissue.

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 prohibiting funds for EcoHealth Alliance.

Sec. 243. The Committee includes a new provision regarding a CMS rule related to vaccination requirements.

Sec. 244. 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. 245. The Committee includes a new provision regarding the Moyer Report.

Sec. 245. The Committee includes a new provision related to administration of title X grants.

Sec. 247. The Committee includes a new provision related to civil action for certain violations.

Sec. 248. The Committee includes a new provision related to rulemaking for section 1557 of the Affordable Care Act.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2023	\$19,087,790,000
Budget request, fiscal year 2024	21,254,551,000
Committee Recommendation	13,055,290,000
Change from enacted level	-6,032,500,000
Change from budget request	-8,199,261,000

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, \$2,126,990,000 is appropriated for fiscal year 2024 for obligation on or after July 1, 2024, and \$10,841,177,000 is appropriated for fiscal year 2025 for obligation on or after October 1, 2024.

Grants to Local Educational Agencies

For fiscal year 2024, the Committee provides \$12,354,302,000, for Title I grants to Local Educational Agencies (LEAs or school districts), which is \$6,032,500,00 below the fiscal year 2023 enacted level and \$8,182,500,000 below the fiscal year 2024 budget request.

The Committee notes that despite yearly increased 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.

The Committee also notes that 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, public schools failed their students, and the effects will be felt by an entire generation of students.

Predictably, public school enrollment has been declining for years and 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 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 States, including both Democratic and Republican legislatures, are making record investments in their education budgets. States are taking advantage of budget surpluses due to Federal stimulus dollars and high tax revenues. Moreover, the partisan American Rescue Plan (PL 117-2) invested more than \$150,000,000,000 into American schools. After more than two years, States still have \$31 billion in unspent American Rescue Plan funding. This amount is equal to nearly half the funding provided to the Department of Education in this bill. Such a

large amount of unexpended COVID dollars serves as further evidence States do not need additional Federal funding for public schools. Despite the unprecedented direct Federal support for schools and increases in State funding, U.S. student achievement continues to lag other industrialized nations. The Committee proposes reduced formula funding for public schools.

Basic Grants

Of the amounts provided for Title I programs, the Committee provides \$1,906,901,000 for Basic Grants to LEAs, which is \$4,552,500,000 below the fiscal year 2023 enacted level and the fiscal year 2024 budget request. Within this amount, \$763,776,000 is available for fiscal year 2025, which is the same as the fiscal year 2023 enacted level and the fiscal year 2024 budget request. Basic grants are awarded to school districts with at least 10 low-income children who make up more than two percent of the school-age population.

Within the amount for Title I Basic Grants, up to \$5,000,000 is made available to the Secretary of Education (Secretary) on October 1, 2023, to obtain annually-updated LEA-level poverty data from the Bureau of the Census.

Academic 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 2023 enacted level and the fiscal year 2024 budget request, for Title I Concentration Grants. This amount becomes available in fiscal year 2025. 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 \$4,542,550,000, which is \$740,000,000 below the fiscal year 2023 enacted level and \$1,815,000,000 below the fiscal year 2024 budget request, for Title I Targeted Grants. Within this amount, \$4,357,550,000 is available for fiscal year 2025. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

Education Finance Incentive Grants

The Committee provides \$4,542,550,000, which is \$740,000,000 below the fiscal year 2023 enacted level and \$1,815,000,000 below the fiscal year 2024 budget request, for Title I Education Finance Incentive Grants (EFIGs). Within this amount, \$4,357,550,000 is available for fiscal year 2025. 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.

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 chil-

dren 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 the nearly one-half million children of the reserve component, both National Guard and Reserves. The Committee supports efforts to address the unique needs of children whose parents/guardians serve in the National Guard and reserve components.

Innovative Approaches to Literacy

The Committee provides \$30,000,000 for Innovative Approaches to Literacy, which is the same as the fiscal year 2023 enacted level. This program provides competitive grants to support school libraries.

Comprehensive Literacy Development Grants

The Committee provides \$194,000,000 for Comprehensive Literacy Development Grants, which is the same as the fiscal year 2023 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.

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 2023 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 2023 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 2023 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 age 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program. The College Assistance Migrant Program 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 2023	\$1,618,112,000
Budget request, fiscal year 2024	1,618,112,000
Committee Recommendation	1,618,112,000
Change from enacted level	---
Change from budget request	---

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 \$1,468,242,000 for Basic Support Payments to LEAs, which is the same as the fiscal year 2023 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 2025 congressional justification, the Department should describe its efforts to address special education needs at Impact Aid schools in proximity to military bases, with attention to needs at Impact Aid schools compared to non-Impact Aid schools.

Payments for Children with Disabilities

The Committee provides \$48,316,000 for Payments for Children with Disabilities, which is the same as the fiscal year 2023 enacted level. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities Maintenance

The Committee provides \$4,835,000 for Facilities Maintenance, which is the same as the fiscal year 2023 enacted level. These capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee provides \$18,406,000 for the Construction program, which is the same as the fiscal year 2023 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 \$78,313,000 for payments for Federal property, which is the same as the fiscal year 2023 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.

Data for Eligible Communities.—The reporting method used to calculate the amount of Impact Aid a school receives is critical to ensuring accurate data for eligible communities. Correct student counts ensure adequate resources are provided for students. The Committee repeats its request that the Department assess the merits of such flexibilities in future years, along with other potential process modifications, in the fiscal year 2025 congressional justification. In addition, the Committee requests recommendations for helping LEAs plan for discrepancies between estimated and actual award levels.

SCHOOL IMPROVEMENT PROGRAMS

Appropriation, fiscal year 2023	\$5,810,642,000
Budget request, fiscal year 2024	5,890,278,000
Committee Recommendation	4,850,428,000
Change from enacted level	-960,214,000
Change from budget request	-1,039,850,000

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; section 203 of the Educational Technical Assistance Act of 2002; and section 105 of the Compact of Free Association Amendments Act of 2003.

Supporting Effective Instruction State Grants

The Committee does not provide fiscal year 2024 funding for this program. This funding has not been demonstrated to improve teacher quality or advance student achievement. Additionally, the Committee is concerned that school districts are using these Federal funds to train teachers in divisive ideology.

Teacher Training.—The Committee is concerned that schools have used funds from this program to hire outside firms to train teachers in deeply divisive racial ideology. The Committee directs the Department to submit a report to the Committees no later than 90 days after enactment of this Act that describes the past activities of all grantees, specifically any contracts entered into with outside consulting firms for teacher trainings that highlight any of the following concepts:

- (1) one race or sex is inherently superior to another race or sex,
- (2) an individual, by virtue of the individual’s race or sex, is inherently racist, sexist, or oppressive, whether consciously or unconsciously;
- (3) an individual should be discriminated against or receive adverse treatment solely or partly because of the individual’s race or sex;
- (4) an individual’s moral character, standing, or worth is necessarily determined by the individual’s race or sex; an individual, by virtue of the individual’s race or sex, bears responsibility, blame, or guilt for actions committed by other members of the same race or sex;
- (5) meritocracy or traits such as a hard work ethic are racist or sexist or were created by members of a particular race to oppress members of another race;
- (6) the advent of slavery in the territory that is now the United States constituted the true founding of the United States; or
- (7) with respect to their relationship to American values, slavery and racism are anything other than deviations from, betrayals of, or failures to live up to the authentic founding principles of the United States, which include liberty and equality.

Supplemental Education Grants

The Committee provides \$24,464,000 for Supplemental Education Grants to the Federated States of Micronesia and the Republic of the Marshall Islands, which is the same as the fiscal year 2023 enacted level. The Compact of Free Association Amendments Act of

2003 (PL 108–188) authorizes these entities to receive funding for general education assistance.

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 2023 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.

Community-based Organizations.—The Committee directs the Department to identify additional requirements, priorities, and/or criteria added by State education agencies as part of requests for proposals for Nita M. Lowey 21st Century Community Learning Centers (Centers) State-level grant competitions, which may present barriers for potential subgrantees, particularly community-based organizations often serving underserved populations, to successfully apply for these funds. The Committee notes that nationally, during the 2020–2021 school year, less than 10 percent of the 10,652 Centers were community-based organizations and 1 percent were faith-based organizations, while more than 80 percent of Centers were local education agencies. The Committee directs the Department to submit a report to the Committees within 120 days of this Act detailing any barriers preventing more community-based organizations from accessing 21st Century Community Learning Centers funding. Such report shall be made available online on the agency’s website.

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 2023 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 (Civil Rights)

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 by training them on how to address racial and sexual bias in teaching materials, school discipline policies, and school climates.

Education for Native Hawaiians

The Committee provides \$45,897,000 for the Education for Native Hawaiian program, which is the same as the fiscal year 2023 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 2023 level. These funds are used to provide competitive grants for supplemental education services to the Alaska Native population.

Rural Education

The Committee provides \$215,000,000 for Rural Education programs, which is the same as the fiscal year 2023 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.

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.

Student Support and Academic Enrichment Grants

The Committee provides \$1,380,000,000 for Student Support and Academic Enrichment State Grants, which is the same as the fiscal year 2023 enacted level. The Every Student Succeeds Act eliminated several narrowly focused competitive grant programs and replaced them with this new 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.

Faith-Based Organizations.—The Committee encourages the Department to support faith-based organizations' efforts to provide after-school services, including tutoring and technology access for assignments, to students, especially in low-income urban and rural communities.

Mentorship Program Coordination with Schools.—The Committee recognizes the importance of the coordination of mentorship programs with student participants’ schools. The Committee encourages the funding of activities that advance student success in the classroom in a manner that is informed by the coordination, insight, and partnership of mentorship programs.

INDIAN EDUCATION

Appropriation, fiscal year 2023	\$194,746,000
Budget request, fiscal year 2024	201,746,000
Committee Recommendation	194,746,000
Change from enacted level	— —
Change from budget request	– 7,000,000

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 2023 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 American 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 2023 enacted level. These programs make competitive grants to improve the quality of education for American Indian students. The program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

National Activities

The Committee provides \$12,365,000 for National Activities, which is the same as the fiscal year 2023 enacted level. 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.

Native American Language Immersion and the State-Tribal Education Partnership Program.—Within this account, the Committee provides \$6,000,000 to the Native American Language Immersion and the State-Tribal Education Partnership programs.

Native American Language Resource Centers.—Within this account, the Committee provides \$3,000,000 to support American Indian, Alaska Native and Native Hawaiian language activities for the Native American Language Resource Center program established in the explanatory Statement accompanying the Department of Education Appropriations Act, 2022.

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2023	\$1,453,443,000
Budget request, fiscal year 2024	1,604,000,000
Committee Recommendation	737,000,000
Change from enacted level	- 716,443,000
Change from budget request	- 867,000,000

This appropriation account includes programs authorized under portions of Titles II and IV of the ESEA.

Education Innovation and Research

The Committee provides \$284,000,000 for the Education Innovation and Research (EIR) program, which is the same as the fiscal year 2023 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 expects funds to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation.

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 level. 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 Committees no later than 120 days after enactment of this Act, 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.

State Activities.—The Committee notes that the purpose of these funds is to create and scale up evidence-based innovations in education that improve student achievement. The Committee is concerned that some States are proposing cuts to private and parochial school scholarships that have a proven record of improving student achievements. Therefore, the Committee discourages the Department from awarding any new funding under this program to grantees in States who are proposing such cuts.

Science, Technology, Engineering, and Math (STEM) and Computer Science Grants.—In addition, within the total for EIR, the Committee recommendation includes \$87,000,000 for STEM education, including computer science, the same as the fiscal year 2023 enacted level.

American History and Civics Academies

The Committee provides \$3,000,000 for American History and Civics Academies, which is the same as the fiscal year 2023 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.

Charter Schools Grants

The Committee provides \$450,000,000 for Charter School Program (CSP) Grants, which is \$10,000,000 above the fiscal year 2023 enacted level.

The Charter Schools Grants program awards 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 that increased funding for CSP is strongly supported by recent research and data on charter school performance, on parental demand for charter schools, and on the continuing needs of the charter school sector for adequate facilities.

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 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 students. Additionally, a 2021 meta-analysis of three decades of research, conducted by the National Institute of Economic Research, 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 voting, 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 (CBCI) 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. CBCI also identifies the need for the CSP to support charter schools in the facilities financing hurdles they face.

The Committee also notes that parental support for charter schools is strong. 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, whether or not they would choose a charter school for their child, charter schools should be available for parents who would. 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.

Finally, the Committee notes that charter schools consistently lack sufficient resources for their facilities. In 2021, the GAO highlighted that a failure to find facilities is one of the main reasons that charter schools fail to open. The Committee increases funding for facilities by \$5,000,000 over the fiscal year 2023 enacted level. The Committee recognizes that flexibility for grantees allows greater allocation of funds for technical assistance and support to educators to open schools and to expand uses for facility funds.

Magnet Schools Assistance

Due to funding constraints, the Committee does not provide funding for these competitive grants.

Teacher and School Leader Incentive Grants

Due to funding constraints, the Committee does not provide funding for these competitive grants.

Ready to Learn Television

The Committee does not provide funding for this program. Funding for the Corporation for Public Broadcasting supports similar programming.

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.

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 competitive grant programs further divides American students and leaves them less prepared to compete in a challenging global economy. The Committee believes gifted and talent programs 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.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2023	\$457,000,000
Budget request, fiscal year 2024	1,075,000,000
Committee Recommendation	316,000,000
Change from enacted level	- 141,000,000
Change from budget request	- 759,000,000

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 local school 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 2023 enacted level. The Committee’s recommendation provides up to \$5,000,000 for the Project School Emergency Response to Violence (Project SERV) program. The Project SERV program provides counseling and referral to mental health services as well as other education-related services to LEAs and IHEs in which the learning environment has been disrupted by a violent crisis or natural disaster.

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 PL 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 this is a decrease from the fiscal year 2023 enacted level, as the Bipartisan Safety and Communities Act (PL 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.

ESSER Funds Uses.—The Committee directs the Department to clarify in updated guidance no later than 90 days after enactment of this Act that the following are eligible uses of ESSER funds: video surveillance; student monitoring; updated doors, locks, and window panels; 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; traffic pattern analytic software.

Rural grant applicants.—The Committee is concerned with the difficulties that underserved and rural communities face accessing and applying for federal school safety grants. The committee urges the Department to prioritize technical assistance delivery to rural and underserved grant applicants.

School Infrastructure.—The Committee provides \$161,000,000 for a new competitive grant program to help meet schools’ security infrastructure needs. This includes hard infrastructure such as locks, metal detectors, or other deterrent measures; school resource officers and security personnel; and training for students, school personnel, and local law enforcement to recognize the early signs of violence and to respond to emergency situations. The Committee requests a briefing within 90 days of enactment of this Act on plans for carrying out the school infrastructure competitive grants. In addition, the Department shall 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.

Full-Service Community Schools

The Committee provides \$100,000,000 for Full-Service Community Schools, which is \$50,000,000 less than the fiscal year 2023 enacted level and \$268,000,000 below the budget request. This program makes competitive grants to support school-based comprehensive services for students, families, and communities.

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2023	\$890,000,000
Budget request, fiscal year 2024	1,195,000,000
Committee Recommendation	— — —
Change from enacted level	– 890,000,000
Change from budget request	– 1,195,000,000

Due to funding constraints, the Committee does not provide funding for these formula and competitive grants.

SPECIAL EDUCATION

Appropriation, fiscal year 2023	\$15,453,264,000
Budget request, fiscal year 2024	18,179,373,000
Committee Recommendation	15,453,264,000
Change from enacted level	---
Change from budget request	-2,726,109,000

These grants help States and localities pay for a free, appropriate education for students with disabilities aged 3 through 21.

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 encourages the Department to provide technical assistance to SEAs and LEAs seeking to facilitate the availability of intervener services at State and local levels when such services are deemed necessary in a child with a disability’s individualized education program, so that such students who are deafblind have access to information, communication, and interaction in educational environments.

Grants to States

The Committee provides \$14,193,704,000 for Part B Grants to States, which is the same as the fiscal year 2023 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 2023 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 2023 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 \$263,560,000 for IDEA National Activities, which is the same as the fiscal year 2023 enacted level. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

Educational Technology, Media, and Materials.—The Committee provides \$31,433,000 for Educational Technology, Media, and Materials, which is the same as the fiscal year 2023 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.

Parent Information Centers.—The Committee provides \$33,152,000 for Parent Information Centers, which is the same as the fiscal year 2023 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.

Personnel Preparation.—The Committee provides \$115,000,000 for Personnel Preparation, which is the same as the fiscal year 2023 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. The Committee is concerned about a shortage of teachers of deaf students and urges the Department to consider revisiting policy changes it has made in recent years which may have exacerbated this problem.

Special Olympics Education Programs.—The Committee provides \$36,000,000 for Special Olympics Education Programs, which is the same as the fiscal year 2023 enacted level, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

State Personnel Development.—The Committee provides \$38,630,000 for State Personnel Development, which is the same as the fiscal year 2023 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 \$45,345,000 for Technical Assistance and Dissemination, which is the same as the fiscal year 2023 enacted level. Funding supports technical assistance, demonstration projects, and informa-

tion 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.

REHABILITATION SERVICES

Appropriation, fiscal year 2023	\$4,092,906,000
Budget request, fiscal year 2024	4,405,533,000
Committee Recommendation	4,397,033,000
Change from enacted level	+304,127,000
Change from budget request	-8,500,000

The programs in this account are authorized by the Rehabilitation Act of 1973 and the Helen Keller National Center Act.

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 (OSERS). In addition, the Committee encourages the Department to use amounts available for evaluation and technical assistance under OSERS to study the Randolph-Sheppard Program.

Vocational Rehabilitation (VR) State Grants

The Committee provides \$4,253,834,000 in mandatory funding for 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 rehabilitation services to persons with the most significant disabilities. The Committee’s recommendation provides the cost-of-living adjustment for Vocational Rehabilitation Grants to States, as authorized.

Client Assistance State Grants

The Committee provides \$13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2023 enacted level. Client Assistance State Grants support services for eligible individuals and applicants of the VR State Grants program, and other programs, projects, and services funded under the Rehabilitation Act. These formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

The Committee provides \$29,388,000 for the Training program, which is the same as the fiscal year 2023 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. Funds are included to fully support continuation costs for grants made in prior years.

Demonstration and Training Programs

The Committee provides \$5,796,000 for Demonstration and Training Programs, which is the same as the fiscal year 2023 enacted level. These programs authorize competitive grants to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

National Consortium of Interpreter Education Centers (NCIEC) and Regional Interpreter Education Centers (RIEC).—The Committee commends the work by the Rehabilitation Services Administration to create resources for deaf, hard of hearing, and deaf-blind individuals and commends their support of special needs and sensory disabled persons. In addition, the Committee recognizes the positive impact the NCIEC and RIEC have had on the deaf, hard of hearing, and deaf-blind community through a variety of educational resources, interpreter development programs, and specialized services.

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 2023 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 2023 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 2023 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 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Helen Keller National Center

The Committee provides \$19,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is the same as the fiscal year 2023 enacted level. These funds are used for the operation of a national center that provides intensive services for deaf-blind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

Appropriation, fiscal year 2023	\$301,292,000
Budget request, fiscal year 2024	301,292,000
Committee Recommendation	301,292,000
Change from enacted level	---
Change from budget request	---

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2023	\$43,431,000
Budget request, fiscal year 2024	43,431,000
Committee Recommendation	43,431,000
Change from enacted level	---
Change from budget request	---

This funding subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The American Printing House for the Blind (Printing House), which is chartered by the Commonwealth of Kentucky, manufactures, and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

The Committee provides \$43,431,000 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 \$5,000,000, an increase of \$3,500,000 over the fiscal year 2023 enacted level, to support additional field testing and initial production and distribution of an innovative braille and tactile display product developed by the Printing House and its partners.

