December 13, 2000

TO: Barbara Chow

FR: Heather Howard

CC: Ann O'Leary

RE: FMLA Funding in Labor-H

I spoke with Donna Lenhoff, and if there is $2 million in Labor-H, their priorities would be:

- **$1 million for the public education campaign**;
- **$1 million for research projects** by "States, foundations and other entities" (her hope would be that this money could get out before the end of the Administration).

The attached email from Donna describes these two proposals. For your information, in the October deal, $1 million was included for the public education campaign, $4.5 million was included for research projects, and $4.5 million was included for follow-up surveys, which Donna says are already being done and are not a priority.

Donna Lenhoff <dlenhoff@nationalpartnership.org>
12/13/2000 12:39:47 PM

Record Type: Record

To: Heather H. Howard/OPD/EOP

cc:
Subject: language from previous deal...

$4,500,000 will be used to fund research projects by States, foundations, and other entities. This part of the budget initiative would enable such entities to identify the issues facing employees balancing work and family at a grassroots level. Research projects would likely focus on defining barriers to workers needing leave, exploring options employers currently offer to employees, and developing a localized view of the issues facing employees who are balancing work and family on a daily basis.

The remaining $1,000,000 will be used for a public education campaign to inform employers and employees about their rights and responsibilities under the FMLA and about practices of model employers. Many employers have creative programs and benefits that help employees balance work and family. This part of the budget initiative focuses on informing employees and employers about the various options and family policies that are in practice today.

criminal justice system and local workforce investment systems. Partnerships will coordinate with reentry partnerships and reentry courts funded through the Department of Justice and substance abuse and mental health funding from the Department of Health and Human Services.

Head Start → 93 → ~~2 billion~~ 2.776 (2.8)
2001 - 6.2
1237 increase

CHILD CARE

The number of children with parents who work outside of the home is higher than ever before. In 1996, three out of four mothers with young children worked outside of the home, compared to one in four in 1965. During the Clinton-Gore Administration, funding for child care has more than doubled. Still, many eligible children do not receive assistance. The Clinton-Gore Administration proposed, fought for, and won a comprehensive child care initiative to address the struggles our nation's working parents face in finding child care they can afford, trust and rely on.

- ✓ **Providing More Children Access to Head Start than Ever Before.** President Clinton won $6.3 billion in funding for Head Start—a $1 billion increase over last year and the largest funding request ever proposed or received for the program. It will provide access to Head Start and Early Head Start for approximately 950,000 children in 2001, and is a large step toward the goal of serving one million children in 2002. Head Start prepares low-income children for a lifetime of learning and development by providing early, continuous and comprehensive child development and family support services.

- ✓ **Helping ~~More~~ Low-Income Families Afford Child Care.** The President fought for an $817 million increase for the Child Care Development Block Grant, to $2 billion. This increase will enable the program to provide child care subsidies for nearly 150,000 more children in 2001. These new resources, combined with the child care funds provided in welfare reform, will serve over 2.2 million children in 2001, an increase of nearly 1 million since 1997. The Child Care Development Block Grant is the primary federal effort to help low-income families pay for child care, helping low-income parents to work.

- ✓ **Promoting Early Learning by Improving the Quality of Child Care. (<u>This piece is the most up in the air right now</u>.)** At the beginning of this year, President Clinton called on Congress to include an Early Learning Fund in the budget to help improve child care quality and early childhood education for children under five years old. The final budget included the Stevens-Kennedy Early Learning Opportunities Act and provided ($[illegible]) to allow states to help communities foster cognitive development, improve child care quality and promote readiness for school. Resources could be used to: help child care providers get training or certification; teach parents and caregivers how to facilitate development of cognitive skills and language comprehension; increase access to existing child care programs by expanding the days or times that children are served; enhance childhood literacy; improve quality of existing early learning programs through recruitment, retention and professional development incentives; and increase early learning opportunities for children with special needs.

- ✓ **Working to Make Parental Leave More Affordable: (<u>This piece is also very up in the air.</u>)** The final budget includes **($10 million)** for states and other entities to explore how to make parental and family leave more available and affordable for those who need it. A 1996 study by the Commission on Family and Medical Leave found that the most significant reason why parents did not take advantage of unpaid leave after the birth or adoption of a child was the expected loss of income. In addition, this funding will support a ~~strong~~ program of research and analysis of the implementation and use of the Family and Medical Leave Act.

PRESIDENT CLINTON, VICE PRESIDENT GORE, AND CONGRESSIONAL DEMOCRATS WIN A BUDGET THAT INVESTS IN AMERICA'S PRIORITES

December 13, 2000

THE CLINTON-GORE BUDGET PLAN TO ADDRESS NATIONAL PRIORITIES. Last winter, President Clinton and Vice President Gore proposed a fiscally responsible budget that maintains America's prosperity by paying down the debt, providing targeted middle-class tax cuts and making key investments in improving education, promoting national security, protecting the environment, and fighting crime. Thanks to their strong advocacy, President Clinton and Congress agreed to a budget invests in these key priorities:

Investing in America's Students. The Clinton-Gore education strategy of higher standards for students and teachers, accountability for results, and a greater investment in our schools is working.

- ✓ **Expanding Head Start.** President Clinton won a ~~$1 billion~~ 900 million increase for Head Start, to ~~$6.8~~ 6.2 billion, to serve ~~950~~,945,000 children. *(if fully funded)*
- ✓ **Modernizing Schools.** The budget includes President Clinton's school construction proposals: $1.3 billion for urgent school repairs and $25 billion in tax-credit bonds for school construction and repair, neither of which were included in the Republican plan. *(if fully funded)*
- ✓ **Reducing Class Sizes.** President Clinton won $1.75 billion for class-size reduction, enough to hire 20,000 more teachers and stay on track to hire 100,000 to reduce class sizes in the early grades. The Republican plan failed to dedicate funds for class-size reduction. *(if fully funded)*
- ✓ **Improving Teacher Quality.** The final budget includes the President's $1 billion set of teacher quality initiatives, a $527 million increase over the Republican plan. *(if fully funded)*
- ✓ **Creating After-School Learning Opportunities.** The budget includes $1 billion for after-school programs, nearly $450 million above current law and $400 million above the Republican plan. *(if fully funded)*
- ✓ **Holding Schools Accountable for Student Achievement.** President Clinton won $250 million to turn around low-performing schools, while the Republican budget provided $0. *(if fully funded)*
- ✓ **Creating College Opportunities through GEAR UP.** The budget increases funding for GEAR UP by $125 million—to $325 million—while the Republican plan provided a $0 increase. *(if fully funded)*
- ✓ **Increasing Student Aid.** Last January, President Clinton announced his request for a $1 billion increase in efforts to prepare students for college. Consistent with his plan, the budget increases the maximum Pell grant to $3,650, provides the largest increase ever for TRIO, incorporates key elements of his College Completion Challenge Grants proposal into TRIO, and provides one million students the opportunity to work through college. *(if fully funded)*

Protecting Fiscal Discipline and Paying Down the Debt. The budget is a victory for President Clinton's stand for fiscal discipline. Between 1981 and 1992, the debt quadrupled. When President Clinton and Vice President Gore took office, the budget deficit was $290 billion and it was projected to be $455 billion by 2000. As a result of the tough and sometimes unpopular choices made by President Clinton, we have seen eight consecutive years of fiscal improvement for the first time in America's history, bringing last year's budget to a unified surplus of $237 billion, the largest ever.

- ✓ **Protecting Fiscal Discipline.** The Republicans proposed fiscally irresponsible tax cuts that would have jeopardized this record of fiscal discipline. In August, President Clinton vetoed Republican tax cuts that were part of their 10-year tax plan that would drain nearly $2 trillion from the surplus, drive us back into deficits, and make it impossible to eliminate our debt by 2012.
- ✓ **Paying Down the Debt.** Because record deficits have become record surpluses, we were able to cut our debt by $223 billion last year, the largest one-year debt reduction in U.S. history. The debt at the end of FY 2000 was $2.4 trillion lower than it was projected to be in the last forecast before the President's program

- ✓ **Expanding AIDS Care, Prevention, and Research.** Building on the historic reauthorization of the Ryan White CARE Act, the President and Congress continue their strong partnership to address the AIDS epidemic with substantial increases in funding. The budget includes a $95 million increase in funding for domestic HIV prevention activities; an increase of $200 million for the Ryan White CARE Act, which helps provide primary care and support for those living with HIV/AIDS; and an estimated ***$XX million*** in additional funds for AIDS-related research at the NIH. Congress and the President also worked together to add $100 million in funding to the Minority AIDS Initiative, which utilizes existing programs to reach African-Americans, Latinos, and other racial and ethnic minorities that are disproportionately impacted by HIV/AIDS. CDC received an additional $18 million to fight AIDS internationally.

- ✓ **Preventing Childhood Diseases.** The budget provides $103 million, a 20 percent increase over last year, to increase childhood immunization rates and eradicate polio worldwide.

- ✓ **Controlling the Spread of Infectious Disease.** The budget provides $236 million to the Center for Disease Control, a 33 percent increase, for infectious disease programs and disease surveillance systems.

- ✓ **Expanding Family Planning at Home.** The President won $~~274~~ 254 million in FY 2001 for family planning, a $35 million increase. This initiative will allow family planning clinics to provide reproductive health services and clinical care to over 5 million underserved Americans, including testing and treatment for sexually-transmitted diseases, cancer screenings, ~~and~~ HIV prevention and counseling. Title X Family Planning funding helps prevent over one million unintended pregnancies per year through comprehensive reproductive health services, including programs to discourage adolescent sexual activity and contraceptive counseling.

- ✓ **Increasing Funding to Explore the Environmental Causes of Disease.** The budget provides $XX million, a XX percent increase, to assist communities investigating unusual incidence of cancer or other diseases; identify regions of the country in which individuals are at increased risk of dangerous exposure to toxic substances; and ensure rapid evaluation of the impact of public health emergencies.

- ✓ **Providing Quality Health Care to Native Americans:** The budget provides $2.6 billion, a 9 percent increase, for high-quality health care services on American Indian and Alaska Native reservations.

- ✓ **Expanding Substance Abuse Prevention and Treatment.** The budget continues the Administration's commitment to expanding substance abuse prevention and treatment with a [$239 million] increase in funding to $2.2 billion, a 37 percent increase since 1993. This includes an additional [$102 million] for Targeted Capacity Expansion grants to help communities address gaps in substance abuse services for emerging areas of need. Combined with an additional [$135 million] for the Substance Abuse Block Grant, the budget will provide treatment for another [000 - TBD] individuals.

ENVIRONMENT

President Clinton and Vice President Gore made significant strides for the environment in the fiscal year 2001 budget that proposed a record $42.5 billion to protect our natural resources, communities and families – an 11 percent increase over last year. The final budget includes increased funding for protection of America's parks, forests, green spaces, coastal areas and wildlife. The budget will provide Americans with increased resources for wild fire management, clean water and energy security. At the same time, the President and Vice President fought back numerous, anti-environmental riders that would have traded hard-won environmental safeguards for short-term special interest gains.

Hate Crimes: The Hate Crimes bill passed the Senate in June as an amendment to the Defense Authorization bill. Pre-Senate version is pending in the House. Our strategy has been to try to push Hastert into bringing the bill to the Floor, and then work to adopt the Senate version in conference (Mary Smith is handling this issue, but keeping us informed).

BUDGET PRIORITIES: LABOR-HHS-ED

HHS

Child Care Development Block Grant

President's Request: $2 billion
House: $1.583 billion ($417 million below request)
(Includes $50 million for infant and toddler set aside, does not include the requested $10 million research and evaluation set aside)
Senate: $2 billion
(Includes $100 million for infant and toddler set aside, but takes the additional $50 million out of the quality set-aside and does not include the $10 million research and evaluation set aside)
Bottom Line: The $817 million increase is the most important child care priority for the child care advocates. It demonstrates a continued commitment to cover more eligible children and shows that we are serious about the Federal investment in child care. As you know, Senator Specter committed to providing the additional $817 million to the FY00 negotiations. Beyond the $817, it is important to get both the infant/toddler set aside and the research/evaluation set aside. The $100 million in the Senate is preferable if the additional $50 million came out of the larger pot (the $817) rather than the quality set aside.

Head Start

President's Request: $6.3 billion
House: $600 million less than President's request
Senate: $6.3 billion
Bottom Line: $6.3 billion – In order to reach 950,000 and continue to move toward the President's goal of serving 1 million children, we need to fight for the $1 billion increase.

Child Welfare Monitoring

President's Request: $164.4 million
House: $147.9 million (FY00 level)
Senate: $157.1 million (funding for current services, but not for monitoring)
Bottom line: $164.4 million – In January 2000, the Administration for Children and Families

issued final regulations to improve monitoring for child welfare services. This new system increases accountability by focusing on outcomes for children and families. The first 17 states to be reviewed were just notified and ACF is beginning preparations. Without the additional funding requested by the President, however, ACF will not be able to implement the full-scale monitoring process. This new monitoring could revolutionize the accountability system in child welfare and we need to fight for this full investment.

Title X Family Planning

Request: $274 million ($35 million increase)
House: $239 (level funding)
Senate: $254 million
Bottom line: At a minimum, the Senate level of $254 million, but push for the Administration's full $35 million increase. The full increase would provide family planning services to an additional 500,000 clients who are neither Medicaid eligible or have private health insurance.

VAWA

Battered Women's Shelters
Request: $116.9 million
House: $101.1 million
Senate: $116.9 (Administration's request)

Adoption Bonus Awards

President's Request: $41.7 million
House: $43 million
Senate: $41.79 million
Bottom Line: Due to a legislative fix, $22.5 million of FY00 funds were used to pay for 1999 bonus awards due to a shortfall. As a result, this year the Department is short $36 million for bonus awards and expects to be short $14 million for next year. In order to get back on track, we would need to add an additional $50.6 million to the $41 million Presidential request for a total of $92.3 million.

Family Planning Rider

Strike the Helms amendment in the Senate Labor-H bill. It prohibits the distribution of emergency contraceptives at health clinics in primary and secondary schools. Decisions about what services to provide at school clinics are currently made at the local level. The Helms amendment interferes with local control.

ED

After School

President's Request: $1 billion
House: $600 million
Senate: $600 million
Bottom Line: $1 billion – Without the $1 billion investment, we will not be able to live up to the President's commitment to provide every child in a failing school the opportunity to participate in an enriching afterschool program through the 21st Century Community Learning Centers.

Early Childhood Professional Development

President's Request: $30 million
House: zero
Senate: zero
Bottom Line: $30 million – This initiative is the only early childhood funding focused on quality. Without the Early Learning Fund, we need to push for quality through alternative avenues. This grant would provide critical funding for the professional development of child care professionals and early childhood educators.

Labor

Paid Leave Planning Grants to States

President's Request: $20 million in DOL Departmental Management Account
House: zero
Senate: zero
Bottom Line: If the Administration could get $10 million for these planning grants, it would provide some seed money for States and regions to continue exploring this important next step in proving family leave – paid leave for those who cannot afford to take unpaid leave. Unfortunately, we inadvertently left it out of the Labor-H SAP, but it remains on OMB's list of priorities.

NOTE: As you know, a Maloney (D-NY) amendment to authorize funds for a study exploring means by which Federal employees can be provided at least 6 weeks paid parental leave upon birth or adoption of a child passed on the House Treasury-Postal Appropriations bill yesterday.

Commerce-Justice-State

Violence Against Women

Request: $296 million

House:	$284 million
Senate:	$285 million
Bottom Line:	$296 million – This includes funding for STOP grants to law enforcement partnerships, as well as legal assistance grants.

July 21, 2000

MEMORANDUM FOR BRUCE REED AND BARBARA CHOW

FROM: **ANN O'LEARY**
HEATHER HOWARD
ERIC MORSE

CC: **KARIN KULLMAN**
ANNA RICHTER

SUBJECT: LEGISLATIVE PRIORITIES – CHILDREN & FAMILIES TEAM

Below please find a summary of authorizing and appropriations priorities for issues covered by the Children and Families team.