Center for Assistive Technology Training.—Within the amount provided for the Printing House, the Committee includes \$6,000,000, which is the same as the fiscal year 2023 enacted level, to continue the successful Center for Assistive Technology Training regional partnership with its current partner as the lead agent for program expansion.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriation, fiscal year 2023	\$92,500,000
Budget request, fiscal year 2024	92,500,000
Committee Recommendation	92,500,000
Change from enacted level	---
Change from budget request	---

Congress established the National Technical Institute for the Deaf (Institute) in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training related to various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

Regional STEM Center.—Within the amount provided for the Institute, the Committee includes \$9,500,000 to continue the Insti-

tute’s highly successful Regional STEM Center with its current partner as the lead agent for program expansion.

GALLAUDET UNIVERSITY

Appropriation, fiscal year 2023	\$165,361,000
Budget request, fiscal year 2024	165,361,000
Committee Recommendation	165,361,000
Change from enacted level	---
Change from budget request	---

Gallaudet is a private, non-profit educational institution Federally chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts research on deafness, and provides public service programs for deaf persons.

Early Learning Acquisition Project.—Within the amount provided, the Committee includes \$8,500,000 to continue and expand the current regional partnership through the Early Learning Acquisition Project with the current partner as the lead agent for program expansion.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriation, fiscal year 2023	\$2,191,436,000
Budget request, fiscal year 2024	2,447,900,000
Committee Recommendation	2,191,436,000
Change from enacted level	---
Change from budget request	- 256,464,000

This account includes vocational education programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006, as recently reauthorized by the Strengthening Career and Technical Education for the 21st Century Act, and the Adult Education and Family Literacy Act (AEFLA).

Career and Technical Education: State Grants

The Committee provides \$1,429,848,000 for Career and Technical Education (CTE) State Grants, which is the same as the fiscal year 2023 enacted level.

State Grants support a variety of career and technical education programs developed in accordance with the State plan. This program focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in prevocational courses to adults who need retraining to adapt to changing technological and labor markets.

National Programs

The Committee provides \$32,421,000 for National Programs, which is the same as the fiscal year 2023 enacted level. This program supports the conduct and dissemination of research in career and technical education.

Career-Connected High Schools.—Within amounts for CTE National Programs, the Committee includes \$25,000,000, the same as the fiscal year 2023 enacted level, and bill language supporting Career-Connected High Schools. The Committee encourages the Department to prioritize applications that establish plans with State

agencies to improve policy and program alignment between K–12, higher education, and workforce systems, including through State-wide credit transfer agreements and alignment of high school graduation requirements with college entrance requirements. In making awards under this program, the Department is directed to prioritize awards to eligible recipients serving students from limited-English proficient communities, specifically Spanish speaking communities, with established partnerships with employers and Hispanic Serving Institutions, located in States with a high number of Federally-recognized tribes.

Cybersecurity Skills.—The Committee recognizes the cybersecurity threats facing our nation’s critical infrastructure sectors and the need for workers in these industries, including those who operate cyber physical systems, to be equipped with skills to keep systems secure. The Committee acknowledges that many of these operators are educated through CTE programs that do not incorporate cybersecurity skills. Therefore, the Committee encourages the Secretary to support CTE programs that integrate cybersecurity into curricula used by students preparing for careers in critical infrastructure sectors.

Youth Entrepreneurship and Financial Literacy.—The Committee recognizes the importance of preparing our students for the 21st century workforce through CTE programs, including entrepreneurship and financial literacy. The Committee is supportive of efforts to provide technical assistance and make resources available to help LEAs and IHEs prepare students for successful employment and attain high-skilled jobs through the implementation of entrepreneurship and financial literacy programs during and after school.

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 2023 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.

The Committee encourages the Department to encourage States to use their adult education funds for workforce development initiatives that provide bilingual education and skills training for careers in high demand and that reach low-income, unemployed, and under-employed individuals who live in third-class cities and rural areas. These programs should collaborate with area community colleges and training programs and have a broad network throughout their State.

Adult Education National Leadership Activities

The Committee provides \$13,712,000 for National Leadership Activities, which is the same as the fiscal year 2023 enacted level. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

STUDENT FINANCIAL ASSISTANCE

Appropriation, fiscal year 2023	\$24,615,352,000
Budget request, fiscal year 2024	26,415,352,000
Committee Recommendation	22,475,352,000
Change from enacted level	-2,140,000,000
Change from budget request	-3,940,000,000

Pell Grants

The Committee provides \$22,475,352,000 in discretionary funding for the Pell Grant program, which is the same as the fiscal year 2023 enacted level. These funds will support Pell Grants to students for the 2024–2025 award year.

Combined with mandatory funding streams, the Committee recommendation supports a total maximum Pell Grant of \$7,395 for the 2024–2025 award year, the same as the fiscal year 2023 enacted level.

Pell Grants help to ensure access to educational and economic opportunities for low- and middle-income students by providing need-based financial assistance. Grants are determined according to a statutory formula, which considers income, assets, household size, and the number of family members in college, among other factors. Pell Grants are the foundation of Federal postsecondary student aid programs.

Outreach Activities.—The Committee encourages the Department of Education to provide outreach activities to current and prospective students of higher education to improve early awareness of Pell Grants and other available forms of aid, including outreach to students as early as middle school. The Committee also encourages the Department to work with States, including State grant aid agencies, to provide technical assistance on recent legislative changes to the Federal Need Analysis Methodology.

Federal Supplemental Educational Opportunity Grants

The Committee does not provide funding for the Federal Supplemental Educational Opportunity Grants program. Within Student Financial Assistance, the Committee recommendation prioritizes funding for Pell Grants, which follow students to the school they choose and are the foundation of Federal student aid.

Federal Work-Study

The Committee does not provide funding for the Federal Work-Study program. Within Student Financial Assistance, the Committee recommendation prioritizes funding for Pell Grants, which follow students to the school they choose and are the foundation of Federal student aid.

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 PL 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 notes with concern the Department’s continued overreach in its decision to exclude Title IV ineligible distance education in its revenue calculation. Given the complexities of the rule and its significant effects on proprietary institutions and students, the Committee expects the Department to ensure it provides clear communication and information on these regulations.

Borrower Defense.—In November, the Department issued a final rule that makes extensive changes to federal student loan programs and carries an estimated \$72 billion cost to taxpayers, according to the rule’s cost-benefit analysis. It is effective July 1, 2023. Part of the rule makes significant changes to the borrower defense to repayment regulations, setting new standards for determining whether Federal student loan borrowers’ loans can be discharged because the borrowers were provided misleading or fraudulent information by their school. Despite the magnitude of the proposed changes and costs, the Department provided only 30 days for the public to comment on the proposed rule. The Committee also notes that some commenters argued the Department lacks the statutory authority to do this rulemaking, and that the underlying statute does not provide a clear authorization for the Department to make such sweeping, costly changes. The Committee includes new legislative language prohibiting funding for implementing the final borrower defense to repayment regulations.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2023	\$2,033,943,000
Budget request, fiscal year 2024	2,654,034,000
Committee Recommendation	1,769,207,000
Change from enacted level	–264,736,000
Change from budget request	–884,827,000

Programs administered under the Student Aid Administration (SAA) include Pell Grants, campus-based 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 \$794,207,000 for salaries and expenses, which is \$264,736,000 less than the fiscal year 2023 enacted level.

Loan Servicing Activities.—Within the total provided for SAA, the Committee provides \$975,000,000 for Loan Servicing Activities, which is the same as the fiscal year 2023 enacted level.

Enforcement Activities.—In 2021, the Department established an Enforcement Office within Federal Student Aid. 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 al-

located 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 2025 congressional justification, information on the number of staff in the Enforcement Office as of the end of each fiscal year since it was established.

Executive Overreach on Student Loans.—The Committee notes the Supreme Court's June 2023 decision to overturn the Department's Federal student loan cancellation plan, which the Department announced in August 2022. The Committee was troubled by what it viewed as egregious executive overreach by the Department regarding Federal student loans. The Department's unprecedented debt cancellation plan was unfair to the millions of Americans who already paid back their Federal student loans, who worked their way through college or chose a less expensive school to avoid borrowing, and who did not go to college. The Congressional Budget Office (CBO) estimated it would cost taxpayers \$400 billion. Such loan forgiveness would have been inflationary, adding to the inflation burden Americans have had to endure.

The Committee also is aware of the forthcoming return to repayment and notes that it has been more than three years since borrowers have had to make payments on their Federal student loans. The Department repeatedly delayed the return to loan repayment, which generated uncertainty and undermined a timely and orderly restart of loan payments. The pause in payments also has cost taxpayers an estimated \$5 billion per month. More than once the Department announced it was extending the repayment pause for a final time, only to extend it again. The Committee notes that the Administration said the payment pauses were for providing financial relief to borrowers, in light of the COVID pandemic. However, economists at the University of Chicago recently published a study, "Debt Moratoria: Evidence from Student Loan Forbearance," that found that though borrowers had more liquidity during the pause, they did not use it to pay down other debt but instead took on more credit card, mortgage, and auto debt. In support of the return to repayment, the Committee includes new legislative language prohibiting funding from being used for the Department's loan cancellation plan, further extensions of the repayment pause, or a similar action. Additionally, the Committee is concerned by the Department's intent to pursue a repayment pause by another means, by removing some of the consequences of nonpayment for an entire year, even though the return to repayment will have begun. Therefore, the Committee includes legislative language prohibiting funding for such actions.

Similarly, the Committee is concerned by the Department's final rule on income-driven repayment (IDR), issued in June 2023. The proposed rule would make IDR more generous, including by cutting undergraduate loan payments in half, by reducing from 10 percent to 5 percent the amount of income a borrower must pay. Taxpayers expect that Federal student loans will be paid back, but the Department's proposal would further erode this principle and risk turning Federal student loans largely into untargeted grants for many borrowers. CBO estimated that the Department's IDR pro-

posed rule would cost taxpayers \$276 billion over the 2023–2033 period, assuming the Supreme Court invalidated the Department’s debt cancellation plan, which has now occurred. The recommendation for Student Aid Administration reflects the Committee’s strong concerns with the Department’s pervasive executive overreach in relation to the Federal student loan portfolio. The Committee includes new legislative language to prohibit funding from being used to implement the Department’s IDR rulemaking.

Gainful Employment.—The Committee notes the importance of accountability in higher education, to safeguard taxpayer dollars and to ensure students receive a return on their investment in postsecondary education. However, the Department has bypassed Congress on this matter and instead proposed sweeping regulatory changes on gainful employment and other accountability issues in its May 2023 proposed rule, “Financial Value Transparency and Gainful Employment (GE), Financial Responsibility, Administrative Capability, Certification Procedures, Ability to Benefit (AB).” The proposed GE framework pertains to programs at proprietary institutions of higher education and non-degree programs at public and nonprofit institutions. The Committee emphasizes concerns that have been raised regarding the Department’s proposal, including that it would use flawed metrics to assess the quality of programs that institutions offer. Institutions that do not meet the Department’s proposed GE test could become ineligible to receive Federal student financial aid. Among the other issues raised are that the proposal would impose unreasonable administrative burdens on institutions, which could result in higher costs and therefore undermine the goal of lowering the costs of postsecondary education for students. Additionally, concerns have been raised that other parts of the Department’s proposal would be detrimental to online learning programs, reducing access and opportunities for students who value the flexibilities of this form of learning.

Public Service Loan Forgiveness.—Within 90 days of enactment of this Act, the Committee directs the Department to provide a written report detailing its efforts to implement recent changes that allow California and Texas physicians to utilize the Public Service Loan Forgiveness program. The report should include the guidance provided to eligible California and Texas physician applicants and a detailed summary of the number of submitted and approved physician applicants that have utilized the program in 2023.

Quarterly Briefings.—The Department is directed to provide quarterly briefings to the Committees on general progress related to Federal student loan servicing contracts and the transition to the Unified Servicing and Data Solution.

Reallocation 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 Committees in advance of any such changes.

Resource Mismanagement.—The Committee is troubled that the Department diverted taxpayer resources for its partisan, costly student loan policies, when it needed to be preparing for an orderly resumption of Federal student loan payments. Instead, it pursued

policies Congress never explicitly authorized: its irresponsible loan cancellation scheme and a new IDR plan that exempts more of borrowers' income from the repayment calculation and ensures fewer loans will be paid back in full. The Department also imposed changes to Federal student loans such as waivers related to Public Service Loan Forgiveness (PSLF) and IDR that increase loan cancellation. These unilateral actions have left less money for loan servicing activities, just as servicers and the Department needed to be preparing for payments to restart. In April 2023, the USA Today article, "When student loan repayment starts, servicers predict long wait times, advise early action," reported that the Department changed its contracts with loan servicers, cutting its payment rates. Forced to accept less money, loan servicers were forced to adjust, including reducing customer service center hours. The Committee requests the Department provide in the fiscal year 2025 congressional justification the costs associated with developing and implementing the following programs, as well as the number of full and part-time employees working on these programs: one-time student loan forgiveness announced August 24, 2022, the IDR rule published in the Federal Register on July 10, 2023, the "Fresh Start" initiative, the IDR one-time adjustment waiver, and the Limited PSLF waiver.

Spend Plans.—Not later than 60 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 2024 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 2024). The Department is expected to conduct briefings with appropriate subject matter experts made available to answer questions on these topics.

HIGHER EDUCATION

Appropriation, fiscal year 2023	\$3,526,037,000
Budget request, fiscal year 2024	3,986,621,000
Committee Recommendation	2,767,239,000
Change from enacted level	- 758,798,000
Change from budget request	- 1,219,382,000

Aid for Institutional Development

Strengthening Institutions

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 \$122,070,000 for Strengthening Institutions program, the same as the fiscal year 2023 enacted level. For any new award competition, 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.), and the Appalachian Regional Commission (40 U.S.C. 14101 et seq.).

Developing Hispanic-Serving Institutions

The Committee provides \$227,751,000 for the Developing Hispanic-Serving Institutions (HSI) program, the same as the fiscal year 2023 enacted level.

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.

Promoting Postbaccalaureate Opportunities for Hispanic Americans

The Committee provides \$27,314,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, the same as the fiscal year 2023 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 \$405,986,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is \$10,000,000 more than the fiscal year 2023 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 programs offered by Historically Black Committee Colleges and is supportive of advancing educational opportunities for students attending these schools. The Committee includes additional language and additional funding for HBCUs and dedicates this increased funding for eligible Historically Black Community Colleges.

Strengthening Historically Black Graduate Institutions

The Committee provides \$100,782,000 for the Strengthening Historically Black Graduate Institutions program, which is the same as the fiscal year 2023 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 \$22,300,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is the same as the fiscal year 2023 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 \$18,589,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program, which is the same as the fiscal year 2023 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 \$24,433,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is the same as the fiscal year 2023 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 \$11,405,000 for the Native American Serving Non-Tribal Institutions program, which is the same as the fiscal year 2023 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 \$51,549,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is the same as the fiscal year 2023 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 \$19,937,000 for the Strengthening HBCU Masters Programs, which is the same as the fiscal year 2023 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**Domestic Programs*

The Committee provides \$35,000,000 for the Domestic Programs of the International Education and Foreign Languages Studies program, which is \$40,353,000 less than the fiscal year 2023 enacted level. 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.

Overseas Programs

The Committee does not provide funding for the Overseas Programs. The Committee prioritizes funding for Domestic Programs, in support of the instruction of languages critical to national security and other activities to advance U.S. economic interests and the country's global competitiveness.

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 2023 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 2023 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 \$11,953,000 for the Tribally Controlled Postsecondary Career and Technical Institutions program, which is the same as the fiscal year 2023 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 2023 enacted level. The TRIO programs provide a variety of outreach and support services to encourage low-income, first-generation college students and individ-

uals 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 2023 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 the skills, encouragement, and scholarships to pursue successfully postsecondary education.

The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems. 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 (GAANN) program. This program funds fellowships for students with high financial need and who are studying in areas of national need. The Committee recognizes that the kinds of fellowships provided through GAANN could be appropriately supported through other Federal programs such as those providing institutional aid, as well as non-Federal sources of postsecondary aid.

Teacher Quality Partnership Grants

The Committee does not provide funding for the Teacher Quality Partnerships program. The Committee recognizes that States and local communities know their specific needs regarding teacher development and can be most responsive to changing needs in their schools. As such, they would be an appropriate source of funding for the kinds of teacher preparation and professional development activities funded by this program.

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 programs such as 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 \$79,000,000 for the Fund for the Improvement of Postsecondary Education, which is \$105,000,000 less than the fiscal year 2023 enacted level and \$646,000,000 below the fiscal year 2024 budget request.

Budget Activity	FY 2024 Committee
Basic Needs Grants	\$5,000,000
Centers of Excellence for Veteran Student Success Program	9,000,000
HSI and LEA Partnerships	2,500,000
Increasing Hispanic PhDs Pilot	2,500,000
Postsecondary Student Success Grants	15,000,000
Rural Postsecondary and Economic Development Grant Program	45,000,000

Basic Needs Grants.—The Committee includes \$5,000,000, which is \$5,000,000 below the fiscal year 2023 enacted level, for competitive grants to institutions of higher education or consortia or systems of such institutions, for programs addressing students’ basic needs, such as housing, food, and transportation.

Centers of Excellence for Veteran Student Success Program.—The Committee includes \$9,000,000, which is the same as the fiscal year 2023 enacted level, to support existing and new grantees for the Centers of Excellence for Veterans Student Success Program, as authorized by section 873 of the HEA.

Hispanic-Serving Institutions and Local Educational Agencies Partnerships.—In addition, the Committee recommendation 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 Ph.D. 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 the 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.

Additionally, the Committee requests that the Department include in the fiscal year 2025 congressional justification information on methods, programs, and policies that have shown success in encouraging Hispanic and Latino students to apply for and succeed in postsecondary education.

Innovative Solutions.—The Committee is supportive of the Department of Education exploring innovative ways to help low-income students pay for college, such as matched savings programs for Pell-eligible students.

Postsecondary Student Success Grants.—The Committee provides \$15,000,000, which is \$30,000,000 below the fiscal year 2023 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 non-profit organization, or any of the preceding entities in partnership with a non-profit or business. The Committee continues to direct the Secretary to carry out this program in the same manner specified in the explanatory statement accompanying the Consolidated Appropriations Act, 2023.

Rural Postsecondary and Economic Development (RPED) Grants.—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 has provided \$45,000,000, which is the same as the fiscal year 2023 enacted level, for competitive grants to support innovation and development of strategies to support rural students in accessing post-secondary education opportunities and identifying opportunities for employment in their home communities, as well as the development and implementation of evidence-based strategies to increase rural students' rates of postsecondary education completion. Further, 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 non-profit 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 but includes resources for other programs providing aid for strengthening institutions of higher education.

HOWARD UNIVERSITY

Appropriation, fiscal year 2023	\$354,018,000
Budget request, fiscal year 2024	347,018,000
Committee Recommendation	301,693,000
Change from enacted level	-52,325,000
Change from budget request	-45,325,000

The Committee provides \$301,693,000 for Howard University, which is \$52,325,000 less than the fiscal year 2023 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.