AUTHORIZATION PRIORITIES

Reauthorization of the Corporation for National Service: The CNS reauthorization bill, S. 2794, was marked-up and passed out of the Senate HELP Committee on Friday, July 21, 2000. Senators Jeffords and Kennedy have made an agreement with Daschle and Lott to try to get it passed on the Senate Floor next week under UC. The House, however, has no plans to take up this bill. Chairman Goodling has been clear that he does not support this reauthorization and does not plan to schedule a mark-up. The House Leadership, led by Army and Delay, has also continually expressed their distaste for this bill. The Administration needs to formulate a House strategy to pass the reauthorization without going through committee.

Reauthorization of the Violence Against Women Act: VAWA II has passed out of the Judiciary Committees in both the House and Senate, but has not yet been scheduled for floor action. Currently, there are no clear vehicles in the Senate. There have been some rumors of adding VAWA reauthorization to the Trafficking bill, but the Administration is concerned about holding up Trafficking due to VAWA. The House was prepared to move VAWA under suspension this past week, but the bills became bogged down in both the Commerce and Education and Workforce Committees, which have jurisdiction over the HHS programs. The Administration needs to work to get the committees to either waive jurisdiction or quickly move VAWA.

Breast and Cervical Cancer Treatment Act: This bill provides a new Medicaid treatment option for low-income women diagnosed with breast or cervical cancer through the Federal screening program. The proposal was included in the President's budget. The authorization bill passed the House in May and was approved by the Senate Finance Committee in June, but there is no clear vehicle for floor consideration, and no indication from the leadership of when it will move.

$ in millions	2000	2001 Request	House	Senate	Senate v. Req.	Current Conference	Current Conf. v. Req.
BILL TOTAL	96,553	106,219	100,183	106,474	255	108,735	2,516
EDUCATION	35,605	40,095	37,142	40,275	180	40,712	617
Teacher Quality Initiatives	358	1,000	38	473	-527	473	-527
Teach To High Standards State Grant (incl. Eisenhower) (nc	335	690	--	435	-255	435	-255
Teaching to High Standards -- National Act. (non add)	23	310	38	38	-272	38	-272
Teacher Quality Enhancement Grants	98	98	98	98	0	98	0
School Renovation	--	1,300	--	--	-1,300	--	-1,300
Class Size 1/	1,300	1,750	--	--	-1,750	--	-1,750
Innovative Education -- Title VI Block Grant	366	--	366	3,100	3,100	3,100	3,100
Teacher Empowerment Act 1/	--	--	1,750	--	0	--	0
21st Century After School Centers	453	1,000	600	600	-400	600	-400
Title 1 Grants to LEAS	7,941	8,357	7,941	8,336	-21	8,252	-105
Comprehensive School Reform (Title 1)	170	190	190	--	-190	210	20
Small, Safe and Successful Schools	45	120	--	--	-120	45	-75
Next Generation Technology (TICG &Star)	197	170	243	143	-27	241	71
Preparing Tomorrow's Teachers to Use Technology	75	150	85	125	-25	125	-25
Community Technology Centers	33	100	33	65	-35	53	-47
Impact Aid	906	770	985	1,075	305	1,028	258
Safe and Drug Free Schools	600	650	599	642	-8	634	-16
Arts in Education	12	23	17	18	-5	27	4
Reading Excellence Act	260	286	260	286	0	286	0
IDEA State Grants	5,755	6,053	6,255	7,053	1,000	7,053	1,000
IDEA State Improvement	35	45	45	35	-10	40	-5
IDEA Technical Assistance	45	53	45	45	-8	45	-8
Indian Education	77	116	108	116	0	116	0
Recognition and Reward	--	50	--	--	-50	--	-50
OPTIONS to Improve Schools	--	20	--	--	-20	--	-20
Bilingual Education	248	296	248	279	-17	279	-17
National Institute for Disability	86	100	86	95	-5	100	0
Vocational Education Tech Prep 02	106	306	106	106	-200	106	-200
Vocational Education -- State Grants	1,056	856	1,100	1,071	215	1,100	244
Adult Education National Programs	20	96	21	21	-75	21	-75
Learning Anytime Anywhere Partnerships	23	30	10	30	0	30	0
Dual Degree Programs	--	40	--	--	-40	--	-40
Howard University	219	224	226	224	0	226	2
Thurgood Marshall Scholarships	--	--	--	--	0	--	0
Olympic Scholarships	--	--	--	--	0	--	0
TRIO	645	725	760	737	12	760	35
LEAP	40	40	--	70	30	70	30
GEAR UP	200	325	200	225	-100	200	-125
Child Care Access	5	15	15	20	5	15	0
Pell Grants	7,640	8,356	8,308	8,692	336	8,571	215
Perkins Loan Cancellations	30	60	40	75	15	60	0
Research, Statistics and Assessment	277	325	277	287	-38	287	-38
Fund for Improvement of Education	244	137	145	142	5	343	206
National Constitution Center (non-add)		*3*	--	--	-3	--	-3
Community Coaches	--	5	--	--	-5	--	-5
Department Management	488	526	488	505	-21	509	-17
America's Tests	--	5	--	--	-5	--	-5
Strengthening HBCUs	149	169	185	169	0	185	16
Hispanic Serving Institutions	42	63	69	63	0	69	6

$ in millions	2000	2001 Request	House	Senate	Senate v. Req.	Current Conference	Current Conf. v. Req.
LABOR	11,227	12,404	10,701	11,483	-921	11,676	-728
Dislocated Workers	1,589	1,771	1,382	1,589	-182	1,589	-182
International Labor Activities	70	167	70	115	-52	140	-27
Youth Opportunity Grants	250	375	175	250	-125	250	-125
Youth Activities	1,001	1,023	1,001	1,001	-22	1,001	-22
Fathers Work/Families Win	--	255	--	--	-255	--	-255
One Stop Career Centers / ALMIS	110	154	--	110	-44	110	-44
Youth Violence	14	115	14	50	-65	50	-65
Safe Schools/Healthy Students	--	40	--	20	-20	20	-20
Responsible Reintegration of Young Offenders	14	75	14	30	-45	30	-45
Adult job training	950	950	857	950	0	950	0
Employment Service	817	856	811	836	-20	836	-20
Reemployment Services	--	50	--	25	-25	25	-25
Disability Initiative	9	23	9	23	0	23	0
UI Grants	2,266	2,359	2,266	2,284	-75	2,349	-10
Worker Protection Programs (Enforcement Agencies)	1,117	1,214	1,122	1,199	-15	1,199	-15
Pension & Welfare Benefits Admin.	99	108	99	103	-5	103	-5
Employment Standards (incl. wage & hour)	339	363	339	353	-10	353	-10
OSHA	382	426	382	426	0	426	0
MSHA	228	242	233	245	3	245	3
Solicitor	69	75	69	72	-3	72	-3
Veterans Employment and Training	201	210	201	207	-3	207	-3
Homeless Veterans	10	15	10	12	-3	12	-3
Information Technology	--	54	--	30	-24	30	-24
BLS (National Economic Indicators)	434	454	440	447	-7	447	-7
Incumbent workers	--	30	--	20	-10	20	-10
Department Management	26	46	26	27	-19	27	-19
ETA Program Admin	146	159	146	156	-3	155	-4
HHS	41,676	45,040	43,877	43,605	-1,435	45,508	468
Health care access for uninsured	40	125	--	25	-100	--	-125
Community health centers	1,019	1,069	1,100	1,169	100	1,169	100
Rural outreach grants	36	39	31	39	0	46	7
Family planning	239	274	239	254	-20	~~274~~ 239	0
Poison control	3	2	7	26	24	20	18
Black Caucus AIDS	250	274	259	259	-15	259	-15
HRSA Pediatric GME	40	80	80	80	0	80	0
HP Centers of Excellence	26	31	28	--	-31	28	-3
HP Health Career Opportunities	28	33	31	--	-33	31	-2
Ryan White	1,595	1,720	1,725	1,650	-70	1,728	8
CDC HIV/AIDS	695	734	734	762	28	734	0
CDC Global AIDS (Sub Saharan Africa)	35	61	61	55	-6	61	0
NIOSH (NORA)	215	220	214	233	13	233	13
CDC chronic	375	385	396	398	13	446	61
CDC infectious disease	176	182	182	186	4	201	19
CDC tuberculosis	128	128	128	121	-7	128	0
Immunizations	510	530	525	537	7	542	12
Environmental Health Lab	11	23	23	23	0	25	2
Environmental Health Activities	8	5	5	5	0	5	0
CDC West Nile	8	5	10	5	0	15	10
CDC Safe Motherhood	8	8	8	8	0	8	0
CDC STD	136	151	151	150	-1	157	6
CDC Asthma	10	10	10	20	10	30	20
CDC Breast and Cervical	166	171	171	177	6	174	3