Howard University Hospital.—Within the funds provided for Howard University, the Committee recommends \$75,00,000 for Howard University Hospital, of which \$47,675,000 is for construction of a new Howard University Hospital. Other funds are for ongoing support of hospital operations. The Committee also includes new language in section 310 providing legislative authority for the Secretary to transfer up to \$45,325,000 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 final year of funding provides \$93,000,000 for completing the project and fulfilling the University’s request. It is in addition to the \$7,000,000 provided for hospital construction in fiscal year 2021 and \$100,000,000 provided in each of fiscal years 2022 and 2023.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2023	\$298,000
Budget request, fiscal year 2024	321,000
Committee Recommendation	321,000
Change from enacted level	+23,000
Change from budget request	- - -

Previously, these programs helped to ensure that postsecondary institutions were able to make necessary capital improvements to maintain and increase their ability to provide a high-quality education. Since 1994, no new loans have been made, and the Department’s role has been to manage the outstanding loans.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriation, fiscal year 2023	\$20,678,000
Budget request, fiscal year 2024	20,750,000
Committee Recommendation	20,678,000
Change from enacted level	- - -
Change from budget request	-72,000

The Committee provides \$20,678,000 for the HBCU Capital Financing program, which is the same as the fiscal year 2023 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.

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2023	\$807,605,000
Budget request, fiscal year 2024	870,868,000
Committee Recommendation	707,372,000
Change from enacted level	- 100,233,000
Change from budget request	- 163,496,000

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 2023 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 \$121,500,000 for the activities of the National Center for Education Statistics (NCES), which is the same as the fiscal year 2023 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.

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 2023 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 knowl-

edge, 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 2023 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 Data Systems

The Committee does not provide funding for this competitive grant program. These grants are awarded to States to design and maintain longitudinal data systems. The Committee believes that State and local funds should cover these activities.

Assessment

The Committee provides \$185,000,000 for Assessment, which is the same as the fiscal year 2023 enacted level. This amount includes \$7,799,000 for the National Assessment Governing Board (NAGB), the same as the fiscal year 2023 enacted level. 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.

The Committee urges NCES and the National Assessment Governing Board to take all necessary and appropriate steps to accelerate the administration of the NAEP exam in all three grades, including the civics and government NAEP, to a sufficient sample size of students to permit disaggregation of results by State. Further, the National Center for Education Statistics and the National Assessment Governing Board are directed to provide an update on the plans for the civics and government NAEP to the Committees no later than 90 days after enactment of this Act.

Program Administration

The Committee provides \$70,500,000 for Program Administration, which is \$3,000,000 less than the fiscal year 2023 enacted level.

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

Unique Needs of Military-Connected Youth in Mentorship Programs.—The Committee recognizes the unique circumstances of

highly mobile students, including youth growing up in military-connected families. The Committee supports IES' promotion of mentorship programming tailored to military families' needs.

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2023	\$ 634,407,000
Budget request, fiscal year 2024	792,706,000
Committee Recommendation	515,000,000
Change from enacted level	- 119,407,000
Change from budget request	- 277,706,000

PROGRAM ADMINISTRATION

The Committee recommends \$350,000,000 for Program Administration, which is \$76,907,000 less than the fiscal year 2023 enacted level. 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.

Budget Submission.—As part of the fiscal year 2025 President's Budget Request, the Department is directed to provide the Committee in electronic format a table that corresponds with every program line found in the back of these explanatory materials. Such a table shall include a column for the most recently enacted appropriation, the current year, and the budget year, assuming current law.

Community Engagement.—The Committee encourages the Department to engage with communities as appropriate on matters related to historical land purchases.

Congressional Budget Justification and Budget Summary.—The Committee expects full delivery of all congressional budget justification and budget summary documents no later than the day of the President's Budget Appendix publication online. The agency is directed to notify the Committee 24 hours in advance of any anticipated delay.

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.

Customer Experience.—The Committee continues to support efforts to improve agency customer experience. The Committee directs 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 2025 congressional justification.

Cybersecurity Risks from Commercial Information Technology.—The Committee notes the Department of Defense in consultation with other Federal agencies will conduct an assessment of risks posed using commercially available information technology, particularly relating to computer and printers from countries of concern. The Committee looks forward to receiving this analysis and supports efforts to ensure any recommendations are disseminated to all relevant Federal agencies for implementation.

Foreign Gifts Reporting and Confucius Institutes.—Under section 117 of the Higher Education Act, institutions of higher education receiving Federal financial assistance are required to disclose gifts from, or contracts with, foreign sources if the value is \$250,000 or more. They must also disclose ownership or control by a foreign source. Such disclosures increase transparency and are in support of national security and academic integrity. The Department makes such information publicly available on its website. The Committee notes the Department provides on its website a repository of guidance and other resources related to section 117 reporting. The Committee strongly urges the Department to work with IHEs to ensure they are fully complying with this statutory requirement and requests an update in the fiscal year 2025 congressional justification on these efforts.

Implementation of ESEA Provisions Regarding English Learners.—In the fiscal year 2025 congressional justification, the Committee directs the Department to detail how it supports SEAs and LEAs in leveraging ESEA funds that support English Learners (EL). Consistent with requirements under section 1111(h)(2) of ESEA, the Committee encourages the Department to examine the merits of data disaggregation efforts by language background in order to identify certain EL subgroups that may not be getting the support they need. Within 90 days of the enactment of this Act, the Department is directed to brief the Committees on the overall state of SEA and LEA EL data collection at the Department and any barriers that persist in collecting systematized EL subgroup data.

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

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 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 permitting Congressional review before additional notifications for use of the NEF.

Office of Communications and Outreach.—Due to inappropriate Federal resources used to publicize inaccurate statements regarding active legislation before Congress, no funds are provided for this activity.

Online Safety Practices.—The Committee continues to recognize the increased need to provide students with the tools and skills necessary to participate safely and responsibly in the digital world. To ensure the digital safety and well-being of K–12 students, the Department may raise awareness of digital safety and education and identify opportunities to improve and expand digital responsible practices in K–12 schools.

Performance Reporting.—As part of the congressional justification for fiscal year 2025, the agency 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 agency shall include in such justification the total amount spent in fiscal year 2023 on performance awards for the Senior Executive Service.

Program Administration.—The fiscal year 2023 accompanying explanatory statement raised concerns regarding the Department's prioritization of staff resources following an increase in funding for Program Administration. The statement 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. In fiscal year 2023, the Department was directed not to expand its non-career staff on board above the December 2022 levels. It is therefore concerning that as of May 2023, the Department's level of non-career staff funded by Program Administration exceeds the December 2022 level. The Committee again emphasizes its intent for that directive. The Committee includes new legislative language limiting the level of non-career staff to December 2021 levels and expects the Department's compliance as it continues to attend to the Committee's direction on this matter.

Questions for the Record.—The Committee notes the inclusion of section 527 in this Act requiring answers to questions submitted for the record within 45 business days after receipt. The Committee directs the agency to provide notification at least 7 days in advance if the agency does not anticipate meeting this statutory requirement.

Reports to Congress.—The Department is directed to provide 5 business days' notice to the Committees before release of any congressionally directed report.

Staffing Report.—Consistent with the fiscal year 2023 statement, not later than 30 days after enactment, the Department is directed to provide the Committees an operating plan identifying the total 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 in this Act. In

addition, the Department shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded 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 in 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.

Status of Congressional Reports.—The Department is directed to provide the Committees, within 30 days from the date of enactment of this Act and quarterly thereafter, a summary document describing each requested report to the Committees along with its status. The status of reports submission should include all outstanding reports from any prior fiscal year.

Supporting Mental Health Resources for Educational Staff.—The Committee encourages the Department to support efforts that promote the mental health and wellbeing for educational staff, including teachers, school counselors, school psychologists, school social workers, and school resource officers.

Vocational Institutions.—The Committee acknowledges the significant role postsecondary vocational institutions play in preparing millions of Americans for careers in essential industries, including those in the healthcare, advanced manufacturing, and infrastructure sectors. In response to the evolving challenges facing our nation’s economy and workforce, the Committee encourages the Secretary to ensure that the administration of all applicable discretionary grant programs reflect the importance of investing in post-secondary vocational institutions and their students.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2023	\$140,000,000
Budget request, fiscal year 2024	177,600,000
Committee Recommendation	105,000,000
Change from enacted level	– 35,000,000
Change from budget request	– 72,600,000

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 is deeply concerned about reports that the Department has failed to hold teachers accountable for reports of sexual abuse, especially amid a significant increase in the number of incidences of abuse in K–12 schools reported to the Department. Moreover, allegations of an outsized role played by teacher unions in exacerbating the under reporting of such incidences are of concern. This instance serves as another example of the Administration’s failures and missteps in Title IX enforcement in K–12 schools, to the detriment of students. The Committee directs the Department to include in the fiscal year 2025 congressional justification an assessment of the barriers for more frequent reporting

of the Civil Rights Data Collection. Such data is critical in providing the transparency necessary to ensure the safety of children in public schools. The Committee also requests a report on the status of sexual abuse reporting in public schools no later than 90 days after enactment of this Act.

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 antisemitism under Title VI of the Civil Rights Act of 1964.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2023	\$67,500,000
Budget request, fiscal year 2024	87,497,000
Committee Recommendation	60,000,000
Change from enacted level	- 7,500,000
Change from budget request	- 27,497,000

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 continues a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2024 through September 30, 2025.

Sec. 304. The Committee continues a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 305. The Committee continues a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 306. The Committee continues a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Sec. 307. The Committee continues a provision allowing administrative funds to cover outstanding Perkins loans servicing costs.

Sec. 308. The Committee continues 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 regarding the nonrecurring expenses fund.

Sec. 311. The Committee includes a new provision regarding Title IX.

Sec. 312. The Committee includes a new provision regarding protection for religious student groups at institutions of higher education.

(RESCISSION)

Sec. 313. The Committee includes a new provision rescinding prior year balances for the Education for the Disadvantaged program.

(RESCISSION)

Sec. 314. The Committee includes a new provision rescinding prior year balances for School Improvement programs.

Sec. 315. The Committee includes a new provision prohibiting further delays of student loan repayment.

Sec. 316. The Committee includes a new provision prohibiting certain Federal student loan cancellation, a proposed rule related to income-driven repayment, and a final rule related to borrower defense to repayment.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$13,124,000
Budget request, fiscal year 2024	15,400,000
Committee Recommendation	13,124,000
Change from enacted level	— — —
Change from budget request	- 2,276,000

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 2023 enacted level and \$450,000 below the fiscal year 2024 budget request.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

Appropriation, fiscal year 2023	\$1,312,806,000
Budget request, fiscal year 2024	1,478,624,000
Committee Recommendation	660,942,000
Change from enacted level	- 651,864,000
Change from budget request	- 817,682,000

The Corporation for National and Community Service (CNCS) funds programs that foster civic engagement through service and volunteering.

The Committee is concerned that several audits have found the agency does not conduct proper oversight of its grants:

- Grants Management: Corporation for National and Community Service’s Grant Monitoring Process Could Be Improved (GAO–17–528T)
- Information Technology Modernization: Corporation for National and Community Service Needs to Develop a System That Supports Grant Monitoring (GAO–17–267)
- Grants Management: Monitoring Efforts by Corporation for National and Community Service Could Be Improved (GAO–17–90)
- Measuring Performance: The Corporation for National and Community Service Faces Challenges Demonstrating Outcomes (GAO–12–310)

Due to the lack of oversight for Federal funding, the Committee does not provide full funding for several programs.

National Senior Volunteer Corps

Senior Corps is a collection of programs that connect individuals older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations.

The funding breakout by program is as follows:

Budget Activity	FY 2024 Committee
National Senior Volunteer Corps:	
Foster Grandparents Program	\$75,363,000
Senior Companion Program	31,449,000
Retired Senior Volunteer Program	55,105,000

AmeriCorps State and National Grants

The Committee provides \$425,282,000 for AmeriCorps State and National Grants, which is \$131,812,000 less than the fiscal year 2023 enacted level.

Innovation, Assistance, and Other Activities

The Committee provides \$6,148,000 for Innovation, Assistance, and Other Activities, which is \$8,558,000 below the fiscal year 2023 enacted level.

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 2023	\$230,000,000
Budget request, fiscal year 2024	213,000,000
Committee Recommendation	- - -
Change from enacted level	- 230,000,000
Change from budget request	- 213,000,000

The National Service Trust makes payments for Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of the Corporation for National and Community Service.

The Committee rescinds \$243,000,000 from the National Service Trust.

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$99,686,000
Budget request, fiscal year 2024	118,434,000
Committee Recommendation	60,000,000
Change from enacted level	- 39,686,000
Change from budget request	- 58,434,000

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2023	\$7,595,000
Budget request, fiscal year 2024	8,572,000
Committee Recommendation	7,595,000
Change from enacted level	- - -
Change from budget request	- 977,000

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee continues 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 includes a new provision rescinding unobligated balances.

CORPORATION FOR PUBLIC BROADCASTING

Appropriation, fiscal year 2024	\$525,000,000
Budget request, fiscal year 2026	635,000,000
Change from enacted level	- 595,000,000
Change from budget request	- 635,000,000

The Committee continues \$525,000,000 in funding for the Corporation for Public Broadcasting (CPB) for fiscal year 2024. The Committee does not believe CPB should receive a two-year advance

appropriation and does not provide the fiscal year 2026 advance of \$575,000,000.

The Committee does not provide funding for the interconnection system, which is \$60,000,000 below the fiscal year 2023 enacted level and the fiscal year 2024 budget request.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$53,705,000
Budget request, fiscal year 2024	55,815,000
Committee Recommendation	53,705,000
Change from enacted level	---
Change from budget request	-2,110,000

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 2023	\$18,012,000
Budget request, fiscal year 2024	18,657,000
Committee Recommendation	18,012,000
Change from enacted level	---
Change from budget request	-645,000

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 2023	\$294,800,000
Budget request, fiscal year 2024	294,800,000
Committee Recommendation	294,800,000
Change from enacted level	---
Change from budget request	---

Within the total for the Institute of Museum and Library Services (IMLS), the Committee provides the following amounts:

Budget Activity	FY 2024 Committee
Library Services Technology Act:	
Grants to States	\$180,000,000
Native American Library Services	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
Native American/Hawaiian Museum Service	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
National Museum of the American Latino Act:	
Museum Grants for American Latino History and Culture	6,000,000

Budget Activity	FY 2024 Committee
Museum and Library Services Act General Provisions:	
Research, Analysis and Data Collection	5,650,000
Program Administration	22,650,000

Library Services Technology Act (LSTA)

The Grants to State Library Agencies program provides funds to State Library Administrative Agencies using a population-based formula.

Online Education Programs.—Bringing quality, online career high school education to adults is essential for entering the skilled workforce and/or matriculating into the community college system. Local libraries play a vital, central role in providing adult online high school education to patrons in their local communities. The Committee encourages IMLS to prioritize State grants to local libraries to further develop ways for libraries to utilize adult online career high school education programs.

Renovation and Construction.—The committee notes that there is a statutory prohibition on LSTA funds being used for renovation and construction. Currently, less than 1 percent of public libraries’ capital funding nationally is from Federal sources, with 71 percent of capital revenue coming from local governments, 8 percent from State governments, and 20 percent from private funding. Given this reliance on local revenue sources, locating funding for capital needs in libraries in rural and underserved communities can be particularly difficult. The Committee notes that LSTA grant funds can help libraries reopen after natural disasters, develop strategic plans, and space need assessments, and install internet hot spots on the roof. The Committee strongly supports such activities.

Museum Services Act

National Museum of the American Latino Act

The Committee is concerned about a misrepresentation of the Hispanic and Latino cultures, not only in the Smithsonian Institution’s National Museum of the American Latino, but in smaller Latino museums across the country. The Committee notes that Hispanic and Latino cultures have contributed immensely, and for successive generations, to American society through business, government, military and public service, music, culture, and the arts. However, current exhibits and educational programming may reflect little of the wide-ranging accomplishments of the Latino community. The Committee seeks to ensure that Latinos are not portrayed as an oppressed monolith united largely by their victim hood, which would neglect the nuanced and varied experiences, including remarkable successes, of the American Latino. The Committee is also concerned by the lightness with which serious topics have been portrayed in at least one museum, such as scented exhibits meant to simulate raft rides of those risking their lives to flee tyranny, a romanticization of socialism, and a failure to adequately document or portray the reality of totalitarianism. For these reasons, the Committee directs IMLS to submit a report to the Committees no later than 90 days after enactment of this Act

detailing the activities of all current grantees under this account. The report should address what specific actions grantees are taking to accurately present the varied histories, contributions, and authentic experiences of the wide range of those who constitute the American Latino community in the United States.

Program Administration

These funds provide administrative and management support for all programs administered by IMLS. The Committee also includes \$5,650,000, the same as the fiscal year 2023 enacted level, for IMLS' activities in policy, research, and data collection, including functions formerly conducted by the National Commission on Libraries and Information Science.

Holocaust Education and Survivor Stories.—The Committee is aware that the number of Holocaust survivors in the U.S. is diminishing due to the advanced age of the survivors. The Committee continues to commend the work that museums, libraries, and archives are doing to preserve their memories and to educate the public of the Holocaust. The Committee encourages IMLS to support the work organizations are doing across the country to preserve and present the living memories of Holocaust survivors in an interactive format, which can help educate future generations about the atrocities of the Holocaust.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$13,824,000
Budget request, fiscal year 2024	13,824,000
Committee Recommendation	13,824,000
Change from enacted level	---
Change from budget request	---

The Medicare Payment Advisory Commission (MedPAC) is an independent agency tasked with advising the Congress on issues affecting the Medicare program. In addition to advising on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program, MedPAC is also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

The Committee notes the early, promising signs that Glucagon-like peptide-1 agonists may decrease the prevalence and severity of obesity and related morbidities. The Committee supports efforts to determine any possible medium- and long-term cost savings for Federal health programs that may be associated with these drugs.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$9,405,000
Budget request, fiscal year 2024	10,053,000
Committee Recommendation	9,405,000
Change from enacted level	---
Change from budget request	- 648,000

The Medicaid and CHIP Payment and Access Commission (MACPAC) is an independent agency tasked with advising the Con-

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gress 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 and unprecedented moment in its history, as States continue to conduct eligibility redeterminations after years of pandemic-era policies that prohibited the ability to manage the program’s integrity. 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 cost estimates for the State’s respective match from proposed policies, in an effort for Congress to better understand the implications of potential recommendations on States.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$3,850,000
Budget request, fiscal year 2024	3,850,000
Committee Recommendation	3,850,000
Change from enacted level	---
Change from budget request	---

The National Council Disability (NCD) is an independent Federal agency charged with advising the President, Congress, and other Federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chair, and a full-time professional staff.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$299,224,000
Budget request, fiscal year 2024	376,163,000
Committee Recommendation	200,000,000
Change from enacted level	- 99,224,000
Change from budget request	- 176,163,000

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 ac-

tions 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 United States Court for the D.C. Circuit of Appeals 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 2024 congressional justification. The Committee further directs the NLRB to include information detailing the number of full-time equivalent staff assigned to such regional offices.

ADMINISTRATIVE PROVISIONS

Sec. 408. The Committee continues language restricting the use of electronic voting.

Sec. 409. The Committee includes a new provision related to joint employer.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2023	\$15,113,000
Budget request, fiscal year 2024	15,601,000
Committee Recommendation	15,113,000
Change from enacted level	— —
Change from budget request	– 488,000

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 2023	\$15,449,000
Budget request, fiscal year 2024	16,179,000
Committee Recommendation	15,449,000
Change from enacted level	— —
Change from budget request	– 730,000

The Occupational Safety and Health Review Commission provides administrative trial and appellate review related to contests

of citations or penalties resulting from OSHA inspections of American workplaces.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2023	\$9,000,000
Budget request, fiscal year 2024	8,000,000
Committee Recommendation	8,000,000
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 employers. Such a deficiency is troubling, and therefore the RRB is directed to brief the Committees 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 2023	\$150,000
Budget request, fiscal year 2024	150,000
Committee Recommendation	150,000
Change from enacted level	---
Change from budget request	---

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2023	\$128,000,000
Budget request, fiscal year 2024	138,575,000
Committee Recommendation	103,000,000
Change from enacted level	-25,000,000
Change from budget request	-35,575,000

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2023	\$14,000,000
Budget request, fiscal year 2024	14,600,000
Committee Recommendation	14,000,000
Change from enacted level	---
Change from budget request	-600,000

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2023	\$11,000,000
Budget request, fiscal year 2024	10,000,000
Committee Recommendation	10,000,000
Change from enacted level	-1,000,000
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 2023	\$48,609,338,000
Budget request, fiscal year 2024	45,717,853,000
Committee Recommendation	45,455,426,000
Change from enacted level	-3,153,912,000
Change from budget request	-262,427,000

The Committee provides \$21,700,000,000 in advance funding for the first quarter of fiscal year 2025, as requested.

Research and Demonstration

Section 1110 of the Social Security Act provides authority to the Social Security Administration (SSA) for conducting research and demonstration projects related to SSA's programs.

Within the appropriation for Supplemental Security Income (SSI), the Committee provides \$91,000,000 for research and demonstration activities, which is \$5,000,00 more than fiscal year 2023 enacted level and the same as the fiscal year 2024 budget request.

The Committee directs SSA to provide to the committees of jurisdiction within 180 days of enactment of this Act a report on the outlays (fiscal years 2012-2023) associated with SSA's Occupational Information System (OIS) Project, including the agency's justification for replacing the Dictionary of Occupational Titles with the OIS, the status of the development of the Vocational Information Tool, and a detailed timeline of the agency's plans to

operationalize OIS. Additionally, the Committee directs SSA to make such information publicly available on its website.

Administration

Within the appropriation for SSI, the Committee provides \$4,699,426,000, which is \$74,912,000 less than the fiscal year 2023 enacted level and \$262,427,000 below the fiscal year 2024 budget request. This funding is for payment to the Social Security trust funds for SSI's share of the administrative expenses of SSA.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriation, fiscal year 2023	\$12,201,978,000
Budget request, fiscal year 2024	13,468,200,000
Committee Recommendation	11,951,978,000
Change from enacted level	- 250,000,000
Change from budget request	- 1,516,222,000

The Limitation on Administrative Expenses (LAE) funds the administrative and operational costs for administering the Old Age and Survivors Insurance, Disability Insurance, and Supplemental Security Income programs, and associated costs for support to the Centers for Medicare and Medicaid Services in administering their programs.

Within the total for LAE, the Committee provides not less than \$4,000,000,000 for field offices and not less than \$1,500,000,000 for Information Technology (IT). These amounts represent the anticipated spending levels for field offices and IT respectively in fiscal year 2023. The Committee strongly supports the needs of seniors and the front-line service provided by local field offices, and funding for field offices is prioritized over the administrative Federal offices. In addition, SSA should prioritize improvements in information technology to ensure the safety and reliability of its data and systems.

Administrative Law Judge Allowance Rates.—The Committee believes it is vital that Administrative Law Judges (ALJs) maintain public confidence in the fairness of the process through which Social Security benefit applications are determined. The Committee expects that the agency's reviews of the ALJ adherence to agency policies and procedures will uphold these essential conditions. The Committee directs SSA to submit a report to the Committees within 90 days of enactment of this Act detailing SSA's plans to monitor ALJs with low allowance rates.

Cybersecurity Risks from Commercial Information Technology.—The Committee notes the Department of Defense in consultation with other Federal agencies will conduct an assessment of risks posed using commercially available information technology, particularly relating to computer and printers from countries of concern. The Committee looks forward to receiving this analysis and supports efforts to ensure any recommendations are disseminated to all relevant Federal agencies for implementation.

Disability Backlogs.—The Committee directs SSA to continue 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.

Electronic Consent Based Social Security Number Verification (eCBSV) Service.—The Committee encourages SSA to restructure eCBSV user fees in a manner that does not discourage permitted entities from utilizing the system and in a manner that does not seek to recover costs before such time as required by law.

Hiring and Retention.—The Committee directs SSA submit to the Committee within 90 days of enactment of this Act a report on hiring, training, and retention over the past decade by job description that includes the cost per hire, the breakeven point of how long a new hire has to remain in their role to recoup the SSA's investment in recruitment and training, and the actual retention rates of new hires by fiscal year.

Information Technology (IT).—The Committee is concerned that 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 SSA began modernizing its IT Service Management tools in fiscal year 2021 and expects SSA to continue working on IT solutions to improve customer service, ensure high availability and service continuity, optimize operational efficiency, and maximize enterprise productivity. The Committee directs SSA to publish online within 180 days of enactment of this Act a detailed report on how the agency has allocated IT funding over the past 10 years and the agency's plans to modernize its various IT systems.

Outreach.—The Committee directs SSA to provide to the committees of jurisdiction within 120 days of enactment of this Act a report on the outlays (fiscal years 2020–2022 actual, 2023/24 projected) associated with SSA's outreach efforts to increase SSA's initial disability applications by 15 percent (25 percent in underserved communities), including how SSA is evaluating the efficacy of the outreach efforts, the outreach cost per additional application, the total administrative cost of the additional applications resulting from the outreach efforts, and the approval rate of applications filed as a result of the outreach efforts. Additionally, the Committee directs the agency to make such report publicly available on its website.

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 2025 congressional justification include a historical table of costs and fiscal year 2025 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.

Supplemental Security Income (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.

Telework.—The Committee is concerned that 99 percent of SSA’s 26,000 employees in the field offices are under maximum telework status, while average processing time for claims, hearings, and phone wait times, have not improved. In addition, SSA has received over \$2 billion in additional administrative funding from Congress over the last two years to address these issues. The Committee directs SSA to submit to the Committees within 90 days of enactment of this Act a report on the telework status of its entire workforce, detailing the performance metrics used to assess the performance of teleworking employees and their adherence to those metrics, such report shall be made available online on the agency’s website.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The recommendation includes \$23,000,000 for WIPA grants and \$10,000,000 for PABSS, the same as the fiscal year 2023 enacted level.

Continuing Disability Reviews, Redeterminations, and Program Integrity Activities

The Committee provides \$1,851,000,000 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 \$18,000,000 to the Office of the Inspector General 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 2023 enacted level.

User Fees

In addition to the other amounts provided, the Committee provides \$151,000,000 for administrative activities funded from user fees. Of this amount, \$150,000,000 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 2023	\$114,665,000
Budget request, fiscal year 2024	120,400,000
Committee Recommendation	114,665,000
Change from enacted level	---
Change from budget request	- 5,735,000

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 relating to SSA’s programs and operations. In addition, the OIG searches for and reports on systemic weaknesses in SSA pro-

grams and operations and makes recommendations for needed improvements and corrective actions.

The bill includes \$2,000,000 for information technology modernization, the same as the fiscal year 2023 enacted level.

Administrative Law Judges.—The Committee encourages the Office of the Inspector General to update its 2017 report on Administrative Law Judge (ALJ) allowance rates, “Administrative Law Judges from Our February 2012 Report Who Had the Highest and Lowest Allowance Rates” (A–12–17–50220). The report should identify which ALJs, ranked by geographical location, had the highest and lowest allowance rates. The Committee requests an update on this report in the fiscal year 2025 congressional justification.

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 related to performance partnership pilots.

Sec. 524. 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. 525. The Committee continues a provision related to grant notifications.

Sec. 526. The Committee continues a provision related to needle exchange.

Sec. 527. The Committee modifies a provision related to questions for the record.

Sec. 528. The Committee modifies a provision to make funds from the Child Enrollment Contingency Fund unavailable for obligation in fiscal year 2024.

Sec. 529. The Committee modifies a provision related to research and evaluation funding flexibility.

Sec. 530. The Committee includes a new provision related to Critical Race Theory.

Sec. 531. The Committee includes a new provision related to certain executive orders.

Sec. 532. The Committee includes a new provision related to research in certain countries.

Sec. 533. The Committee includes a new provision related to gain of function research.

Sec. 534. The Committee includes a new provision related to specific elective care services.

Sec. 535. The Committee includes a new provision related to diversity, equity, and inclusion.

Sec. 536. The Committee includes a new provision related to certain executive orders on reproductive services.

Sec. 537. The Committee includes a new provision prohibiting certain actions related to a sincerely held religious belief.

(RESCISSION)

Sec. 538. The Committee includes a new provision rescinding amounts provided to the Nonrecurring Expenses Fund.

(RESCISSION)

Sec. 539. The Committee includes a new provision rescinding amounts provided by the Inflation Reduction Act (PL 117–169).

Sec. 540. The Committee includes a new provision related to flags.

SPENDING REDUCTION ACCOUNT

Sec. 541. The Committee includes a Spending Reduction Account.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 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	187,987	---	-173,649	-187,987
Available from prior year appropriations.....	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year.....	885,649	899,987	712,000	-173,649	-187,987
Advance appropriation FY 2025.....	712,000	712,000	712,000	---	---
less prior year appropriations.....	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill.....	885,649	899,987	712,000	-173,649	-187,987
Youth Training.....	948,130	963,837	---	-948,130	-963,837
Dislocated Worker Assistance, current year appropriations.....	235,553	295,278	235,553	---	-59,725
Available from prior year appropriations.....	860,000	860,000	860,000	---	---
Subtotal, available this fiscal year.....	1,095,553	1,155,278	1,095,553	---	-59,725

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriation FY 2025.....	860.000	860.000	860.000	---	---
less prior year appropriations.....	-860.000	-860.000	-860.000	---	---
Subtotal, appropriated in this bill.....	1,095,553	1,155,278	1,095,553	---	-59,725
Subtotal, Grants to States.....	2,929,332	3,019,102	1,807,553	-1,121,779	-1,211,549
Current year appropriations.....	(1,357,332)	(1,447,102)	(235,553)	(-1,121,779)	(-1,211,549)
Advance appropriations.....	(1,572,000)	(1,572,000)	(1,572,000)	---	---
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations.....	125,859	164,386	160,859	+35,000	-3,527
Available from prior year appropriations.....	200,000	200,000	200,000	---	---
Subtotal, available this fiscal year.....	325,859	364,386	360,859	+35,000	-3,527
Advance appropriations FY 2025.....	200,000	200,000	200,000	---	---
less prior year appropriations.....	-200,000	-200,000	-200,000	---	---
Subtotal, appropriated in this bill.....	325,859	364,386	360,859	+35,000	-3,527
Subtotal, Dislocated Worker Assistance.....	1,421,412	1,519,664	1,456,412	+35,000	-63,252

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Indian and Native American programs.....	60,000	63,800	60,000	---	-3,800
Migrant and Seasonal Farmworker programs.....	97,396	97,396	97,396	---	---
YouthBuild activities.....	105,000	145,000	105,000	---	-40,000
Reintegration of Ex-Offenders.....	115,000	170,000	115,000	---	-55,000
Workforce Data Quality Initiative.....	6,000	11,000	6,000	---	-5,000
Apprenticeship programs.....	285,000	335,000	285,000	---	-50,000
Community Projects.....	217,324	---	---	-217,324	---
Climate Corps.....	---	15,000	---	---	-15,000
SECTOR.....	---	200,000	---	---	-200,000
Subtotal, National Programs.....	1,211,579	1,401,582	1,029,255	-182,324	-372,327
Current year appropriations.....	(1,011,579)	(1,201,582)	(829,255)	(-182,324)	(-372,327)
Advance appropriations.....	(200,000)	(200,000)	(200,000)	---	---
Total, Training and Employment Services.....	4,140,911	4,420,684	2,836,808	-1,304,103	-1,583,876
Current year appropriations.....	(2,368,911)	(2,648,684)	(1,064,808)	(-1,304,103)	(-1,583,876)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Job Corps					
Operations.....	1,603,325	1,603,133	---	-1,603,325	-1,603,133
Construction, Rehabilitation and Acquisition.....	123,000	183,000	---	-123,000	-183,000
Administration.....	33,830	49,334	---	-33,830	-49,334
Total, Job Corps.....	1,760,155	1,835,467	---	-1,760,155	-1,835,467

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Community Service Employment For Older Americans.....	405,000	405,000	---	-405,000	-405,000
Federal Unemployment Benefits and Allowances (indefinite).....	494,400	30,700	30,700	-463,700	---
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund)					
State Administration.....	2,750,635	2,947,318	2,750,635	---	-196,683
Reemployment Services and Eligibility Assessments (RESEA)--UI integrity.....	117,000	117,000	117,000	---	---
RESEA cap adjustment.....	258,000	433,000	265,000	+7,000	-168,000
UI Integrity Center of Excellence.....	9,000	9,000	9,000	---	---
Subtotal, Unemployment Compensation.....	3,134,635	3,506,318	3,141,635	+7,000	-364,683
Federal-State UI National Activities (trust fund).....	23,000	173,255	23,000	---	-150,255
Employment Service (ES):					
Grants to States:					
Federal Funds.....	21,413	21,413	21,413	---	---
Trust Funds.....	658,639	677,449	658,639	---	-18,810
Subtotal, Grants to States.....	680,052	698,862	680,052	---	-18,810

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
ES National Activities (trust fund).....	25,000	25,000	25,000	---	---
Subtotal, Employment Service.....	705,052	723,862	705,052	---	-18,810
Federal Funds.....	(21,413)	(21,413)	(21,413)	---	---
Trust Funds.....	(683,639)	(702,449)	(683,639)	---	(-18,810)
Foreign Labor Certifications:					
Federal Administration.....	60,528	75,044	50,000	-10,528	-25,044
Grants to States.....	23,282	28,282	23,282	---	-5,000
Subtotal, Foreign Labor Certification.....	83,810	103,326	73,282	-10,528	-30,044
One-Stop Career Centers/Labor Market Information.....	62,653	85,653	62,653	---	-23,000
Total, State Unemployment Insurance and Employment Service Operations.....	4,009,150	4,592,414	4,005,622	-3,528	-586,792
Federal Funds.....	(84,066)	(107,066)	(84,066)	---	(-23,000)
Trust Funds.....	(3,925,084)	(4,485,348)	(3,921,556)	(-3,528)	(-563,792)

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Program Administration					
Training and Employment.....	68,919	93,485	58,919	-10,000	-34,566
Trust Funds.....	9,253	10,430	9,253	---	-1,177
Job Corps (non-add).....	---	---	(5,000)	(+5,000)	(+5,000)
Employment Security.....	3,621	4,181	3,621	---	-560
Trust Funds.....	42,574	55,006	42,574	---	-12,432
Apprenticeship Services.....	38,913	50,397	38,913	---	-11,484
Executive Direction.....	7,447	9,281	7,447	---	-1,834
Trust Funds.....	2,188	2,686	2,188	---	-498

Total, Program Administration.....	172,915	225,466	162,915	-10,000	-62,551
Federal Funds.....	(118,900)	(157,344)	(108,900)	(-10,000)	(-48,444)
Trust Funds.....	(54,015)	(68,122)	(54,015)	---	(-14,107)
=====					
Total, Employment and Training Administration...	10,982,531	11,509,731	7,036,045	-3,946,486	-4,473,686
Federal Funds.....	7,003,432	6,956,261	3,060,474	-3,942,958	-3,895,787
Current year appropriations.....	(5,231,432)	(5,184,261)	(1,288,474)	(-3,942,958)	(-3,895,787)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Trust Funds.....	3,979,099	4,553,470	3,975,571	-3,528	-577,899
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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs Enacted	Bill vs. Request

EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance.....	---	202,596	---	---	-202,596
Policy and Compliance Assistance.....	---	37,045	---	---	-37,045
Executive Leadership, Program Oversight and Administration.....	---	9,318	---	---	-9,318
Employee benefits security programs.....	191,100	---	152,880	-38,220	+152,880
	=====	=====	=====	=====	=====
Total, Employee Benefits Security Administration.....	191,100	248,959	152,880	-38,220	-96,079
	=====	=====	=====	=====	=====
PENSION BENEFIT GUARANTY CORPORATION FUND					
Consolidated Administrative Activities.....	(493,314)	(512,900)	(512,900)	(+19,586)	---
WAGE AND HOUR DIVISION					
Salaries and Expenses.....	260,000	340,953	185,000	-75,000	-155,953
OFFICE OF LABOR-MANAGEMENT STANDARDS					
Salaries and Expenses.....	48,515	53,469	48,515	---	-4,954

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS					
Salaries and Expenses.....	110,976	151,462	83,232	-27,744	-68,230
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses.....	120,500	149,675	106,500	-14,000	-43,175
Trust Funds.....	2,205	2,271	2,205	---	-66
Total, Salaries and Expenses.....	122,705	151,946	108,705	-14,000	-43,241
Special Benefits					
Federal Employees' Compensation Benefits.....	248,000	698,000	698,000	+450,000	---
Longshore and Harbor Workers' Benefits.....	2,000	2,000	2,000	---	---
Total, Special Benefits.....	250,000	700,000	700,000	+450,000	---
Special Benefits for Disabled Coal Miners					
Benefit Payments.....	42,000	28,000	28,000	-14,000	---
Administration.....	5,031	5,140	5,140	+109	---
Subtotal, available this fiscal year.....	47,031	33,140	33,140	-13,891	---
Advance appropriations, FY 2025, 1st quarter.....	10,250	7,000	7,000	-3,250	---
Less prior year advance appropriations.....	-11,000	-10,250	-10,250	+750	---
Total, appropriated in this bill.....	46,281	29,890	29,890	-16,391	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses.....	64,564	66,532	66,532	+1,968	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances.....	313,586	366,906	366,906	+53,320	---
Workers' Compensation Programs, Salaries and Expenses.....	42,194	44,059	44,059	+1,865	---
Departmental Management, Salaries and Expenses.....	38,407	41,178	41,178	+2,771	---
Departmental Management, Inspector General.....	353	368	368	+15	---
Subtotal, Black Lung Disability Trust Fund.....	394,540	452,511	452,511	+57,971	---
Treasury Department Administrative Costs.....	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	394,896	452,867	452,867	+57,971	---
=====					
Total, Office of Workers' Compensation Programs..	878,446	1,401,235	1,357,994	+479,548	-43,241
Federal Funds.....	876,241	1,398,964	1,355,789	+479,548	-43,175
Current year appropriations.....	(865,991)	(1,391,964)	(1,348,789)	(+482,798)	(-43,175)
Advance appropriations.....	(10,250)	(7,000)	(7,000)	(-3,250)	---
Trust Funds.....	2,205	2,271	2,205	---	-66
=====					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
Salaries and Expenses					
Safety and Health Standards.....	21,000	31,214	15,750	-5,250	-15,464
Federal Enforcement.....	243,000	286,429	182,250	-60,750	-104,179
Whistleblower enforcement.....	22,500	29,158	18,500	-4,000	-10,658
State Programs.....	120,000	127,115	120,000	---	-7,115
Technical Support.....	26,000	30,623	26,000	---	-4,623
Compliance Assistance:					
Federal Assistance.....	78,262	101,073	78,262	---	-22,811
State Consultation Grants.....	63,160	64,160	63,160	---	-1,000
Training Grants.....	12,787	13,787	---	-12,787	-13,787
Subtotal, Compliance Assistance.....	154,209	179,020	141,422	-12,787	-37,598
Safety and Health Statistics.....	35,500	43,896	25,000	-10,500	-18,896
Executive Direction and Administration.....	10,100	11,213	8,000	-2,100	-3,213
	=====	=====	=====	=====	=====
Total, Occupational Safety and Health Administration.....	632,309	738,668	536,922	-95,387	-201,746
	=====	=====	=====	=====	=====