$ in millions	2000	2001 Request	House	Senate	Senate v. Req.	Current Conference	Current Conf. v. Req.
CDC Ovarian	1	1	1	1	0	1	0
CDC Lead Poisoning Prevent	38	38	38	38	0	38	0
CDC health disparities	30	35	35	30	-5	35	0
CDC Health statistics	105	110	105	104	-6	105	-5
CDC Buildings and facilities	57	127	145	175	48	175	48
NIH	17,813	18,813	18,813	20,513	1,700	20,513	1,700
SAMHSA mental health KDA	137	167	133	147	-20	146	-21
Substance Abuse Block	1,600	1,631	1,631	1,631	0	1,631	0
SAMHSA Minority Fellowships							
SAMHSA PAMI	25	26	25	26	0	26	0
Children's Mental Health	83	87	87	87	0	87	0
Substance abuse prevention	147	142	133	121	-21	153	11
Agency for Health Care Research	199	250	224	270	20	270	20
Health Care Financing Administration	1,993	2,086	1,866	2,019	-67	2,111	25
Child Care Development Block Grant	1,183	2,000	1,583	2,000	0	2,000	0
CSBG	528	510	528	550	40	550	40
Head Start	5,267	6,267	5,667	6,267	0	6,300	33
Runaway, Homeless Youth	64	74	64	69	-5	69	-5
Battered Women's Shelters	101	117	101	117	0	117	0
Individual Development Accounts	10	25	10	--	-25	10	-15
Native Americans programs	35	44	35	40	-4	38	-6
ACF Admin	147	164	148	157	-7	160	-4
Social Services Block Grant (SSBG)(Non-add)	1,775	1,775	1,700	600	-1,175	1,700	
Administration on Aging caregivers	--	125	--	--	-125	--	-125
Administration on Aging research & training	31	36	9	31	-5	19	-17
Administration on Aging Indians	18	23	18	23	0	23	0
Office of the Secretary	218	210	213	210	0	222	12
Tobacco litigation	--	4	--	--	-4	0	-4
Civil Rights	23	27	22	27	0	24	-3
RELATED AGENCIES							
Social Security Admin. (program level)	6,782	7,134	6,978	7,011	-123	7,134	0
NLRB	206	216	206	216	0	216	0
Corp. National Service	295	313	295	303	-10	302	-11
SUBTOTAL							

1/ The $1.75 billion request for Class Size Reduction is consolidated in the bill into the Teacher Empowerment Block Grant Act, subject to authorization.

July 21, 2000

MEMORANDUM FOR BRUCE REED AND BARBARA CHOW

FROM: ANN O'LEARY
HEATHER HOWARD
ERIC MORSE

CC: KARIN KULLMAN
ANNA RICHTER

SUBJECT: LEGISLATIVE PRIORITIES - CHILDREN & FAMILIES TEAM

Below please find a summary of authorizing and appropriations priorities for issues covered by the Children and Families team.

AUTHORIZATION PRIORITIES

Reauthorization of the Corporation for National Service: The CNS reauthorization bill, S. 2794, was marked-up and passed out of the Senate HELP Committee on Friday, July 21, 2000. Senators Jeffords and Kennedy have made an agreement with Daschle and Lott to try to get it passed on the Senate Floor next week under UC. The House, however, has no plans to take up this bill. Chairman Goodling has been clear that he does not support this reauthorization and does not plan to schedule a mark-up. The House Leadership, led by Army and Delay, has also continually expressed their distaste for this bill. The Administration needs to formulate a House strategy to pass the reauthorization without going through committee.

Reauthorization of the Violence Against Women Act: VAWA II has passed out of the Judiciary Committees in both the House and Senate, but has not yet been scheduled for floor action. Currently, there are no clear vehicles in the Senate. There have been some rumors of adding VAWA reauthorization to the Trafficking bill, but the Administration is concerned about holding up Trafficking due to VAWA. The House was prepared to move VAWA under suspension this past week, but the bills became bogged down in both the Commerce and Education and Workforce Committees, which have jurisdiction over the HHS programs. The Administration needs to work to get the committees to either waive jurisdiction or quickly move VAWA.

Breast and Cervical Cancer Treatment Act: This bill provides a new Medicaid treatment option for low-income women diagnosed with breast or cervical cancer through the Federal screening program. The proposal was included in the President's budget. The authorization bill passed the House in May and was approved by the Senate Finance Committee in June, but there is no clear vehicle for floor consideration, and no indication from the leadership of when it will move.

Hate Crimes: The Hate Crimes bill passed the Senate in June as an amendment to the Defense Authorization bill. Pre-Senate version is pending in the House. Our strategy has been to try to push Hastert into bringing the bill to the Floor, and then work to adopt the Senate version in conference (Mary Smith is handling this issue, but keeping us informed).

BUDGET PRIORITIES: LABOR-HHS-ED

HHS

Child Care Development Block Grant

President's Request: $2 billion
House: $1.583 billion ($417 million below request)
(Includes $50 million for infant and toddler set aside, does not include the requested $10 million research and evaluation set aside)
Senate: $2 billion
(Includes $100 million for infant and toddler set aside, but takes the additional $50 million out of the quality set-aside and does not include the $10 million research and evaluation set aside)
Bottom Line: The $817 million increase is the most important child care priority for the child care advocates. It demonstrates a continued commitment to cover more eligible children and shows that we are serious about the Federal investment in child care. As you know, Senator Specter committed to providing the additional $817 million to the FY00 negotiations. Beyond the $817, it is important to get both the infant/toddler set aside and the research/evaluation set aside. The $100 million in the Senate is preferable if the additional $50 million came out of the larger pot (the $817) rather than the quality set aside.

Head Start

President's Request: $6.3 billion
House: $600 million less than President's request
Senate: $6.3 billion
Bottom Line: $6.3 billion – In order to reach 950,000 and continue to move toward the President's goal of serving 1 million children, we need to fight for the $1 billion increase.

Child Welfare Monitoring

President's Request: $164.4 million
House: $147.9 million (FY00 level)
Senate: $157.1 million (funding for current services, but not for monitoring)
Bottom line: $164.4 million – In January 2000, the Administration for Children and Families

issued final regulations to improve monitoring for child welfare services. This new system increases accountability by focusing on outcomes for children and families. The first 17 states to be reviewed were just notified and ACF is beginning preparations. Without the additional funding requested by the President, however, ACF will not be able to implement the full-scale monitoring process. This new monitoring could revolutionize the accountability system in child welfare and we need to fight for this full investment.

Title X Family Planning

Request: $274 million ($35 million increase)
House: $239 (level funding)
Senate: $254 million
Bottom line: At a minimum, the Senate level of $254 million, but push for the Administration's full $35 million increase. The full increase would provide family planning services to an additional 500,000 clients who are neither Medicaid eligible or have private health insurance.

VAWA

Battered Women's Shelters
Request: $116.9 million
House: $101.1 million
Senate: $116.9 (Administration's request)

Adoption Bonus Awards

President's Request: $41.7 million
House: $43 million
Senate: $41.79 million
Bottom Line: Due to a legislative fix, $22.5 million of FY00 funds were used to pay for 1999 bonus awards due to a shortfall. As a result, this year the Department is short $36 million for bonus awards and expects to be short $14 million for next year. In order to get back on track, we would need to add an additional $50.6 million to the $41 million Presidential request for a total of $92.3 million.

Family Planning Rider

Strike the Helms amendment in the Senate Labor-H bill. It prohibits the distribution of emergency contraceptives at health clinics in primary and secondary schools. Decisions about what services to provide at school clinics are currently made at the local level. The Helms amendment interferes with local control.

ED

After School

President's Request: $1 billion
House: $600 million
Senate: $600 million
Bottom Line: $1 billion – Without the $1 billion investment, we will not be able to live up to the President's commitment to provide every child in a failing school the opportunity to participate in an enriching afterschool program through the 21st Century Community Learning Centers.

Early Childhood Professional Development

President's Request: $30 million
House: zero
Senate: zero
Bottom Line: $30 million – This initiative is the only early childhood funding focused on quality. Without the Early Learning Fund, we need to push for quality through alternative avenues. This grant would provide critical funding for the professional development of child care professionals and early childhood educators.

Labor

Paid Leave Planning Grants to States

President's Request: $20 million in DOL Departmental Management Account
House: zero
Senate: zero
Bottom Line: If the Administration could get $10 million for these planning grants, it would provide some seed money for States and regions to continue exploring this important next step in proving family leave – paid leave for those who cannot afford to take unpaid leave. Unfortunately, we inadvertently left it out of the Labor-H SAP, but it remains on OMB's list of priorities.

NOTE: As you know, a Maloney (D-NY) amendment to authorize funds for a study exploring means by which Federal employees can be provided at least 6 weeks paid parental leave upon birth or adoption of a child passed on the House Treasury-Postal Appropriations bill yesterday.

Commerce-Justice-State

Violence Against Women

Request: $296 million

House:	$284 million
Senate:	$285 million
Bottom Line:	$296 million – This includes funding for STOP grants to law enforcement partnerships, as well as legal assistance grants.

July 14, 2000

The Honorable John Edward Porter
2373 Rayburn House Office Building
Washington, D.C. 20510-1310

Dear Chairman Porter:

As you prepare to conference the House and Senate Labor-HHS appropriations bills, the undersigned organizations are writing to bring to your attention several items of concern to the family planning community. These items include funding for the Title X family planning program, funding and policies related to abstinence-only-until-marriage education, a Helms amendment on emergency contraception, and clarifying the mission of NICHD. We urge you to continue your exceptional leadership on behalf of family planning by addressing the following concerns.

Title X Family Planning Program

For over three decades, the Title X family planning program has served as a vital source of family planning and related reproductive health care to millions of low-income Americans in need of subsidized services. Nationwide, 4,500 Title X-funded clinics provide 4.4 million women each year with the contraceptive supplies and services that they need to avoid unintended pregnancy, as well as a broad package of preventive health care services that includes Pap tests and breast exams, testing and treatment for sexually transmitted diseases (STDs), and screening for anemia, high blood pressure, and diabetes. (Title X clinics are statutorily prohibited from funding abortion services.) Part of the public health safety net, Title X plays a particularly vital role in serving those who are uninsured and who have no place else to go for care.

While the Administration acknowledged the value of this program by requesting a $35 million increase for Title X, the Senate Labor-HHS bill provides only a $15 million increase, and the House bill level funds the program. We urge you to fund the program at the Administration's proposed level. Such a funding increase will ensure that Title X clinics are able to continue providing high quality reproductive health services. Currently, clinics are struggling to meet rising costs associated with newer and longer-lasting methods of prescription contraceptives that are extremely effective and expensive, and state of the art medical technologies that promise improved detection rates for cervical cancer and STDs. At the same time, a significant funding increase will enable clinics to reach out to additional women in need of subsidized care and to meet the needs of a rising uninsured population, which increased by 1.5 million women between 1994 and 1998.

Abstinence-Until-Marriage Education

While the House Labor-HHS bill level funds the Title X program, it provides $30 million in advance funding for abstinence-until-marriag education through the Maternal and Child Health Block Grant. This funding is to be spent in accordance with the restrictive definition of

that clarifies the mission statement of the National Institute of Child Health and Human Development (NICHD) at NIH. The amendment simply adds "gynecologic health" to the organization's mission, providing the institute credit for its work to address specific health needs of women at all ages and stages in life. NICHD is currently conducting critical research on such detrimental gynecologic conditions as urinary incontinence and pelvic prolapse. This amendment recognizes the institute's efforts, and shows support for continued research in this area. The amendment is supported by NICHD, and has bipartisan support. We ask that you ensure it is included in the Labor-HHS conference report.

Please consider the needs of American families and teenagers who rely on the federal government for a balanced and thoughtful approach to family planning policy. Thank you again for your exceptional leadership in this area.

Sincerely,

Advocates for Youth
American Academy of Pediatrics
American Association of University Women
American Civil Liberties Union
American College of Obstetricians and Gynecologists
American College of Nurse Midwives
American Social Health Association
American Society for Reproductive Medicine
Center for Reproductive Law and Policy
Center for Women Policy Studies
National Abortion and Reproductive Rights Action League
National Abortion Federation
National Assembly on School Based Health Care
National Council of Jewish Women
National Family Planning and Reproductive Health Association
National Partnership for Women & Families
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America, Inc.
Sexuality Information and Education Council of the U.S.
The Alan Guttmacher Institute
YWCA of the U.S.A.
Zero Population Growth

abstinence-only education contained in the welfare reform act that prohibits discussion of contraception beyond failure rates. This funding commitment comes on top of $20 million allocated to abstinence-only education through an "emergency" funding provision included in the FY2001 Military-Construction Appropriations Act.

Since 1996, funding for abstinence-until-marriage education tied to the welfare definition has risen over 3,000 percent. Yet to date there is no evidence that these programs are effective in delaying sexual activity. Instead, research shows that comprehensive sexuality education programs that stress both abstinence and the importance of contraception help teenagers to delay sexual activity and to use contraception more effectively when they do become sexually active. Increasing funding for scientifically unproven programs that censor information about contraception leaves young people vulnerable to unintended pregnancy and STDs, including HIV. We therefore urge you to reject the House's proposed level of advance funding for abstinence-until-marriage education.

Emergency Contraception

Finally, we urge you to reject the Helms amendment, included in the Senate bill, which prohibits federal funds from supporting emergency contraception in school-based health clinics. During Senate consideration, emergency contraception was inaccurately portrayed as an abortifacient. However, emergency contraception should not be confused with mifepristone (otherwise known as RU-486); it is simply a high dose of oral contraceptive pills that can be used within 72 hours of unprotected sex or contraceptive failure to prevent an unintended pregnancy. Emergency contraception, which has been deemed safe and effective by the Food and Drug Administration, does not interrupt or disrupt an already established pregnancy, but prevents an unwanted pregnancy *before* it occurs.

Preventing those school-based health clinics that already provide prescription contraceptives to students from providing emergency contraception makes little sense. Such a policy deters teenagers who have had unprotected sex from accessing the services they need in order to avoid an unintended pregnancy. Additionally, when teens visit clinics for emergency contraception, health care professionals have an ideal opportunity to counsel them about the importance of delaying sexual activity, the risks of unprotected sex, and the importance of getting tested for STDs and HIV.

The few clinics affected by the Helms amendment serve low-income, uninsured students who are unlikely to have alternative sources of health care. In these schools, educators, public health officials, and parents collaborate to set policy governing the delivery of family planning and other health care services at schools-based health clinics. Therefore, the Helms amendment also intrudes on local decision-making. We urge you to reject the inclusion of the Helms amendment in the Labor-HHS conference report.

Clarifying Mission of NICHD

We would also request that you support the Reid-Harkin amendment included in the Senate bill

U.S. Department of Justice

Office of Justice Programs

Violence Against Women Office

Washington, D.C. 20531

FAX Cover Sheet

Date:

7/21/00

TO: Heather Hampton

FAX Number: 456-2878

FROM: Lisa Beran Phone No.: 305-2981

RE: Appropriation BeranL@OJP.USDOJ.GOV

Total Pages: 2

COMMENTS:

Heather - If you can't read this, or need it typed up, please let me know and I'll get it back to you. Thanks!

Lisa

Debbie
4-0708

Admin Budget	House	Senate
220,000,000 for STOP incl.	207,750,000	
[35,250,000 for CLA]	[35,250,000]	
[5,200,000 for NIJ for research & evgl VAW]	[5,200,000]	
[1,000,000 for BJS]		
[5,000,000 NIJ for research of fam. viol.]		
[10,000,000 JJ for Safe Start]	[10,000,000]	
34,000,000 for Arrest	34,000,000	
25,000,000 for Rural	25,000,000	
5,000,000 for sex offenders	5,000,000	
9,000,000 CASA	9,000,000	
2,000,000 Child Abuse Training for Judicial	2,000,000	
1,000,000 Televised testimony	1,000,000	
296,000,000	283,750,000	(?) 284.8 mil.