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Mine Safety and Health Enforcement.....	265,774	301,528	210,000	-55,774	-91,528
Standards Development.....	5,000	5,583	5,000	---	-583
Assessments.....	7,191	9,093	7,191	---	-1,902
Educational Policy and Development.....	39,820	43,642	39,820	---	-3,822
Technical Support.....	36,041	39,755	36,041	---	-3,714
Program Evaluation and Information Resources (PEIR)...	17,990	---	---	-17,990	---
Program Administration.....	16,000	---	---	-16,000	---
Program Administration, Evaluation, and Information Resources.....	---	38,493	27,000	+27,000	-11,493
	=====	=====	=====	=====	=====
Total, Mine Safety and Health Administration....	387,816	438,094	325,052	-62,764	-113,042
	=====	=====	=====	=====	=====
Total, Labor Enforcement Agencies.....	1,753,421	2,123,551	1,440,306	-313,115	-683,245
Federal Funds.....	(1,751,216)	(2,121,280)	(1,438,101)	(-313,115)	(-683,179)
Trust Funds.....	(2,205)	(2,271)	(2,205)	---	(-66)

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics.....	243,952	278,649	243,952	---	-34,697
Labor Market Information (trust fund).....	68,000	68,000	68,000	---	---
Prices and Cost of Living.....	246,000	264,782	246,000	---	-18,782
Compensation and Working Conditions.....	91,000	94,929	51,000	-40,000	-43,929
Productivity and Technology.....	12,000	13,184	12,000	---	-1,184
Executive Direction and Staff Services.....	37,000	38,826	37,000	---	-1,826
	=====	=====	=====	=====	=====
Total, Bureau of Labor Statistics.....	697,952	758,370	657,952	-40,000	-100,418
Federal Funds.....	629,952	690,370	589,952	-40,000	-100,418
Trust Funds.....	68,000	68,000	68,000	---	---
	=====	=====	=====	=====	=====
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses.....	43,000	60,549	43,000	---	-17,549

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction.....	32,658	48,778	27,494	-5,164	-21,284
Departmental Program Evaluation.....	8,281	11,540	6,211	-2,070	-5,329
Legal Services.....	130,754	190,553	98,066	-32,688	-92,487
Trust Funds.....	308	308	308	---	---
International Labor Affairs.....	116,125	130,525	---	-116,125	-130,525
Administration and Management.....	30,804	63,148	26,103	-4,701	-37,045
Adjudication.....	37,000	45,885	30,750	-6,250	-15,135
Women's Bureau.....	23,000	32,426	---	-23,000	-32,426
Civil Rights Activities.....	7,586	11,911	6,690	-896	-5,221
Chief Financial Officer.....	5,681	6,268	5,681	---	-587
GSA Technology Transformation.....	---	4,182	---	---	-4,182

Total Salaries and Expenses.....	392,197	545,524	201,303	-190,894	-344,221
Federal Funds.....	(391,889)	(545,216)	(200,995)	(-190,894)	(-344,221)
Trust Funds.....	(308)	(308)	(308)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
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Veterans' Employment and Training					
State Administration, Grants.....	185,000	185,000	185,000	---	---
Transition Assistance Program.....	34,379	34,379	34,379	---	---
Federal Administration.....	47,048	59,334	47,048	---	-12,286
National Veterans' Employment and Training Services Institute.....	3,414	3,414	3,414	---	---
Homeless Veterans' Programs.....	65,500	65,500	65,500	---	---
<hr/>					
Total, Veterans' Employment and Training.....	335,341	347,627	335,341	---	-12,286
Federal Funds.....	65,500	65,500	65,500	---	---
Trust Funds.....	(269,841)	(282,127)	(269,841)	---	(-12,286)
<hr/>					
IT Modernization					
Departmental support systems.....	6,889	51,689	6,889	---	-44,800
Infrastructure technology modernization.....	27,380	27,504	20,380	-7,000	-7,124
<hr/>					
Total, IT Modernization.....	34,269	79,193	27,269	-7,000	-51,924

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Office of Inspector General					
Program Activities.....	91,187	105,439	91,187	---	-14,252
Trust Funds.....	5,841	5,841	5,841	---	---
Total, Office of Inspector General.....	97,028	111,280	97,028	---	-14,252
=====					
Total, Departmental Management.....	858,835	1,083,624	660,941	-197,894	-422,683
Federal Funds.....	(582,845)	(795,348)	(384,951)	(-197,894)	(-410,397)
Trust Funds.....	(275,990)	(288,276)	(275,990)	---	(-12,286)
=====					
Total, Workforce Innovation and Opportunity Act Programs.....	5,901,066	6,256,151	2,836,808	-3,064,258	-3,419,343
Current year appropriations.....	(4,129,066)	(4,484,151)	(1,064,808)	(-3,064,258)	(-3,419,343)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

General Provisions					
Proceeds from Job Corps facilities (Sec. 114).....	---	1,000	---	---	-1,000
=====					
Total, title I, Department of Labor.....	15,091,480	16,786,114	11,087,533	-4,003,947	-5,698,581
Federal Funds.....	(10,766,186)	(11,874,097)	(6,765,767)	(-4,000,419)	(-5,108,330)
Current year appropriations.....	(8,983,936)	(10,095,097)	(4,986,767)	(-3,997,169)	(-5,108,330)
Advance appropriations.....	(1,782,250)	(1,779,000)	(1,779,000)	(-3,250)	---
Trust Funds.....	(4,325,294)	(4,912,017)	(4,321,766)	(-3,528)	(-590,251)
Total, title I discretionary appropriations.....	13,841,339	15,506,125	9,807,544	-4,033,795	-5,698,581
=====					
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	1,937,772	1,857,772	---	-80,000
Free Clinics Medical Malpractice.....	1,000	1,000	1,000	---	---
Total, Primary Health Care.....	1,858,772	1,938,772	1,858,772	---	-80,000

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Health Workforce					
National Health Service Corps.....	125,600	175,600	126,000	+400	-49,600
Training for Diversity:					
Centers of Excellence.....	28,422	36,711	---	-28,422	-36,711
Health Careers Opportunity Program.....	16,000	18,500	---	-16,000	-18,500
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	112,535	57,324	-44,422	-55,211
Primary Care Training and Enhancement.....	49,924	53,924	49,924	---	-4,000
Oral Health Training.....	42,673	42,673	42,673	---	---
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers.....	47,000	47,000	47,000	---	---
Geriatric Workforce Enhancement Program.....	47,245	47,245	47,245	---	---
Mental and Behavioral Health.....	44,053	50,000	44,053	---	-5,947
Behavioral Health Workforce Education and Training	153,000	337,374	113,000	-40,000	-224,374
Substance Use Disorder Treatment and Recovery Loan Repayment Program.....	---	---	40,000	+40,000	+40,000
Subtotal, Interdisciplinary Community-Based Linkages.....	291,298	481,619	291,298	---	-190,321

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Workforce Information and Analysis.....	5,663	5,663	---	-5,663	-5,663
Public Health and Preventive Medicine programs.....	18,000	18,000	18,000	---	---
Subtotal, Title VII Health Professions Education and Training.....	509,304	714,414	459,219	-50,085	-255,195
Nursing Workforce Development Programs:					
Advanced Nursing Education	89,581	106,581	89,581	---	-17,000
Nurse Education, Practice, and Retention.....	59,413	91,873	64,413	+5,000	-27,460
Nurse Practitioner Optional Fellowship Program....	6,000	6,000	6,000	---	---
Nursing Workforce Diversity.....	24,343	24,343	---	-24,343	-24,343
Nurse Corps Loan Repayment and Scholarship.....	92,635	92,635	92,635	---	---
Nursing Faculty Loan Program.....	28,500	28,500	28,500	---	---
Subtotal, Health Professions (Titles VII and VIII).....	809,776	1,064,346	740,348	-69,428	-323,998
Children's Hospitals Graduate Medical Education.....	385,000	385,000	400,000	+15,000	+15,000
Medical Student Education	60,000	60,000	60,000	---	---
Pediatric Subspecialty Loan Repayment Program (Sec. 775).....	10,000	10,000	10,000	---	---
Supporting the Mental Health of the Health Professions Workforce.....	---	25,000	---	---	-25,000
Health Care Workforce Innovation Program.....	---	27,540	---	---	-27,540

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Practitioner Data Bank.....	18,814	18,814	18,814	---	---
User Fees.....	-18,814	-18,814	-18,814	---	---
Subtotal, Health Workforce.....	1,390,376	1,747,486	1,336,348	-54,028	-411,138
Maternal and Child Health					
Maternal and Child Health Block Grant:					
Maternal and Child Health Block Grant.....	603,584	603,584	603,584	---	---
Special Projects of National Significance.....	219,116	333,716	177,268	-41,848	-156,448
Subtotal, MCH Block Grant.....	822,700	937,300	780,852	-41,848	-156,448
Sickle Cell Disease Treatment Program.....	8,205	8,205	8,205	---	---
Autism and Other Developmental Disabilities.....	56,344	57,344	56,344	---	-1,000
Heritable Disorders in Newborns and Children.....	20,883	20,883	20,883	---	---
Healthy Start.....	145,000	185,000	---	-145,000	-185,000
Early Hearing Detection and Intervention.....	18,818	18,818	18,818	---	---
Emergency Medical Services for Children.....	24,334	28,134	24,334	---	-3,800
Screening and Treatment for Maternal Depression.....	10,000	10,000	10,000	---	---
Pediatric Mental Health Care Access.....	13,000	13,000	13,000	---	---
Innovation for Maternal Health.....	15,300	15,300	15,300	---	---
Maternal Mental Health Hotline.....	---	7,000	7,000	+7,000	---
Training for Health Care Professionals.....	---	5,000	---	---	-5,000
Poison Control Centers.....	26,846	26,846	26,846	---	---
Integrated Services for Pregnant and Postpartum Women.....	10,000	25,000	10,000	---	-15,000
Subtotal, Maternal and Child Health.....	1,171,430	1,357,830	991,582	-179,848	-366,248

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
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) (NA).....	(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	-13,620
Education and Training Centers (Part F).....	34,886	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	290,000	---	-165,000	-290,000
Subtotal, Ryan White HIV/AIDS program.....	2,571,041	2,696,041	2,332,535	-238,506	-363,506
Health Systems					
Organ Transplantation.....	31,049	67,049	33,049	+2,000	-34,000
Blood Stem Cell Transplantation Program.....	---	52,275	---	---	-52,275
National Cord Blood Inventory.....	19,266	---	19,266	---	+19,266
C.W. Bill Young Cell Transplantation.....	33,009	---	33,009	---	+33,009
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.....	99,009	135,009	101,009	+2,000	-34,000
Rural Health					
Rural Outreach Grants.....	92,975	95,375	102,975	+10,000	+7,600

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Health Research/Policy Development.....	11,076	11,076	11,076	---	---
Rural Hospital Flexibility Grants.....	64,277	64,277	74,277	+10,000	+10,000
State Offices of Rural Health.....	12,500	12,500	12,500	---	---
Black Lung Clinics.....	12,190	12,190	12,190	---	---
Radiation Exposure Screening and Education Program....	1,889	2,734	1,889	---	-845
Rural Communities Opioid Response.....	145,000	165,000	145,000	---	-20,000
Rural Residency Program.....	12,500	12,700	12,700	+200	---
Rural Health Clinic Behavioral Health Initiative.....	---	10,000	---	---	-10,000
Financial and Community Sustainability for At-Risk Rural Hospitals.....	---	10,000	10,000	+10,000	---
Rural Hospital Stabilization Pilot Program.....	---	20,000	20,000	+20,000	---
Subtotal, Rural Health.....	352,407	415,852	402,607	+50,200	-13,245
Family Planning.....	286,479	512,000	---	-286,479	-512,000
HRSA-Wide Activities and Program Support					
Program Management.....	163,800	168,971	157,800	-6,000	-11,171
Community Projects.....	1,521,681	---	---	-1,521,681	---
340B Drug Pricing/Office of Pharmacy Affairs.....	12,238	17,238	12,238	---	-5,000
Telehealth.....	38,050	44,500	45,050	+7,000	+550
Long COVID.....	---	130,000	---	---	-130,000
Subtotal, HRSA-Wide Activities and Program Support.....	1,735,769	360,709	215,088	-1,520,681	-145,621
Total, Health Resources and Services.....	9,465,283	9,163,699	7,237,941	-2,227,342	-1,925,758

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims.....	256,370	261,497	261,497	+5,127	---
HRSA Administrative expenses.....	15,200	26,200	15,200	---	-11,000

Total, Vaccine Injury Compensation Trust Fund...	271,570	287,697	276,697	+5,127	-11,000
Countermeasures Injury Compensation Trust Fund.....	7,000	15,000	7,000	---	-8,000
=====					
Total, Health Resources and Services					
Administration.....	9,743,853	9,466,396	7,521,638	-2,222,215	-1,944,758
Discretionary.....	(9,487,483)	(9,204,899)	(7,260,141)	(-2,227,342)	(-1,944,758)
Mandatory.....	(256,370)	(261,497)	(261,497)	(+5,127)	---
=====					

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases.....	499,941	750,930	326,075	-173,866	-424,855
Prevention and Public Health Fund.....	(419,350)	(505,000)	(593,216)	(+173,866)	(+88,216)
Subtotal.....	919,291	1,255,930	919,291	---	-336,639
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention.....	1,391,056	1,544,556	1,171,056	-220,000	-373,500
Emerging and Zoonotic Infectious Diseases.....	698,772	793,772	708,772	+10,000	-85,000
Prevention and Public Health Fund.....	(52,000)	(52,000)	(52,000)	---	---
Subtotal, EZID program level.....	750,772	845,772	760,772	+10,000	-85,000
Chronic Disease Prevention and Health Promotion.....	1,175,464	1,551,339	797,569	-377,895	-753,770
Prevention and Public Health Fund.....	(254,950)	(262,200)	(329,984)	(+75,034)	(+67,784)
Subtotal, Chronic Disease Prevention and Health Promotion, program level.....	1,430,414	1,813,539	1,127,553	-302,861	-685,986
Birth Defects, Developmental Disabilities, Disabilities and Health.....	205,560	222,560	205,560	---	-17,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Public Health Scientific Services.....	754,497	651,222	654,497	-100,000	+3,275
Evaluation Tap Funding.....	---	(170,342)	---	---	(-170,342)
Prevention and Public Health Fund.....	---	(140,000)	---	---	(-140,000)
Subtotal, Public Health Scientific Services, program level.....	(754,497)	(961,564)	(654,497)	(-100,000)	(-307,067)
Environmental Health.....	229,850	396,850	130,850	-99,000	-266,000
Prevention and Public Health Fund.....	(17,000)	(17,000)	(51,000)	(+34,000)	(+34,000)
Evaluation Tap Funding.....	---	(7,000)	---	---	(-7,000)
Subtotal, Environmental Health, program level...	246,850	420,850	181,850	-65,000	-239,000
Injury Prevention and Control.....	761,379	1,351,669	730,779	-30,600	-620,890
National Institute for Occupational Safety and Health, Energy Employees Occupational Illness Compensation Program.....	362,800	362,800	247,700	-115,100	-115,100
Program.....	55,358	55,358	55,358	---	---
Global Health.....	692,843	764,843	370,722	-322,121	-394,121
Public Health Preparedness and Response.....	883,200	943,200	735,000	-148,200	-208,200
Buildings and Facilities.....	40,000	55,000	40,000	---	-15,000

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

CDC-Wide Activities and Program Support:					
Prevention and Public Health Fund.....	(160,000)	(160,000)	---	(-160,000)	(-160,000)
Office of the Director.....	128,570	143,570	96,428	-32,142	-47,142
Infectious Diseases Rapid Response Reserve Fund....	35,000	35,000	35,000	---	---
Public Health Infrastructure and Capacity.....	350,000	600,000	100,000	-250,000	-500,000
Prevention and Public Health Fund.....	---	---	(160,000)	(+160,000)	(+160,000)
Subtotal, Public Health Infrastructure and Capacity.....	350,000	600,000	100,000	-250,000	-500,000
Center for Forecasting and Outbreak Analytics.....	50,000	50,000	---	-50,000	-50,000
Prevention and Public Health Fund.....	---	(50,000)	---	---	(-50,000)
Subtotal, Center for Forecasting and Outbreak Analytics.....	(50,000)	(100,000)	---	(-50,000)	(-100,000)
Subtotal, CDC-Wide Activities.....	(563,570)	(828,570)	(231,428)	(-332,142)	(-597,142)
(Prevention and Public Health Fund).....	(160,000)	(210,000)	(160,000)	---	(-50,000)
=====					
Total, Centers for Disease Control and Prevention.....	8,314,290	10,272,669	6,405,366	-1,908,924	-3,867,303
Discretionary.....	(8,258,932)	(10,217,311)	(6,350,008)	(-1,908,924)	(-3,867,303)
Mandatory.....	(55,358)	(55,358)	(55,358)	---	---
(Evaluation Tap Funding).....	---	(177,342)	---	---	(-177,342)
(Prevention and Public Health Fund).....	(903,300)	(1,186,200)	(1,186,200)	(+282,900)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Centers for Disease Control, program level.....	(9,217,590)	(11,636,211)	(7,591,566)	(-1,626,024)	(-4,044,645)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI).....	7,104,159	7,820,159	7,104,159	---	-716,000
NIH Innovation Account, CURES Act.....	(216,000)	---	---	(-216,000)	---
Subtotal, NCI, program level.....	7,320,159	7,820,159	7,104,159	-216,000	-716,000
National Heart, Lung, and Blood Institute (NHLBI).....	3,982,345	3,985,158	3,982,345	---	-2,813
National Institute of Dental and Craniofacial Research (NIDCR).....	520,163	520,138	520,163	---	+25
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,300,721	2,303,098	2,300,721	---	-2,377
National Institute of Neurological Disorders and Stroke (NINDS).....	2,588,925	2,739,418	2,588,925	---	-150,493
NIH Innovation Account, CURES Act.....	(225,000)	(86,000)	(86,000)	(-139,000)	---
Subtotal, NINDS, program level.....	2,813,925	2,825,418	2,674,925	-139,000	-150,493
National Institute of Allergy and Infectious Diseases (NIAID).....	6,562,279	6,561,652	5,062,279	-1,500,000	-1,499,373
National Institute of General Medical Sciences (NIGMS) Evaluation Tap Funding.....	1,827,197	1,291,570	1,827,197	---	+535,627
Subtotal, NIGMS, program level.....	(1,412,482)	(1,948,109)	(1,327,482)	(-85,000)	(-620,627)
Subtotal, NIGMS, program level.....	3,239,679	3,239,679	3,154,679	-85,000	-85,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).....	1,749,078	1,747,784	1,749,078	---	+1,294
National Eye Institute (NEI).....	896,549	896,136	896,549	---	+413
National Institute of Environmental Health Sciences (NIEHS).....	913,979	938,807	913,979	---	-24,828
National Institute on Aging (NIA).....	4,407,623	4,412,090	4,407,623	---	-4,467
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).....	685,465	687,639	685,465	---	-2,174
National Institute on Deafness and Other Communication Disorders (NIDCD).....	534,333	534,330	534,333	---	+3
National Institute of Nursing Research (NINR).....	197,693	197,671	197,693	---	+22
National Institute on Alcohol Abuse and Alcoholism (NIAAA).....	595,318	596,616	595,318	---	-1,298
National Institute on Drug Abuse (NIDA).....	1,662,695	1,663,365	1,662,695	---	-670
National Institute of Mental Health (NIMH).....	2,112,843	2,455,653	2,112,843	---	-342,810
NIH Innovation Account, CURES Act.....	(225,000)	(86,000)	(86,000)	(-139,000)	---
Subtotal, NIMH, program level.....	2,337,843	2,541,653	2,198,843	-139,000	-342,810
National Human Genome Research Institute (NHGRI).....	663,200	660,510	663,200	---	+2,690
National Institute of Biomedical Imaging and Bioengineering (NIBIB).....	440,627	440,625	440,627	---	+2
National Center for Complementary and Integrative Health (NCCIH).....	170,384	170,277	170,384	---	+107
National Institute on Minority Health and Health Disparities (NIMHD).....	524,395	525,138	524,395	---	-743
John E. Fogarty International Center (FIC).....	95,162	95,130	95,162	---	+32