12,250,000 below our request for STOP

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

July 17, 2000

THE DIRECTOR

The Honorable C. W. Bill Young
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

This letter provides the Administration's view on the Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2001, H.R. 4577, as passed by the House and by the Senate. Your consideration of the Administration's views would be appreciated.

The President's FY 2001 Budget is based on a balanced approach that maintains fiscal discipline, eliminates the national debt, extends the solvency of Social Security and Medicare, provides for an appropriately sized tax cut, establishes a new voluntary Medicare prescription drug benefit in the context of broader reforms, expands health care coverage to more families, and funds critical investments for our future. An essential element of this approach is ensuring adequate funding for discretionary programs. To this end, the President has proposed new discretionary spending limits at levels that we believe are necessary to serve the American people.

Unfortunately, the FY 2001 congressional budget resolution provides inadequate resources for discretionary investments. We need realistic levels of funding for critical government functions that the American people expect their government to perform well, including education, national security, law enforcement, environmental protection, preservation of our global leadership, air safety, food safety, economic assistance for the less fortunate, research and technology, and the administration of Social Security and Medicare. Based on the inadequate budget resolution, this bill fails to address critical needs of the American people. If the bill presented to the President does not address the issues discussed below, the President would veto the bill.

The House-passed bill provides $100 billion in program level funding, $6 billion less than the request. A number of priority programs, including class size reduction, urgent school renovation, key health and social services programs, and worker training programs, are severely underfunded. While the Senate bill contains higher funding levels for a number of important programs compared to the House bill, the Senate-passed bill makes unacceptable funding cuts in critical programs such as the Social Services Block Grant, shifts funds from the State Children's Health Insurance Program, fails to ensure funds to reduce class size and repair crumbling schools, and includes an unacceptable "patient protection provision."

Further. the Administration has concerns with several objectionable language provisions included in both the House- and Senate-passed versions of the bill. In particular, the Administration strongly opposes the provision included in both bills that would bar the Department of Labor from finalizing its standard to protect the Nation's workers from repetitive motion injuries.

However, the Administration would welcome the opportunity to engage in a serious discussion about long overdue policy and financing commitments for health care and education.

Unfortunately, the Senate-passed bill includes a provision that falls short of a real Patients' Bill of Rights. It would: leave more than 135 million Americans without the guarantee of full protections; allow health plans to subject patients accessing emergency care to high financial penalties; fail to guarantee access to necessary health care specialists; fail to provide access to important clinical trials; and establish a wholly inadequate enforcement mechanism that prevents patients from holding health plans accountable when they make harmful decisions. Moreover, it includes poorly targeted and regressive tax policies that would do little to expand coverage, would be extremely expensive per newly insured person, and would further segment healthy from unhealthy populations.

It is imperative that we take this opportunity to work together to pass a bipartisan, real, and enforceable set of patient protections that restore public confidence in the nation's health care delivery system. In addition, we should make a strong down-payment towards expanding coverage for the currently uninsured and providing assistance to the chronically ill in need of long-term care assistance and their caregivers.

The Administration is pleased that the Senate bill responds to the Vice-President's proposal included in the Mid-Session Review to take Medicare off-budget. However, the Senate-passed bill includes two competing versions of a Medicare lockbox. The version offered by Senators Conrad and Lautenberg, which we note attracted stronger support in the Senate, would actually take the Medicare HI Trust Fund off-budget, through provisions that parallel the current treatment of Social Security. The alternative proposed by Senator Ashcroft stops short of that goal, and only places the Medicare HI Trust Fund *surpluses* off-budget, not the entire Trust Fund. The Administration urges Congress to pass legislation that takes Medicare off-budget, just as we have done for Social Security.

In order to ensure that we have a comprehensive and complementary approach to education, it is necessary to significantly enhance our discretionary investments in education in the context of our tax policy. It is hard to resolve these issues outside of the context of an overall budget framework. The President's FY 2001 budget includes a number of tax provisions that complement our funding requests, and further respond to our Nation's education needs. The President's budget proposes $39 billion in education tax expenditures over 10 years, including tax credits for school construction and modernization bonds to help ensure that children are being taught in modern facilities, and the College Opportunity Tax Cut, which will help make college more affordable for American families.

The funding issues in this bill should be addressed in the context of an overall budget framework. Detailed discussions of the issues are provided in the enclosure. We look forward to working with the conferees to address our mutual concerns.

Sincerely,

Jacob J. Lew
Director

Enclosure

Identical Letter Sent to The Honorable C. W. Bill Young, The Honorable David R. Obey, The Honorable John E. Porter, The Honorable Ted Stevens, The Honorable Robert C. Byrd, The Honorable Arlen Specter, and The Honorable Tom Harkin

Enclosure
(Conference)

H.R. 4577 -- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, FY 2001

(As Passed by the House and by the Senate)

Department of Education

The House and Senate bills would undermine our Nation's commitment to improving our schools. While the President and Vice President's budget reflects their ongoing commitment to investing more in our schools while also demanding more from them, the House cuts $2.9 billion from the President's overall FY 2001 request for the Department of Education. While the Senate bill is a significant improvement over the House, both bills fail to fund adequately key education priorities, including efforts to strengthen accountability and turn around failing schools, reduce class sizes, improve after-school and summer-school opportunities, increase school safety, renovate aging and neglected schools, improve teacher quality, and prepare students for college. The Administration urges the conferees to provide the requested level of funding for these vital programs. The most significant problems with the bill include the following:

- Class Size Reduction. Both the House- and Senate-passed bills fail to guarantee funding for the third installment of the President's initiative to hire 100,000 new teachers by FY 2005 to reduce class sizes to a nationwide average of 18 in the primary (K-3) grades. Both bills effectively repeal the bipartisan agreement on class size reduction, jeopardizing the Federal commitment to hire as many as 20,000 new teachers next year and to continue support for the estimated 29,000 teachers already hired. As many as 2.9 million children could be denied the benefits of smaller classes. Research demonstrates that lowering class sizes in the early grades has a lasting effect on raising student achievement, with the benefits lasting through high school. Every State applied for and received funding in FY 1999 and FY 2000, and preliminary State reports show that approximately 1.7 million children will benefit from the funding provided in the last two years. The House and Senate bills could reverse that progress, while denying even more children the opportunity to learn in smaller classes. The Administration urges the conferees to provide the President's requested funding level and authorization language for this program.

- Urgent School Renovation. Neither the House nor the Senate provides dedicated funding for the President's initiative to provide $1.3 billion in loan subsidies and grants for emergency repairs to 5,000 of America's most aging and neglected public school buildings, including $50 million for public schools with high concentrations of Native American students. An estimated $127 billion is needed to bring America's schools into good overall condition. An estimated 3.5 million students attend schools that need major repairs or replacement.

- Accountability. Both the House- and the Senate-passed bills fail to focus on results and increase accountability for student success. The bills do not provide funding for the Title I Accountability Fund that helps States and districts turn around low-performing schools and increase public school choice and competition. As a result, States and districts would not receive targeted funds to turn around nearly 6,000 failing schools and improve student achievement. Also, the House bill cuts $166 million from the President's request for Title I Grants to LEAs, reducing or eliminating services to more than 260,000 disadvantaged students. In addition, both bills fail to provide funds for the proposed Reward and Recognition program that would reward States that show significant gains in student achievement and that narrow the achievement gap between high- and low-performing students.

- 21st Century Community Learning Centers. Both the Senate and House bills cut the $1 billion request by $400 million, denying funding for over 3,000 centers that would provide after- and summer-school programs to over one million children. Extended learning time is an essential strategy to help all students master challenging academic material and reach high standards. The conferees should fully fund the request, which would support nearly 18,000 after-school and summer-school centers serving an estimated 2.5 million children. We also oppose the Senate amendment that makes community-based organizations (CBOs) eligible for 21st Century grants on the same basis as a school, thus eroding the link between after-school programs and in-school instruction. We prefer the Administration's proposed authorizing legislation allowing up to 10 percent of the appropriated funds to be awarded to CBOs that work with schools to create high-quality after school programs.

- Teacher Quality. The House and Senate bills fail to provide funding for the proposed $1 billion Teaching to High Standards teacher quality programs. The House bill does not guarantee funding for professional development for teachers, and the Senate bill would cut $255 million from the President's $690 million professional development request. The President's overall request for Teaching to High Standards programs also includes $310 million for teacher quality and recruitment initiatives of national significance such as Hometown Teachers, Early Childhood Educator Professional Development, the School Leadership Initiative, and Higher Standards-Higher Pay. Neither the House nor the Senate has provided any funding for these programs. Nor have they provided the requested $25 million to continue and to expand the very successful Troops to Teachers program. The new Troops to Teachers: Transition to Teaching program will continue to offer former military personnel training in education and placement in high-need districts and subject areas, while expanding to offer more mid-career professionals the same opportunity. Finally, the Senate bill fails to provide the President's budget request of $45 million for Special Education State Improvement. This $10 million increase would support professional development related to the needs of children with disabilities.

- GEAR UP. The FY 2001 Budget provides $325 million for GEAR UP, a $125 million increase over FY 2000, to support early intervention and college preparation services for approximately 1.4 million disadvantaged youth. The House bill provides no increase in funding for GEAR UP, denying services to as many as 644,000 students. While the Senate bill provides a $25 million increase, this level, $100 million below the request, would deny services to more than 400,000 students.

- Hispanic Education Action Plan. The President's budget requests an increase of over $800 million to support programs that serve large numbers of Hispanic Americans. Hispanic Americans are the fastest-growing population in America, and eliminating disproportionate gaps in their education achievement is key to America's economic success. The House underfunds this request by over $650 million, and the Senate underfunds it by over $200 million. Also, the House bill includes none of the $48 million requested increase for Bilingual Education, and the Senate bill provides $17 million less than the President's request. These cuts would deny indispensable services to this underserved population, seriously hampering the progress of Hispanic Americans in reaching the high academic standards expected of all students.

- Safer Schools. The House bill provides inadequate funding for Safe and Drug Free Schools and Communities National Programs. In addition, neither the House nor the Senate provides funding for Project SERV, which would provide critical emergency assistance and support to schools that have suffered traumatic violence such as school shootings and other crises. The Administration urges the conferees to adopt the requested level for National Programs and Project SERV.

- Small, Safe and Successful High Schools. Both the House and Senate provide inadequate funding for Small, Safe, and Successful High Schools, denying as many as 400 high schools support to establish or expand smaller learning communities of no more than 600 students. Research shows that when students are a part of a small and more intimate learning community, they are more successful both academically and socially.

- Community Technology Centers. The President's FY 2001 Budget provides funding for 1,000 new Community Technology Centers that would offer access to computers and technology, particularly educational technology, to thousands of adults and children in high-poverty areas. The House bill would not fund over 700 of these centers, and the Senate bill fails to fund over 300 of these centers.

- Technology and the Digital Divide. The FY 2001 Budget requests $903 million for efforts to bridge the digital divide by providing technology training to teachers, and by supporting the community technology centers noted above. The House bill would eliminate training for over 100,000 teachers through Preparing Tomorrow's Teachers to Use Technology. The Senate bill would eliminate training for about 40,000 teachers. The House and Senate bills also fail to provide funding to expand cutting edge technologies to improve education through the Next Generation Technology Innovation

program. Neither the House nor the Senate bill includes the $10 million requested by the President for technology training for teachers in the Mississippi Delta Region. This funding is critically needed to bolster the long-term economic strength of that region.

- English Literacy Civics. The budget requests $75 million for the Adult Education English Literacy/Civics initiative. The House provides nearly $50 million less than the request, and the Senate bill does not provide any of the requested funds. The Senate level would deny 250,000 immigrants and limited English proficient adults the literacy and civics skills necessary to become successful participants in American society.

- Reading Excellence. The House bill cuts the President's $286 million request for Reading Excellence by $26 million, denying 100,000 students the help they need to become successful at reading, the cornerstone of all learning.

- Comprehensive School Reform Demonstrations. The Senate bill fails to provide the $240 million ($190 million in Title I and $50 million under the Fund for the Improvement of Education) requested to help schools implement comprehensive school reform programs that are based on reliable research and effective practices. As a result, support for 1,000 schools currently receiving funds would be discontinued, and 2,200 new schools would not receive support to improve student achievement through research-based school reforms.

- Technology for Individuals with Disabilities. The FY 2001 Budget requests $100 million for the National Institute on Disability and Rehabilitation Research (NIDRR), a $14 million increase. The increase includes $5 million to provide technical assistance to elementary, secondary and postsecondary schools on accessible information technology for students with disabilities. The budget also requests $41 million for Assistive Technology, a $7 million increase, including $15 million for alternative loan financing programs that help individuals with disabilities purchase assistive technology. The House bill fails to provide either of these requested increases. The Senate bill provides $5 million less than the President's request for NIDRR and, while the Senate provides the budget's funding request for Assistive Technology, it targets $8 million less toward alternative loan financing.

- Opportunities to Improve our Nation's Schools (OPTIONS). The conferees are urged to fully fund this $20 million initiative to support innovative public school choice programs such as worksite schools and inter-district choice programs. Not funding this initiative would deny 40 States and districts support to develop and implement new models for enhancing public school choice and increasing healthy competition.

- Dual Degree Program. Both the House and Senate bills fail to provide funding for Dual Degree Programs for Minority-Serving Institutions, the President's initiative to increase academic opportunities for students at minority-serving institutions. Failure to fund Dual Degree Programs would deny up to 3,000 students the chance to earn two degrees in five years and enter professions in which minorities are underrepresented.

- American Indian Administrator Corps. The President's budget requests $5 million to recruit, train, and provide inservice professional development for approximately 200 Native American teachers and professionals. The House bill fails to provide any funding for this purpose.

- Research and Statistics. Both the House and Senate bills fail to support the budget's requested $30 million increase for education research and the $16 million increase for statistics. The House bill fails to provide the $10 million requested increase for Special Education Research and Innovation. Now, more than ever, teachers, parents, and policymakers are demanding research-based information about which education reforms work and why. The requests for the Department of Education's research investments, such as the Interagency Education Research Initiative, are vital to generating such a knowledge base for improving student performance. The conferees are urged to provide the requested levels for these programs, $199 million for research, $84 million for statistics, and $74 million for Special Education Research and Innovation.

- Departmental Management. Neither the House nor the Senate provides critical increases in administrative funding requested for the Department of Education. These funds are necessary to ensure proper oversight and management of Federal education programs. The inadequate funding provided by the House and Senate for the Office for Civil Rights (OCR) would hamper the efficient resolution of complaints, threaten a return to onerous backlogs, and curtail new technical assistance activities that allow OCR to work proactively with customers to prevent discrimination before it occurs.

- America's Tests. The Administration objects not only to the lack of funding for America's Tests in the House bill, but also to the House's language limitation that would halt the President's efforts to help States and parents raise academic standards through any federally sponsored national test, including the Administration's proposed voluntary national test. The bill's language would prohibit development, pilot testing, field testing, implementation, administration, and distribution of the tests, unless explicitly authorized. This language prohibition undermines Federal efforts to promote high standards and strengthen accountability for all students.

- Department of Education One-Percent Transfer Authority. The House bill would eliminate the Department of Education's authority to transfer funds between appropriations. The Department has used its transfer authority only once, to finance the agency's financial audit. The Administration urges the Congress to maintain this authority, which the Department will continue to use prudently -- and only if necessary -- to respond to unforeseen needs.

Department of Health and Human Services

Both the Senate and House bills shortchange critical health and social services programs by cutting requested funding for the Social Services Block Grant, domestic and global HIV/AIDS prevention and treatment, mental health and substance abuse services, family planning, health care access for the uninsured, training for health professionals in children's hospitals, nursing home quality, child care and oversight of Medicare contractors. The bills also include numerous extraneous provisions that would have a detrimental effect on health policy. The Administration is concerned about the following cuts to key health and social services programs and urges the conferees to provide the requested level of funding:

- Head Start. The House provides $600 million less than the request of $6.3 billion for Head Start. This cut from the requested level would result in 50,000 fewer children receiving services and would severely restrict the funding of critical legislatively mandated quality assurance activities. The Administration strongly urges the conferees to fund Head Start at the requested level, as in the Senate bill.

- Child Care Development Block Grant (CCDBG). At the House level, which is $417 million below the President's request, 80,000 fewer children would receive child care services. The Administration strongly urges the conferees to fund CCDBG at the requested level of $2 billion, as in the Senate bill, and to include the Administration's proposed set-asides for activities to improve infants and toddler care and child care research, and for a child care services toll-free hotline.