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AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Library of Medicine (NLM).....	497,548	495,314	497,548	---	+2,234
National Center for Advancing Translational Sciences (NCATS).....	923,323	923,323	923,323	---	---
Office of the Director.....	2,642,914	2,890,779	2,069,459	-573,455	-821,320
Common Fund.....	(722,401)	(722,401)	(722,401)	---	---
Gabriella Miller Kids First Research Act.....	12,600	12,600	12,600	---	---
Subtotal, Office of the Director.....	2,655,514	2,903,379	2,082,059	-573,455	-821,320
NIH Innovation Account, CURES Act	(419,000)	(235,000)	(235,000)	(-184,000)	---
Buildings and Facilities.....	350,000	350,000	350,000	---	---
Advanced Research Projects Agency for Health (ARPA-H) 1/.....	1,500,000	2,500,000	500,000	-1,000,000	-2,000,000
	=====	=====	=====	=====	=====
Total, National Institutes of Health (NIH).....	46,461,518	48,414,980	43,388,063	-3,073,455	-5,026,917
Total, National Institutes of Health (NIH) (with CURES Act funding).....	47,546,518	48,821,980	43,795,063	-3,751,455	-5,026,917
(Evaluation Tap Funding).....	(1,412,482)	(1,948,109)	(1,327,482)	(-85,000)	(-620,627)
Total, National Institutes of Health program level (with CURES and Evaluation Tap Funding).....	48,959,000	50,770,089	45,122,545	-3,836,455	-5,647,544
Total, NIH program level (excluding ARPA-H).....	47,459,000	48,270,089	44,622,545	-2,836,455	-3,647,544
	=====	=====	=====	=====	=====

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance.....	991,453	1,787,689	1,004,228	+12,775	-783,461
Prevention and Public Health Fund.....	(12,000)	(12,000)	(12,000)	---	---
CR Funding - P. L. 117-180 Suicide Lifeline.....	62,000	---	---	-62,000	---
Subtotal.....	1,065,453	1,799,689	1,016,228	-49,225	-783,461
Mental Health Block Grant (MHBG).....	986,532	1,631,532	986,532	---	-645,000
Evaluation Tap Funding.....	(21,039)	(21,039)	(21,039)	---	---
Subtotal.....	(1,007,571)	(1,652,571)	(1,007,571)	---	(-645,000)
Certified Community Behavioral Health Clinics.....	385,000	552,500	385,000	---	-167,500
National Child Traumatic Stress Initiative.....	93,887	150,000	93,887	---	-56,113
Children's Mental Health Services.....	130,000	225,000	130,000	---	-95,000
Projects for Assistance in Transition from Homelessness (PATH).....	66,635	109,635	66,635	---	-43,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI).....	40,000	40,000	40,000	---	---
Subtotal, Mental Health.....	2,755,507	4,496,356	2,706,282	-49,225	-1,790,074
(Evaluation Tap Funding).....	(21,039)	(21,039)	(21,039)	---	---
(Prevention and Public Health Fund).....	(12,000)	(12,000)	(12,000)	---	---
Subtotal, Mental Health program level.....	(2,788,546)	(4,529,395)	(2,739,321)	(-49,225)	(-1,790,074)

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Substance Abuse Treatment					
Programs of Regional and National Significance.....	572,219	753,008	468,224	-103,995	-284,784
Evaluation Tap Funding.....	(2,000)	(2,000)	(2,000)	---	---
Subtotal.....	(574,219)	(755,008)	(470,224)	(-103,995)	(-284,784)

Substance Use Prevention, Treatment, and Recovery					
Services Block Grant.....	1,928,879	2,628,879	1,928,879	---	-700,000
Evaluation Tap Funding.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal, Substance Use Prevention, Treatment, and Recovery Services Block Grant, program level.....	(2,008,079)	(2,708,079)	(2,008,079)	---	(-700,000)
State Opioid Response grants.....	1,575,000	2,000,000	1,583,000	+8,000	-417,000
Subtotal, State Opioid Response Grants.....	1,575,000	2,000,000	1,583,000	+8,000	-417,000

Subtotal, Substance Abuse Treatment.....	4,076,098	5,381,887	3,980,103	-95,995	-1,401,784
(Evaluation Tap Funding).....	(81,200)	(81,200)	(81,200)	---	---
Subtotal, Substance Abuse Treatment, program level.....	(4,157,298)	(5,463,087)	(4,061,303)	(-95,995)	(-1,401,784)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Substance Abuse Prevention					
Programs of Regional and National Significance.....	236,879	245,738	179,602	-57,277	-66,136
Health Surveillance and Program Support					
Health Surveillance and Program Support.....	301,932	150,827	109,895	-192,037	-40,932
Community Project Funding (non-add).....	(160,777)	---	---	(-160,777)	---
Bipartisan Safer Communities Act (P.L. 117-159) (prior year emergency advance).....	(162,500)	(162,500)	(162,500)	---	---
Evaluation Tap Funding.....	(31,428)	(31,428)	(31,428)	---	---

Subtotal, Health Surveillance and Program Support program level.....	495,860	344,755	303,823	-192,037	-40,932
=====					
Total, SAMHSA.....	7,370,416	10,274,808	6,975,882	-394,534	-3,298,926
(Evaluation Tap Funding).....	(133,667)	(133,667)	(133,667)	---	---
(Prevention and Public Health Fund).....	(12,000)	(12,000)	(12,000)	---	---
=====					
Total, SAMHSA, program level, including emergencies.....	7,678,583	10,582,975	7,284,049	-394,534	-3,298,926
=====					

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 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	228,609	251,924	---	-228,609	-251,924
Evaluation Tap funding.....	---	(45,000)	---	---	(-45,000)
Subtotal, Research on Health Costs, Quality, and Outcomes, program level.....	228,609	296,924	---	-228,609	-296,924
Medical Expenditures Panel Surveys:					
Federal Funds.....	71,791	71,791	---	-71,791	-71,791
Program Support:					
Appropriation.....	73,100	78,785	---	-73,100	-78,785
	=====	=====	=====	=====	=====
Total, AHRQ.....	373,500	402,500	---	-373,500	-402,500
(Evaluation Tap Funding).....	---	(45,000)	---	---	(-45,000)
Total, AHRQ, program level.....	373,500	447,500	---	-373,500	-447,500
	=====	=====	=====	=====	=====
Total, Public Health Service with CURES Act funding.....	73,348,577	79,238,353	64,697,949	-8,650,628	-14,540,404
Total, Public Health Service, program level.....	75,972,526	82,903,171	67,519,798	-8,452,728	-15,383,373
	=====	=====	=====	=====	=====

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits.....	503,821,443	574,100,474	574,100,474	+70,279,031	---
State and Local Administration.....	23,649,059	24,622,000	24,622,000	+972,941	---
Vaccines for Children.....	5,608,606	5,814,850	5,814,850	+206,244	---

Total, Medicaid program level, available this fiscal year.....	533,079,108	604,537,324	604,537,324	+71,458,216	---
Less appropriations provided in prior years.....	-165,722,018	-197,580,474	-197,580,474	-31,858,456	---

Total, Grants to States for Medicaid.....	367,357,090	406,956,850	406,956,850	+39,599,760	---
New advance, 1st quarter, FY 2025.....	197,580,474	245,580,414	245,580,414	+47,999,940	---

Total, Grants to States for Medicaid, appropriated in this bill.....	564,937,564	652,537,264	652,537,264	+87,599,700	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments to Health Care Trust Funds					
Supplemental Medical Insurance.....	434,349,000	373,973,000	373,973,000	-60,376,000	---
Federal Uninsured Payment.....	52,000	44,000	44,000	-8,000	---
Program Management.....	1,000,000	1,000,000	1,000,000	---	---
General Revenue for Part D Benefit.....	111,800,000	100,805,000	100,805,000	-10,995,000	---
General Revenue for Part D Administration.....	600,000	523,000	523,000	-77,000	---
HCFAC Reimbursement.....	324,000	375,000	375,000	+51,000	---
State Low-Income Determination for Part D.....	5,000	5,000	5,000	---	---
Total, Payments to Trust Funds.....	548,130,000	476,725,000	476,725,000	-71,405,000	---
Program Management					
Research, Demonstration, and Evaluation.....	20,054	---	---	-20,054	---
Program Operations.....	2,479,823	3,130,183	2,256,823	-223,000	-873,360
Medicare Operations (Sec. 227).....	455,000	---	---	-455,000	---
State Survey and Certification.....	397,334	565,860	397,334	---	-168,526
Federal Administration.....	772,533	854,027	672,533	-100,000	-181,494
Total, Program Management.....	4,124,744	4,550,070	3,326,690	-798,054	-1,223,380

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services.....	665,648	667,359	675,648	+10,000	+8,289
HHS Office of Inspector General.....	105,145	112,434	100,145	-5,000	-12,289
Senior Medicare Patrol.....	---	35,000	7,000	+7,000	-28,000
Department of Justice.....	122,207	122,207	132,207	+10,000	+10,000
Total, Health Care Fraud and Abuse Control.....	893,000	937,000	915,000	+22,000	-22,000
Program integrity (cap adjustment).....	(576,000)	(612,000)	(604,000)	(+28,000)	(-8,000)
Total, Centers for Medicare and Medicaid Services	1,118,085,308	1,134,749,334	1,133,503,954	+15,418,646	-1,245,380
Federal funds.....	(1,113,067,564)	(1,129,262,264)	(1,129,262,264)	(+16,194,700)	---
Current year appropriations.....	(915,487,090)	(883,681,850)	(883,681,850)	(-31,805,240)	---
Advance appropriations.....	(197,580,474)	(245,580,414)	(245,580,414)	(+47,999,940)	---
Trust Funds.....	(5,017,744)	(5,487,070)	(4,241,690)	(-776,054)	(-1,245,380)
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.....	10,177	18,199	18,199	+8,022	---
Subtotal.....	43,177	51,199	51,199	+8,022	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Child Support Enforcement:					
State and Local Administration.....	3,474,868	3,840,888	3,840,888	+366,020	---
Federal Incentive Payments.....	654,955	706,913	706,913	+51,958	---
Access and Visitation.....	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,139,823	4,557,801	4,557,801	+417,978	---
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year.....	4,183,000	4,609,000	4,609,000	+426,000	---
New advance, 1st quarter, FY 2025.....	1,300,000	1,400,000	1,400,000	+100,000	---
Less appropriations provided in prior years.	-1,300,000	-1,300,000	-1,300,000	---	---
Total, Child Support Enforcement and Family Support Payments, appropriated in this bill...	4,183,000	4,709,000	4,709,000	+526,000	---

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Low Income Home Energy Assistance Program (LIHEAP)					
Formula Grants.....	1,500,000	4,111,000	4,011,000	+2,511,000	-100,000
C. R. funding (P. L. 117-180)(Sec. 146)(emergency)....	1,000,000	---	---	-1,000,000	---
Subtotal.....	2,500,000	4,111,000	4,011,000	+1,511,000	-100,000
Supplemental funding (P.L. 117-328 Div N)(emergency)...	(2,500,000)	---	---	(-2,500,000)	---
Appropriation from prior year advances (P.L. 117-58 Div J)(emergency).....	(100,000)	(100,000)	(100,000)	---	---
Total, LIHEAP, program level.....	5,100,000	4,211,000	4,111,000	-989,000	-100,000

Refugee and Entrant Assistance					
Transitional and Medical Services.....	564,000	1,000,000	300,000	-264,000	-700,000
Refugee Support Services.....	307,201	686,000	157,201	-150,000	-528,799
Victims of Trafficking.....	30,755	39,497	30,755	---	-8,742
Unaccompanied Children.....	5,506,258	5,506,258	2,250,000	-3,256,258	-3,256,258

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Survivors of Torture.....	19,000	27,000	19,000	---	-8,000
C. R. Funding - P. L. 117-180 (emergency).....	1,775,000	---	---	-1,775,000	---
Total, Refugee and Entrant Assistance.....	8,202,214	7,258,755	2,756,956	-5,445,258	-4,501,799
Total, Refugee and Entrant Assistance excluding emergencies.....	6,427,214	7,258,755	2,756,956	-3,670,258	-4,501,799
Payments to States for the Child Care and Development Block Grant.....	8,021,387	9,000,000	8,021,387	---	-978,613
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.....	11,996,820	13,111,586	11,246,820	-750,000	-1,864,766
Preschool Development Grants.....	315,000	360,000	---	-315,000	-360,000
Consolidated Runaway and Homeless Youth Program...	125,283	136,803	125,283	---	-11,520
Prevention Grants to Reduce Abuse of Runaway Youth	21,000	22,000	21,000	---	-1,000
Child Abuse State Grants.....	105,091	125,000	105,091	---	-19,909
Child Abuse Discretionary Activities.....	38,000	42,000	30,000	-8,000	-12,000
Community Based Child Abuse Prevention.....	70,660	90,000	55,660	-15,000	-34,340
Child Welfare Services.....	268,735	278,900	268,735	---	-10,165
Child Welfare Training, Research, or Demonstration projects.....	18,984	101,000	18,984	---	-82,016
Adoption Opportunities.....	51,000	51,000	51,000	---	---
Adoption Incentive Grants.....	75,000	75,000	75,000	---	---
Social Services and Income Maintenance Research...	142,860	37,512	---	-142,860	-37,512

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Native American Programs.....	60,500	87,499	60,500	---	-26,999
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services.....	770,000	770,000	770,000	---	---
Economic Development.....	22,383	23,615	22,383	---	-1,232
Rural Community Facilities.....	12,000	12,276	12,000	---	-276
Subtotal, Community Services Block Grant Act programs.....	804,383	805,891	804,383	---	-1,508
Domestic Violence Hotline.....	20,500	27,360	20,500	---	-6,860
Family Violence Prevention and Services.....	240,000	491,869	240,000	---	-251,869
Chafee Education and Training Vouchers.....	44,257	48,257	44,257	---	-4,000
Disaster Human Services Case Management.....	1,864	8,000	1,864	---	-6,136
Program Direction.....	218,500	239,988	219,000	+500	-20,988
Total, Children and Families Services Programs..	14,618,437	16,139,665	13,388,077	-1,230,360	-2,751,588
Promoting Safe and Stable Families					
Promoting Safe and Stable Families.....	345,000	345,000	345,000	---	---
Discretionary Funds.....	86,515	106,000	86,515	---	-19,485
Total, Promoting Safe and Stable Families.....	431,515	451,000	431,515	---	-19,485

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Payments for Foster Care and Permanency					
Foster Care.....	6,190,000	6,615,000	6,615,000	+425,000	---
Adoption Assistance.....	4,128,000	4,706,000	4,706,000	+578,000	---
Guardianship.....	345,000	330,000	330,000	-15,000	---
Independent Living.....	143,000	143,000	143,000	---	---

Total, Payments to States available this fiscal year.....	10,806,000	11,794,000	11,794,000	+988,000	---
Advance appropriations, 1st quarter, FY 2025.....	3,200,000	3,400,000	3,400,000	+200,000	---
less appropriations provided in prior years.....	-3,200,000	-3,200,000	-3,200,000	---	---

Total, Payments to States available in this bill.....	10,806,000	11,994,000	11,994,000	+1,188,000	---
=====					
Total, Administration for Children and Families, Current year appropriations.....	50,462,553	55,363,420	47,011,935	-3,450,618	-8,351,485
Advance appropriations.....	(45,962,553)	(50,563,420)	(42,211,935)	(-3,750,618)	(-8,351,485)
Advance appropriations.....	(4,500,000)	(4,800,000)	(4,800,000)	(+300,000)	---
Total, Administration for Children and Families, discretionary.....	(33,428,553)	(36,615,420)	(28,263,935)	(-5,164,618)	(-8,351,485)
Total, ACF (excluding emergencies).....	47,687,553	55,363,420	47,011,935	-675,618	-8,351,485
=====					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	410,000	500,000	410,000	---	-90,000
Preventive Health.....	26,339	26,399	26,339	---	-60
Protection of Vulnerable Older Americans-Title VII	26,658	32,059	26,658	---	-5,401
Subtotal.....	462,997	558,458	462,997	---	-95,461
Family Caregivers.....	205,000	249,936	205,000	---	-44,936
Native American Caregivers Support.....	12,000	15,806	12,000	---	-3,806
Subtotal, Caregivers.....	217,000	265,742	217,000	---	-48,742
Nutrition:					
Congregate Meals.....	540,342	762,050	540,342	---	-221,708
Home Delivered Meals.....	366,342	410,335	366,342	---	-43,993
Nutrition Services Incentive Program.....	160,069	112,000	160,069	---	+48,069
Subtotal, Nutrition.....	1,066,753	1,284,385	1,066,753	---	-217,632
Subtotal, Grants to States.....	1,746,750	2,108,585	1,746,750	---	-361,835
Grants for Native Americans.....	38,264	70,208	38,264	---	-31,944
Aging Network Support Activities.....	30,461	40,000	30,461	---	-9,539

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Alzheimer's Disease Demonstrations:					
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	14,220	10,000	---	-4,220
Chronic Disease Self-Management:					
Prevention and Public Health Fund.....	(8,000)	(8,000)	(8,000)	---	---
Elder Falls Prevention:					
Appropriation.....	2,500	5,000	2,500	---	-2,500
Prevention and Public Health Fund.....	(5,000)	(5,000)	(5,000)	---	---

Subtotal, Elder Falls Prevention, program level.....	7,500	10,000	7,500	---	-2,500
Elder Rights Support Activities.....	33,874	77,400	18,874	-15,000	-58,526
Aging and Disability Resources.....	8,619	10,000	8,619	---	-1,381
State Health Insurance Program (SHIP).....	55,242	55,242	55,242	---	---
Paralysis Resource Center:					
Appropriation.....	10,700	10,700	5,700	-5,000	-5,000
Limb Loss Resource Center:					
Appropriation.....	4,200	4,200	2,200	-2,000	-2,000
Traumatic Brain Injury:					
Appropriation.....	13,118	13,118	13,118	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Developmental Disabilities Programs:					
State Councils.....	81,000	82,000	81,000	---	-1,000
Protection and Advocacy.....	45,000	59,659	45,000	---	-14,659
Voting Access for Individuals with Disabilities...	10,000	10,000	10,000	---	---
Developmental Disabilities Projects of National Significance.....	12,250	16,000	12,250	---	-3,750
University Centers for Excellence in Developmental Disabilities.....	43,119	46,173	43,119	---	-3,054
Subtotal, Developmental Disabilities Programs.	191,369	213,832	191,369	---	-22,463

Workforce Innovation and Opportunity Act:					
Independent Living.....	128,183	161,458	128,183	---	-33,275
National Institute on Disability, Independent Living, and Rehabilitation Research.....	119,000	119,000	119,000	---	---
Assistive Technology.....	40,000	44,000	40,000	---	-4,000
Subtotal, Workforce Innovation and Opportunity Act.....	287,183	324,458	287,183	---	-37,275

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Community Project Funding.....	41,644	---	---	-41,644	---
Program Administration.....	47,063	63,859	47,063	---	-16,796
=====					
Total, Administration for Community Living.....	2,537,787	3,027,622	2,474,143	-63,644	-553,479
Federal funds.....	(2,482,545)	(2,972,380)	(2,418,901)	(-63,644)	(-553,479)
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.....	2,565,487	3,055,322	2,501,843	-63,644	-553,479
=====					
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE-1/					
Research, Development, and Procurement					
Biomedical Advanced Research and Development Authority (BARDA).....	950,000	1,015,132	1,100,000	+150,000	+84,868
Project BioShield.....	820,000	830,000	850,000	+30,000	+20,000

Subtotal, Project BioShield.....	820,000	830,000	850,000	+30,000	+20,000
Strategic National Stockpile.....	965,000	995,000	1,000,000	+35,000	+5,000
Pandemic Influenza Preparedness:					
Pandemic Influenza Preparedness.....	327,991	374,991	327,991	---	-47,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs Request

Subtotal Research, Development, and Procurement.....	3,062,991	3,215,123	3,277,991	+215,000	+62,868
Operations and Emergency Response					
Operations.....	34,376	69,867	80,407	+46,031	+10,540
H-Core.....	75,000	82,801	---	-75,000	-82,801
Preparedness and Emergency Operations.....	31,154	31,300	---	-31,154	-31,300
National Disaster Medical System.....	96,904	130,030	96,904	---	-33,126
Hospital Preparedness Program.....	305,055	312,055	---	-305,055	-312,055
Formula Grants.....	---	---	155,055	+155,055	+155,055
Policy and Planning.....	14,877	21,417	---	-14,877	-21,417
Medical Reserve Corps.....	6,240	6,240	6,240	---	---
Preparedness and Response Innovation.....	3,080	3,080	4,000	+920	+920
Pandemic Preparedness and Biodefense.....	---	400,000	---	---	-400,000

Subtotal, Pandemic Preparedness and Biodefense..	---	400,000	---	---	-400,000

Subtotal, Operations and Emergency Response.....	566,686	1,056,790	342,606	-224,080	-714,184
=====					
Total, Administration for Strategic Preparedness and Response.....	3,629,677	4,271,913	3,620,597	-9,080	-651,316
=====					

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF THE SECRETARY 1/					
General Departmental Management					
General Departmental Management, Federal Funds.....	221,169	287,345	171,169	-50,000	-116,176
Teen Pregnancy Prevention Community Grants.....	101,000	111,000	---	-101,000	-111,000
Evaluation Tap Funding.....	(6,800)	(7,892)	---	(-6,800)	(-7,892)
Subtotal, Teen Pregnancy Prevention Community Grants, program level.....	(107,800)	(118,892)	---	(-107,800)	(-118,892)
Sexual Risk Avoidance.....	35,000	---	40,000	+5,000	+40,000
Office of Minority Health.....	74,835	85,835	25,868	-48,967	-59,967
Office on Women's Health.....	44,140	44,140	20,312	-23,828	-23,828
Minority HIV/AIDS Fund.....	60,000	60,000	28,000	-32,000	-32,000
Embryo Adoption Awareness Campaign.....	1,000	1,000	1,000	---	---
Electric Vehicle Program.....	---	22,000	---	---	-22,000
Planning and Evaluation, Evaluation Tap Funding.....	(58,028)	(85,354)	(58,028)	---	(-27,326)
Office of the Assistant Secretary for Administration:					
Cybersecurity.....	---	---	100,000	+100,000	+100,000
Office of National Security.....	---	---	8,983	+8,983	+8,983

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Global Affairs.....	---	---	7,009	+7,009	+7,009
Total, General Departmental Management.....	537,144	611,320	402,341	-134,803	-208,979
(Evaluation Tap Funding).....	(64,828)	(93,246)	(58,028)	(-6,800)	(-35,218)
Total, General Departmental Management fiscal year program level.....	601,972	704,566	460,369	-141,603	-244,197
Medicare Hearings and Appeals.....	196,000	199,000	196,000	---	-3,000
Office of the National Coordinator for Health Information Technology: Evaluation Tap Funding.....	(66,238)	(103,614)	(56,238)	(-10,000)	(-47,376)
Total, Program Level.....	66,238	103,614	56,238	-10,000	-47,376
Office of Inspector General					
Inspector General Federal Funds.....	87,000	116,801	80,000	-7,000	-36,801
Office for Civil Rights					
Federal Funds.....	39,798	78,000	32,000	-7,798	-46,000
Customer Experience					
Customer Experience.....	---	20,000	---	---	-20,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments.....	573,441	657,647	657,647	+84,206	---
Survivors Benefits.....	35,964	37,681	37,681	+1,717	---
Dependents' Medical Care.....	100,922	97,363	97,363	-3,559	---

Total, Medical Benefits for Commissioned Officers.....	710,327	792,691	792,691	+82,364	---
Public Health and Social Services Emergency Fund (PHSSEF) 1/					
Assistant Secretary for Administration:					
Cybersecurity.....	100,000	188,326	---	-100,000	-188,326
Other PHSSEF - Cybersecurity.....	21,900	---	---	-21,900	---
Office of National Security.....	8,983	11,983	---	-8,983	-11,983
Office of the Assistant Secretary of Health.....	---	20,000	---	---	-20,000
Public Health Emergency Fund.....	---	50,000	---	---	-50,000

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Global Affairs Pandemic Preparedness.....	7,009	8,009	---	-7,009	-8,009
Total, PHSSEF.....	137,892	278,318	---	-137,892	-278,318
Total, Office of the Secretary.....	1,708,161	2,096,130	1,503,032	-205,129	-593,098
Federal Funds.....	(1,512,161)	(1,897,130)	(1,307,032)	(-205,129)	(-590,098)
Trust Funds.....	(196,000)	(199,000)	(196,000)	---	(-3,000)
(Evaluation Tap Funding).....	(131,066)	(196,860)	(114,266)	(-16,800)	(-82,594)
Total, Office of the Secretary, program level...	1,839,227	2,292,990	1,617,298	-221,929	-675,692
Total, Title II, Department of Health and Human Services.....	1,248,667,063	1,278,339,772	1,252,404,610	+3,717,547	-25,935,162
Federal Funds.....	1,243,402,877	1,272,572,260	1,247,896,478	+4,493,601	-24,675,782
Appropriations.....	(1,038,547,403)	(1,022,191,846)	(997,516,064)	(-41,031,339)	(-24,675,782)
Emergency appropriations.....	(2,775,000)	---	---	(-2,775,000)	---
Advance appropriations, FY 2025.....	(202,080,474)	(250,380,414)	(250,380,414)	(+48,299,940)	---
Trust Funds.....	(5,284,186)	(5,767,512)	(4,508,132)	(-776,054)	(-1,259,380)
CURES Act.....	(1,085,000)	(407,000)	(407,000)	(-678,000)	---
Prevention and Public Health Fund.....	(943,000)	(1,225,900)	(1,225,900)	(+282,900)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 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	1,138,125	-4,552,500	-4,552,500
Current appropriation.....	5,000	5,000	5,000	---	---

Subtotal, Basic Grants available this fiscal year.....	5,695,625	5,695,625	1,143,125	-4,552,500	-4,552,500
Advance appropriations, FY 2025.....	763,776	763,776	763,776	---	---
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	1,906,901	-4,552,500	-4,552,500
Concentration Grants:					
Appropriations from prior year advances.....	1,362,301	1,362,301	1,362,301	---	---
Advance appropriations FY 2025.....	1,362,301	1,362,301	1,362,301	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 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.....	925,000	2,000,000	185,000	-740,000	-1,815,000
Subtotal, Targeted Grants available this fiscal year.....	5,282,550	6,357,550	4,542,550	-740,000	-1,815,000
Advance appropriations FY 2025.....	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.....	5,282,550	6,357,550	4,542,550	-740,000	-1,815,000
Education Finance Incentive Grants:					
Appropriations from prior year advances.....	4,357,550	4,357,550	4,357,550	---	---
Forward Funded.....	925,000	2,000,000	185,000	-740,000	-1,815,000
Advance appropriations, FY 2025.....	4,357,550	4,357,550	4,357,550	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
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.....	5,282,550	6,357,550	4,542,550	-740,000	-1,815,000
Subtotal, Grants to LEAs, fiscal year program level.....	18,386,802	20,536,802	12,354,302	-6,032,500	-8,182,500
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	52,000	49,239	---	-2,761
Subtotal, State Agency Programs.....	424,865	427,626	424,865	---	-2,761
Special Programs for Migrant Students.....	52,123	66,123	52,123	---	-14,000
Total, Education for the Disadvantaged.....	19,087,790	21,254,551	13,055,290	-6,032,500	-8,199,261
Current year appropriations.....	(8,246,613)	(10,413,374)	(2,214,113)	(-6,032,500)	(-8,199,261)
(Forward Funded).....	(8,159,490)	(10,312,251)	(2,126,990)	(-6,032,500)	(-8,185,261)
Advance appropriations.....	(10,841,177)	(10,841,177)	(10,841,177)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Impact Aid					
Basic Support Payments.....	1,468,242	1,468,242	1,468,242	---	---
Payments for Children with Disabilities.....	48,316	48,316	48,316	---	---
Facilities Maintenance (Sec. 8008).....	4,835	4,835	4,835	---	---
Construction (Sec. 8007).....	18,406	18,406	18,406	---	---
Payments for Federal Property (Sec. 8002).....	78,313	78,313	78,313	---	---

Total, Impact aid.....	1,618,112	1,618,112	1,618,112	---	---

School Improvement Programs 2/					
Supporting Effective Instruction State Grants.....	508,639	508,639	---	-508,639	-508,639
Appropriations from prior year advances.....	1,681,441	1,681,441	1,681,441	---	---

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 2025.....	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
Supplemental Education Grants.....	24,464	---	24,464	---	+24,464
Nita M. Lowey 21st Century Community Learning Centers.....	1,329,673	1,329,673	1,329,673	---	---
State Assessments.....	390,000	469,100	---	-390,000	-469,100
Education for Homeless Children and Youth.....	129,000	129,000	129,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Training and Advisory Services (Civil Rights).....	6,575	6,575	---	-6,575	-6,575
Education for Native Hawaiians.....	45,897	45,897	45,897	---	---
Alaska Native Education Equity.....	44,953	44,953	44,953	---	---
Rural Education.....	215,000	215,000	215,000	---	---
Comprehensive Centers.....	55,000	55,000	---	-55,000	-55,000
Student Support and Academic Enrichment grants.....	1,380,000	1,405,000	1,380,000	---	-25,000
Total, School Improvement Programs.....	5,810,642	5,890,278	4,850,428	-960,214	-1,039,850
Current year appropriations.....	(4,129,201)	(4,208,837)	(3,168,987)	(-960,214)	(-1,039,850)
(Forward Funded).....	(3,952,312)	(4,056,412)	(3,053,673)	(-898,639)	(-1,002,739)
Advance appropriations.....	(1,681,441)	(1,681,441)	(1,681,441)	---	---
School Readiness					
Preschool Incentive Demonstration Program (legislative proposal).....	---	500,000	---	---	-500,000
Indian Education					
Grants to Local Educational Agencies.....	110,381	117,381	110,381	---	-7,000
Federal Programs:					
Special Programs for Indian Children.....	72,000	72,000	72,000	---	---
National Activities.....	12,365	12,365	12,365	---	---
Subtotal, Federal Programs.....	84,365	84,365	84,365	---	---
Total, Indian Education.....	194,746	201,746	194,746	---	-7,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Safe Schools and Citizenship Education					
Promise Neighborhoods.....	91,000	106,000	---	-91,000	-106,000
School Safety National Activities.....	216,000	601,000	216,000	---	-385,000
Bipartisan Safer Communities Act (P.L. 117-159) (prior year emergency advance).....	(200,000)	(200,000)	(200,000)	---	---
Full-Service Community Schools.....	150,000	368,000	100,000	-50,000	-268,000
Total, Safe Schools and Citizenship Education...	457,000	1,075,000	316,000	-141,000	-759,000
Total, Safe Schools and Citizenship Education, program level, including emergencies.....	657,000	1,275,000	516,000	-141,000	-759,000
=====					
Total, Office of Elementary and Secondary Education.....	27,168,290	30,539,687	20,034,576	-7,133,714	-10,505,111
=====					
OFFICE OF INNOVATION AND IMPROVEMENT					
Innovation and Improvement					
Education Innovation and Research.....	284,000	405,000	284,000	---	-121,000
American History and Civics Academies.....	3,000	---	3,000	---	+3,000
American History and Civics National Activities.....	20,000	73,000	---	-20,000	-73,000
School Leader Recruitment and Support.....	---	40,000	---	---	-40,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Charter Schools Grants.....	440,000	440,000	450,000	+10,000	+10,000
Magnet Schools Assistance.....	139,000	149,000	---	-139,000	-149,000
Community Project Funding.....	200,443	---	---	-200,443	---
Teacher and School Leader Incentive Grants.....	173,000	200,000	---	-173,000	-200,000
Ready-to-Learn Television.....	31,000	31,000	---	-31,000	-31,000
Supporting Effective Educator Development (SEED).....	90,000	93,000	---	-90,000	-93,000
Arts in Education.....	36,500	36,500	---	-36,500	-36,500
Javits Gifted and Talented Students.....	16,500	16,500	---	-16,500	-16,500
Statewide Family Engagement Centers.....	20,000	20,000	---	-20,000	-20,000
Fostering Diverse Schools (legislative proposal).....	---	100,000	---	---	-100,000
Total, Office of Innovation and Improvement.....	1,453,443	1,604,000	737,000	-716,443	-867,000
OFFICE OF ENGLISH LANGUAGE ACQUISITION					
English Language Acquisition					
Current year appropriations.....	57,850	95,600	---	-57,850	-95,600
Forward funded.....	832,150	1,099,400	---	-832,150	-1,099,400
Total, Office of English Language Acquisition...	890,000	1,195,000	---	-890,000	-1,195,000

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES					
Special Education					
State Grants:					
Grants to States Part B current year.....	4,910,321	6,975,810	4,910,321	---	-2,065,489
Part B advance from prior year.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2025).....	9,283,383	9,283,383	9,283,383	---	---

Subtotal, program level.....	14,193,704	16,259,193	14,193,704	---	-2,065,489
Preschool Grants.....	420,000	502,620	420,000	---	-82,620
Grants for Infants and Families.....	540,000	932,000	540,000	---	-392,000

Subtotal, program level.....	15,153,704	17,693,813	15,153,704	---	-2,540,109
IDEA National Activities (current funded):					
State Personnel Development.....	38,630	53,630	38,630	---	-15,000
Technical Assistance and Dissemination.....	45,345	55,345	45,345	---	-10,000
Personnel Preparation.....	115,000	250,000	115,000	---	-135,000
Parent Information Centers.....	33,152	49,152	33,152	---	-16,000
Educational Technology, Media, and Materials.....	31,433	41,433	31,433	---	-10,000

Subtotal, IDEA National Activities.....	263,560	449,560	263,560	---	-186,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Olympics Education Programs.....	36,000	36,000	36,000	---	---
Total, Special Education.....	15,453,264	18,179,373	15,453,264	---	-2,726,109
Current Year appropriations.....	(6,169,881)	(8,895,990)	(6,169,881)	---	(-2,726,109)
(Forward Funded).....	(5,870,321)	(8,410,430)	(5,870,321)	---	(-2,540,109)
Advance appropriations.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Rehabilitation Services					
Vocational Rehabilitation State Grants.....	3,949,707	4,253,834	4,253,834	+304,127	---
Client Assistance State grants.....	13,000	15,000	13,000	---	-2,000
Training.....	29,388	29,388	29,388	---	---
Demonstration and Training programs.....	5,796	7,296	5,796	---	-1,500
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	38,317	33,317	---	-5,000
Helen Keller National Center for Deaf/Blind Youth and Adults.....	19,000	19,000	19,000	---	---
Total, Rehabilitation Services.....	4,092,906	4,405,533	4,397,033	+304,127	-8,500
(Discretionary).....	(143,199)	(151,699)	(143,199)	---	(-8,500)
(Mandatory).....	(3,949,707)	(4,253,834)	(4,253,834)	(+304,127)	---
Special Institutions for Persons with Disabilities					
American Printing House for the Blind.....	43,431	43,431	43,431	---	---
National Technical Institute for the Deaf (NTID): Operations.....	92,500	92,500	92,500	---	---

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Gallaudet University:					
Operations.....	165,361	165,361	165,361	---	---
Total, Special Institutions for Persons with Disabilities.....	301,292	301,292	301,292	---	---
Total, Office of Special Education and Rehabilitative Services.....	19,847,462	22,886,198	20,151,589	+304,127	-2,734,609
=====					
OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION					
Career, Technical, and Adult Education 2/					
Career Education:					
Basic State Grants:					
State Grants.....	638,848	682,312	638,848	---	-43,464
Appropriations available from prior year advances.....	791,000	791,000	791,000	---	---
Total, Basic State Grants, fiscal year program level.....	1,429,848	1,473,312	1,429,848	---	-43,464

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, FY 2025.....	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.....	1,429,848	1,473,312	1,429,848	---	-43,464
National Programs.....	32,421	215,421	32,421	---	-183,000
Subtotal, Career Education.....	1,462,269	1,688,733	1,462,269	---	-226,464
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded.....	715,455	715,455	715,455	---	---
National Leadership Activities.....	13,712	43,712	13,712	---	-30,000
Subtotal, Adult Education.....	729,167	759,167	729,167	---	-30,000
Total, Office of Career, Technical, and Adult Education.....	2,191,436	2,447,900	2,191,436	---	-256,464
Current Year appropriations.....	(1,400,436)	(1,656,900)	(1,400,436)	---	(-256,464)
(Forward Funded).....	(1,400,436)	(1,656,900)	(1,400,436)	---	(-256,464)
Advance appropriations.....	(791,000)	(791,000)	(791,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF FEDERAL STUDENT AID					
Student Financial Assistance					
Pell Grants -- maximum grant (NA).....	(6,335)	(6,835)	(6,335)	---	(-500)
Pell Grants.....	22,475,352	24,275,352	22,475,352	---	-1,800,000
Federal Supplemental Educational Opportunity Grants...	910,000	910,000	---	-910,000	-910,000
Federal Work Study.....	1,230,000	1,230,000	---	-1,230,000	-1,230,000
Total, Student Financial Assistance.....	24,615,352	26,415,352	22,475,352	-2,140,000	-3,940,000
Student Aid Administration					
Salaries and Expenses.....	1,058,943	1,205,412	794,207	-264,736	-411,205
Servicing Activities.....	975,000	1,448,622	975,000	---	-473,622
Total, Student Aid Administration.....	2,033,943	2,654,034	1,769,207	-264,736	-884,827
Free Community College and Tuition Subsidies					
Accelerated Success: Free Community College (legislative proposal).....	---	500,000	---	---	-500,000
Total, Office of Federal Student Aid.....	26,649,295	29,569,386	24,244,559	-2,404,736	-5,324,827

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF POSTSECONDARY EDUCATION					
Higher Education 2/					
Aid for Institutional Development:					
Strengthening Institutions.....	122,070	209,007	122,070	---	-86,937
Hispanic-Serving Institutions.....	227,751	236,732	227,751	---	-8,981
Promoting Postbaccalaureate Opportunities for Hispanic Americans.....	27,314	28,845	27,314	---	-1,531
Strengthening Historically Black Colleges (HBCUs). Strengthening Historically Black Graduate Institutions.....	395,986	402,619	405,986	+10,000	+3,367
Strengthening Predominantly Black Institutions....	100,782	102,313	100,782	---	-1,531
Strengthening Asian American and Native American Pacific Islander-Serving Institutions.....	22,300	23,218	22,300	---	-918
Strengthening Alaska Native and Native Hawaiian-Serving Institutions.....	18,589	20,120	18,589	---	-1,531
Strengthening Native American-Serving Nontribal Institutions.....	24,433	25,044	24,433	---	-611
Strengthening Tribal Colleges.....	11,405	12,120	11,405	---	-715
Strengthening HBCU Masters programs.....	51,549	53,080	51,549	---	-1,531
	19,937	20,956	19,937	---	-1,019
Subtotal, Aid for Institutional Development...	1,022,116	1,134,054	1,032,116	+10,000	-101,938

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

International Education and Foreign Language:					
Domestic Programs.....	75,353	75,353	35,000	-40,353	-40,353
Overseas Programs.....	10,311	10,311	---	-10,311	-10,311

Subtotal, International Education and Foreign Language.....	85,664	85,664	35,000	-50,664	-50,664

Transition and Postsecondary Programs for Students with Intellectual Disabilities.....	13,800	15,180	13,800	---	-1,380
Minority Science and Engineering Improvement.....	16,370	18,370	16,370	---	-2,000
Tribally Controlled Postsec Voc/Tech Institutions.....	11,953	11,953	11,953	---	---
Federal TRIO Programs.....	1,191,000	1,297,761	1,191,000	---	-106,761
GEAR UP.....	388,000	408,000	388,000	---	-20,000
Graduate Assistance in Areas of National Need.....	23,547	23,547	---	-23,547	-23,547
Teacher Quality Partnerships.....	70,000	132,092	---	-70,000	-132,092
Child Care Access Means Parents in School.....	75,000	95,000	---	-75,000	-95,000
Fund for the Improvement of Postsecondary Ed. (FIPSE).....	184,000	725,000	79,000	-105,000	-646,000
Community Project Funding.....	429,587	---	---	-429,587	---
Hawkins Centers of Excellence.....	15,000	30,000	---	-15,000	-30,000
Graduate Fellowships to Prepare Faculty.....	---	10,000	---	---	-10,000

Total, Higher Education.....	3,526,037	3,986,621	2,767,239	-758,798	-1,219,382

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Howard University					
Academic Program.....	223,288	223,288	223,288	---	---
Endowment Program.....	3,405	3,405	3,405	---	---
Howard University Hospital.....	127,325	120,325	75,000	-52,325	-45,325
Total, Howard University.....	354,018	347,018	301,693	-52,325	-45,325

College Housing and Academic Facilities Loans Program	298	321	321	+23	---
Historically Black College and University (HBCU) Capital Financing Program Account					
HBCU Federal Administration.....	528	600	528	---	-72
HBCU Loan Subsidies.....	20,150	20,150	20,150	---	---
Total, HBCU Capital Financing Program Account....	20,678	20,750	20,678	---	-72
=====					
Total, Office of Postsecondary Education.....	3,901,031	4,354,710	3,089,931	-811,100	-1,264,779
=====					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination.....	245,000	291,877	245,000	---	-46,877
Statistics.....	121,500	127,000	121,500	---	-5,500
Regional Educational Laboratories.....	58,733	60,733	---	-58,733	-60,733
Research in Special Education.....	64,255	64,255	64,255	---	---
Special Education Studies and Evaluations.....	13,318	13,318	13,318	---	---
Statewide Data Systems.....	38,500	38,500	---	-38,500	-38,500
Assessment:					
National Assessment.....	185,000	189,000	185,000	---	-4,000
National Assessment Governing Board.....	7,799	9,300	7,799	---	-1,501
Subtotal, Assessment.....	192,799	198,300	192,799	---	-5,501
Program Administration.....	73,500	76,885	70,500	-3,000	-6,385
	=====	=====	=====	=====	=====
Total, Institute of Education Sciences.....	807,605	870,868	707,372	-100,233	-163,496
	=====	=====	=====	=====	=====

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses.....	419,907	508,359	350,000	-69,907	-158,359
Building Modernization.....	7,000	19,250	---	-7,000	-19,250
Total, Program administration.....	426,907	527,609	350,000	-76,907	-177,609
Office for Civil Rights.....	140,000	177,600	105,000	-35,000	-72,600
Office of Inspector General.....	67,500	87,497	60,000	-7,500	-27,497
	=====	=====	=====	=====	=====
Total, Departmental Management.....	634,407	792,706	515,000	-119,407	-277,706
	=====	=====	=====	=====	=====
Total, Title III, Department of Education.....	83,542,969	94,260,455	71,671,463	-11,871,506	-22,588,992
Current Year appropriations.....	(60,945,968)	(71,663,454)	(49,074,462)	(-11,871,506)	(-22,588,992)
Advance appropriations.....	(22,597,001)	(22,597,001)	(22,597,001)	---	---
	=====	=====	=====	=====	=====

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERLY DISABLED					
Salaries and Expenses.....	13,124	15,400	13,124	---	-2,276
Office of Inspector General.....	(3,150)	(3,600)	(3,150)	---	(-450)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA).....	103,285	141,626	---	-103,285	-141,626
National Senior Volunteer Corps:					
Foster Grandparents Program.....	125,363	143,450	75,363	-50,000	-68,087
Senior Companion Program.....	56,449	63,809	31,449	-25,000	-32,360
Retired Senior Volunteer Program.....	55,105	55,105	55,105	---	---
Subtotal, Senior Volunteer Corps.....	236,917	262,364	161,917	-75,000	-100,447
Subtotal, Domestic Volunteer Service Programs...	340,202	403,990	161,917	-178,285	-242,073

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

National and Community Service Programs:					
AmeriCorps State and National Grants.....	557,094	650,834	425,282	-131,812	-225,552
Innovation, Assistance, and Other Activities.....	14,706	14,706	6,148	-8,558	-8,558
Evaluation.....	6,250	6,250	---	-6,250	-6,250
National Civilian Community Corps (subtitle E)....	37,735	43,300	---	-37,735	-43,300
State Commission Support Grants.....	19,538	19,538	---	-19,538	-19,538

Subtotal, National and Community Service Programs.....	635,323	734,628	431,430	-203,893	-303,198
Total, Operating expenses.....	975,525	1,138,618	593,347	-382,178	-545,271
Payment to the National Service Trust.....	230,000	213,000	---	-230,000	-213,000
Salaries and Expenses.....	99,686	118,434	60,000	-39,686	-58,434
Office of Inspector General.....	7,595	8,572	7,595	---	-977
=====					
Total, Corporation for National and Community Service.....	1,312,806	1,478,624	660,942	-651,864	-817,682
=====					
CORPORATION FOR PUBLIC BROADCASTING					
Appropriation available from FY 2022 advance.....	475,000	525,000	525,000	+50,000	---

Total, available this fiscal year.....	475,000	525,000	525,000	+50,000	---
Advance appropriation, FY 2026.....	535,000	575,000	---	-535,000	-575,000

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
less appropriations provided from prior year advances (FY 2022).....	-475.000	-525.000	-525.000	-50.000	---
Public television interconnection system.....	60.000	60.000	---	-60.000	-60.000
	=====	=====	=====	=====	=====
Total Corporation for Public Broadcasting, appropriated in this bill.....	595.000	635.000	---	-595.000	-635.000
	=====	=====	=====	=====	=====
FEDERAL MEDIATION AND CONCILIATION SERVICE					
Salaries and Expenses.....	53.705	55.815	53.705	---	-2.110
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses.....	18.012	18.657	18.012	---	-645
INSTITUTE OF MUSEUM AND LIBRARY SERVICES					
Office of Museum and Library Services: Grants and Administration.....	294.800	294.800	294.800	---	---
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION					
Salaries and Expenses.....	9.405	10.053	9.405	---	-648

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

MEDICARE PAYMENT ADVISORY COMMISSION					
Salaries and Expenses.....	13,824	13,824	13,824	---	---
NATIONAL COUNCIL ON DISABILITY					
Salaries and Expenses.....	3,850	3,850	3,850	---	---
NATIONAL LABOR RELATIONS BOARD					
Salaries and Expenses.....	299,224	376,163	200,000	-99,224	-176,163
NATIONAL MEDIATION BOARD					
Salaries and Expenses.....	15,113	15,601	15,113	---	-488
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses.....	15,449	16,179	15,449	---	-730
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account.....	9,000	8,000	8,000	-1,000	---
Less Income Tax Receipts on Dual Benefits.....	-1,000	-1,000	-1,000	---	---
Subtotal, Dual Benefits.....	8,000	7,000	7,000	-1,000	---

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Payments to the Railroad Retirement Accounts..	150	150	150	---	---
Limitation on administrative expenses.....	128,000	138,575	103,000	-25,000	-35,575
Limitation on the Office of Inspector General.....	14,000	14,600	14,000	---	-600
Total, Railroad Retirement Board.....	150,150	160,325	124,150	-26,000	-36,175
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds.....	11,000	10,000	10,000	-1,000	---
Supplemental Security Income Program					
Federal Benefit Payments.....	59,225,000	56,328,000	56,328,000	-2,897,000	---
Beneficiary Services.....	124,000	137,000	137,000	+13,000	---
Research and Demonstration.....	86,000	91,000	91,000	+5,000	---
Administration.....	4,774,338	4,961,853	4,699,426	-74,912	-262,427
Subtotal, available this fiscal year.....	64,209,338	61,517,853	61,255,426	-2,953,912	-262,427
Less appropriations provided from prior year advances.....	-15,600,000	-15,800,000	-15,800,000	-200,000	---
Subtotal, current year appropriation.....	48,609,338	45,717,853	45,455,426	-3,153,912	-262,427
Subtotal, Mandatory.....	43,835,000	40,756,000	40,756,000	-3,079,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, 1st quarter, FY 2025.....	15,800,000	21,700,000	21,700,000	+5,900,000	---
Total, SSI program appropriated in this bill....	64,409,338	67,417,853	67,155,426	+2,746,088	-262,427
Limitation on Administrative Expenses					
OASI/DI Trust Funds.....	5,840,734	6,567,231	5,740,734	-100,000	-826,497
HI/SMI Trust Funds.....	3,075,880	3,430,858	3,000,880	-75,000	-429,978
Social Security Advisory Board.....	2,700	3,020	2,700	---	-320
SSI.....	3,282,664	3,467,091	3,207,664	-75,000	-259,427
Subtotal.....	12,201,978	13,468,200	11,951,978	-250,000	-1,516,222
User Fees:					
SSI User Fee activities.....	140,000	150,000	150,000	+10,000	---
SSPA User Fee Activities.....	1,000	1,000	1,000	---	---
CBO adjustment.....	-1,000	-1,000	-1,000	---	---
Subtotal, User fees.....	140,000	150,000	150,000	+10,000	---
Subtotal, Limitation on administrative expenses.	12,341,978	13,618,200	12,101,978	-240,000	-1,516,222

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Program Integrity:					
OASDI Trust Funds.....	292,326	375,238	359,238	+66,912	-16,000
SSI.....	1,491,674	1,494,762	1,491,762	+88	-3,000
Subtotal, Program integrity funding.....	1,784,000	1,870,000	1,851,000	+67,000	-19,000
Base Program Integrity.....	(273,000)	(287,000)	(273,000)	---	(-14,000)
Program Integrity (cap adjustment).....	(1,511,000)	(1,583,000)	(1,578,000)	(+67,000)	(-5,000)
Total, Limitation on Administrative Expenses....	14,125,978	15,488,200	13,952,978	-173,000	-1,535,222
Total, Limitation on Administrative Expenses (less user fees).....	13,985,978	15,338,200	13,802,978	-183,000	-1,535,222
Office of Inspector General					
Federal Funds.....	32,000	34,000	32,000	---	-2,000
Trust Funds.....	82,665	86,400	82,665	---	-3,735
Total, Office of Inspector General.....	114,665	120,400	114,665	---	-5,735

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
Adjustment: Trust fund transfers from general revenues	-4,774,338	-4,961,853	-4,699,426	+74,912	+262,427
Total, Social Security Administration.....	73,886,643	78,074,600	76,533,643	+2,647,000	-1,540,957
Federal funds.....	(64,592,338)	(67,611,853)	(67,347,426)	(+2,755,088)	(-264,427)
Current year.....	(48,792,338)	(45,911,853)	(45,647,426)	(-3,144,912)	(-264,427)
New advances, 1st quarter, FY 2025.....	(15,800,000)	(21,700,000)	(21,700,000)	(+5,900,000)	---
Trust funds.....	(9,294,305)	(10,462,747)	(9,186,217)	(-108,088)	(-1,276,530)
Total, Title IV, Related Agencies.....	76,681,105	81,168,891	77,956,017	+1,274,912	-3,212,874
Federal Funds.....	(67,230,976)	(70,539,145)	(68,638,976)	(+1,408,000)	(-1,900,169)
Current Year.....	(50,895,976)	(48,264,145)	(46,938,976)	(-3,957,000)	(-1,325,169)
FY 2025 Advance.....	(15,800,000)	(21,700,000)	(21,700,000)	(+5,900,000)	---
FY 2026 Advance.....	(535,000)	(575,000)	---	(-535,000)	(-575,000)
Trust Funds.....	(9,450,129)	(10,629,746)	(9,317,041)	(-133,088)	(-1,312,705)

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
DISCRETIONARY RESCISSIONS					
Adult Employment and Training Activities advance (FY24) (rescission).....	---	---	-712,000	-712,000	-712,000
Nonrecurring expenses fund, HHS (rescission).....	-650,000	-350,000	-1,000,000	-350,000	-650,000
Education for the Disadvantaged advance (FY24) (rescission).....	---	---	-8,671,399	-8,671,399	-8,671,399
Supporting Effective Instruction State Grants advance (FY24) (rescission).....	---	---	-1,681,441	-1,681,441	-1,681,441
Pell unobligated balances (rescission).....	-360,000	---	---	+360,000	---
Nonrecurring expenses fund, Education (rescission)....	---	---	-29,000	-29,000	-29,000
CNCS National Service Trust (rescission).....	---	-210,000	-243,000	-243,000	-33,000
Nonrecurring expenses fund, Commerce (rescission).....	---	---	-11,000,000	-11,000,000	-11,000,000
Total, Discretionary Resciissions.....	-1,010,000	-560,000	-23,336,840	-22,326,840	-22,776,840

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

CHANGES IN MANDATORY PROGRAMS (CHIMPS)					
Surplus property (DOL).....	2,000	2,000	2,000	---	---
H-1B (rescission) (DOL).....	-142,000	---	-206,000	-64,000	-206,000
Child Enrollment Contingency Fund (HHS-CMS) (rescission).....	-14,628,000	-19,193,000	-13,493,000	+1,135,000	+5,700,000
Performance Bonus Payments (HHS-CMS) (rescission).....	---	-10,732,000	---	---	+10,732,000
Pell: Increase maximum award.....	75,000	85,000	---	-75,000	-85,000
Pell max award (rescission).....	-75,000	-62,000	---	+75,000	+62,000
Limitation on eligible health care entity.....	---	---	-121,000	-121,000	-121,000
CBO adjustment: Extension of Parolee Eligibility P. L. 117-180 (Sec. 149)(emergency).....	1,000	---	---	-1,000	---
Internal Revenue Service Operations (rescission).....	---	---	-9,774,000	-9,774,000	-9,774,000
Limitation on Elective Care Services.....	---	---	-51,000	-51,000	-51,000
	=====	=====	=====	=====	=====
Total, Changes in Mandatory Programs.....	-14,767,000	-29,900,000	-23,643,000	-8,876,000	+6,257,000
	=====	=====	=====	=====	=====

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

OTHER APPROPRIATIONS					
ADDITIONAL UKRAINE SUPPLEMENTAL APPROPRIATIONS ACT. 2023 (P.L. 117-328 DIVISION M)					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Administration for Children and Families					
Refugee and Entrant Assistance (emergency).....	2,400.000	---	---	-2,400.000	---
General Provisions - This Title					
Afghan resettlement (Sec. 1501) (emergency).....	9.000	---	---	-9.000	---

Total, Additional Ukraine Supplemental Appropriations Act, 2023.....	2,409.000	---	---	-2,409.000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
 (Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request
DISASTER RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2023 (P.L. 117-328 DIVISION N)					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Centers for Disease Control and Prevention					
CDC-Wide Activities and Program Support (emergency)...	86.000	---	---	-86.000	---
National Institutes of Health					
National Institute of Environmental Health Sciences(emergency)	2.500	---	---	-2.500	---
Office of the Director (emergency).....	25.000	---	---	-25.000	---
Total, National Institutes of Health.....	27.500	---	---	-27.500	---
Administration for Children and Families					
Low Income Energy Assistance (emergency).....	3,500.000	---	---	-3,500.000	---
Payments to States for the Child Care and Development Block Grant (emergency).....	100.000	---	---	-100.000	---
Children and Families Services Programs (emergency)...	408.000	---	---	-408.000	---
Total, Administration for Children and Families.	4,008.000	---	---	-4,008.000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2023
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2024
(Amounts in thousands)

	FY 2023 Enacted	FY 2024 Request	Bill	Bill vs. Enacted	Bill vs. Request

Office of the Secretary					
Public Health and Social Services Emergency Fund (emergency).....	128.792	---	---	-128.792	---

Total, Disaster Relief Supplemental Appropriations Act, 2023.....	4,250.292	---	---	-4,250.292	---
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Total, Other Appropriations.....	6,659.292	---	---	-6,659.292	---
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Grand Total.....	1,414,884.909	1,440,095,232	1,366,139,783	-48,745,126	-73,955,449
Appropriations.....	(1,159,450,283)	(1,152,301,542)	(1,098,346,269)	(-61,104,014)	(-53,955,273)
Emergency appropriations.....	(9,435,292)	---	---	(-9,435,292)	---
Trust funds.....	(19,059,609)	(21,309,275)	(18,146,939)	(-912,670)	(-3,162,336)
Advance Appropriations, FY 2025.....	(242,259,725)	(296,456,415)	(296,456,415)	(+54,196,690)	---
Advance appropriations, FY 2026.....	(535,000)	(575,000)	---	(-535,000)	(-575,000)
Rescissions.....	(-15,855,000)	(-30,547,000)	(-46,809,840)	(-30,954,840)	(-16,262,840)
21st Century CURES Act funding.....	(1,085,000)	(407,000)	(407,000)	(-678,000)	---