- Social Services Block Grant (SSBG). The President's budget proposes to fund SSBG at $1.8 billion to maintain funding at the FY 2000 level, including $25 million for "second chance homes" for teen parents. Neither the House nor the Senate bill meets this request. The House bill provides $1.7 billion, the level authorized for FY 2001 and a reduction of $75 million from the FY 2000 level. The Senate bill would cut SSBG by $1.2 billion from the FY 2000 level. At the current level, State and local programs serving vulnerable populations already make do with $1.0 billion less in SSBG funding than they received in FY 1995. The House bill would further undermine these programs, while the magnitude of the cut in the Senate bill would guarantee reductions in child protection, foster care, and adoption services, as well as services for the elderly and the disabled across the country. The Administration strongly urges the conferees to fund SSBG at the requested level.

- State Children's Health Insurance Program (SCHIP). The Administration is concerned about the proposed funding shift in SCHIP in the Senate bill. SCHIP was enacted on a bipartisan basis in 1997 to cover millions of uninsured children. The shift included in the Senate bill has the potential to disrupt State funding and efforts to reach eligible, low-income uninsured children. The Administration opposes using unspent SCHIP funds for any other purpose.

- Tobacco Litigation. Neither the House nor the Senate includes requested Department of Health and Human Services (HHS) funding to support the Department of Justice's tobacco litigation efforts. The costs of preventing and treating tobacco-related disease exceed $50 billion per year, and HHS pays a substantial portion of these costs. The tobacco litigation is in full accord with the HHS mission and is vital to efforts to improve the health of all Americans. We strongly urge the conferees to provide funding for the Federal Government's efforts to recover health care costs incurred as a result of tobacco-related illnesses.

- Family Caregivers. The budget requests $125 million to support caregiver activities for 250,000 families who care for elderly relatives with chronic illness or disabilities. These funds would provide older persons with quality respite care and other support services necessary for them to remain independent in their homes and communities. Neither the House nor Senate funds this activity, which can be funded under existing legislative authority

- Ryan White HIV/AIDS Treatment. The Senate bill would reduce requested funding by $70 million. This funding would enhance medical services, including pharmaceuticals, for people living with HIV/AIDS currently served by Ryan White funds, and provide access to services for people living with HIV/AIDS who are not receiving care. Ryan White currently serves approximately 500,000 people living with HIV/AIDS, nearly two-thirds of the individuals living with HIV/AIDS in the United States. We urge the conferees to fund Ryan White at the requested level, as in the House bill.

- Health Care Access. Both the House and Senate underfund the Community Access Program that would improve health care access for many Americans. The $125 million request for the Community Access Program Initiative would enable the development of integrated systems of care and better coordinate health services for the uninsured and underinsured.

- Native American Program. The House level reduces funding for Native American Programs by $5 million. The Administration's request for $44 million includes an initiative that gives special attention to energy development and creation of tribal codes and ordinances. The conference should fully fund the Administration's request.

- Mental Health Services. The House bill reduces funding for mental health services by $40 million and the Senate bill by $69 million from the requested level. The Senate cut includes a $50 million reduction to the Mental Health Block Grant that could hamper the ability of States to support comprehensive community systems of care for adults with severe mental illness and children with serious emotional disturbances. Both the House and Senate bills ignore the $30 million request for new Targeted Capacity Expansion grants, which fund early intervention and prevention, as well as local service capacity expansion.

- Substance Abuse Prevention and Treatment. Total funding for substance abuse services is reduced from the requested level by $54 million in the House bill and by $23 million in the Senate bill. Funding for Targeted Capacity Expansion grants is reduced by $30 million from this request in the House bill, and by $44 million in the Senate bill. These cuts would reduce the ability to provide a rapid, strategic response to emerging substance abuse trends and would result in a reduction in prevention and treatment services for those struggling with substance abuse. The House bill's reductions to knowledge, development, and application grants would decrease the capacity to gain and implement new knowledge on the most effective treatments available. The House bill also eliminates funding for High Risk Youth Grants, which would end current efforts to provide science-based prevention and intervention services to prevent youth drug, tobacco, and alcohol use. In addition, the House bill does not provide $12 million in Public Health Service evaluation funds for National Data Collection efforts as requested in the President's budget.

- Family Planning. Both the House and Senate do not include the full $35 million increase requested for Family Planning services. This increase would provide family planning services to an additional 500,000 clients who neither are Medicaid eligible nor have health insurance.

- Children's Hospitals Graduate Medical Education/Health Professions Training. The Senate bill combines and reduces funding for health professions training by $67 million from the request. At this level, it may not be possible to fund Children's Hospital Graduate Medical Education (GME) at the requested level of $80 million. These funds are necessary to support medical education programs at the Nation's free-standing children's hospitals, which receive a very small share of Medicare GME dollars.

- Ricky Ray Hemophilia Relief Fund. The Senate bill does not provide requested funding for the Ricky Ray Trust Fund. The Administration urges the conferees to fully fund the FY 2001 request of $100 million. Combined with the President's Mid-Session Review proposal, these funds will fully finance the Ricky Ray Trust Fund and ensure that each eligible hemophiliac who contracted HIV/AIDS or their families receive a $100,000 relief payment.

- Centers for Disease Control and Prevention (CDC). The Administration strongly urges the conferees to fully fund the President's request for the Centers for Disease Control and Prevention. The House bill does not fund the requested increases for some of CDC's important activities, including: $26 million requested for infectious diseases and food safety, $5 million increase for vaccine safety, and the $5 million increase for National Institute for Occupational Safety and Health.

  The Senate bill reduces CDC's funding by $67 million below the request for many critical public health programs, including domestic and global HIV prevention, infectious diseases, food safety, syphilis elimination, and tuberculosis. These reductions could impair CDC's ability to reduce the number of new HIV infections and hamper efforts to

improve surveillance for infectious diseases. It also funds race and health demonstrations at $5 million below the request, slowing CDC's ability to understand better and address racial disparities in health. The Senate bill requires CDC to earmark funds for specific activities within CDC's existing totals for infectious diseases and environmental disease prevention. These earmarks could hinder CDC's ability to carry out its other public health activities.

- Bioterrorism. The Administration urges the conferees to provide the President's request of $265 million for HHS to respond to chemical and biological terrorist incidents. Adversaries are expected to rely increasingly on these unconventional strategies to offset U.S. military superiority. The funds requested would improve our ability to defend against and manage the consequences of an attack.

- Agency for Healthcare Research and Quality (AHRQ). The House bill funds AHRQ at a program level of $224 million, $26 million below the request of $250 million. While it includes the requested $20 million for research on medical errors, it reduces all other research areas. Such a reduction would impair AHRQ's ability to fund important new research on worker health, health care costs and quality, and to apply advances in information technology to health care. The Administration urges the conferees to provide full funding for AHRQ through one-percent evaluation funding, as requested in the President's budget.

- Health Care Financing Administration (HCFA) Program Management. The House bill funds HCFA at a program level of $1.9 billion, $207 million below the FY 2000 enacted level and $359 million below the request. The Senate bill funds HCFA at a program level of $2.1 billion, which is $55 million below the FY 2000 enacted level and $207 million below the FY 2001 request of $2.3 billion. These reductions would threaten the Administration's efforts to ensure the quality and safety of nursing homes by forcing States to scale back or eliminate facility inspections and complaint investigations, and would threaten the Administration's efforts to tighten oversight of Medicare's contractors as directed by recent General Accounting Office and Office of the Inspector General reports. Additionally, the Senate has provided only $15 million to $19 million of the President's request of $150 million in Medicare+Choice user fees, which would be used to educate beneficiaries, enabling them to make informed health decisions.

- Rural Health Outreach. The House bill underfunds this important activity that would support the creation of innovative solutions to health care delivery system problems in rural America. A specific focus in FY 2001 that would be lost is the improvement of a wide range of services, including primary care, dental care, mental health care, and emergency services, to the residents of 180 rural counties in the Mississippi Delta region. The Administration urges the conferees to fully fund these activities.

- Patients' Bill of Rights. The Senate bill includes a modified version of the Senate's Patients' Bill of Rights. These provisions are unacceptable, primarily because they apply only to a subset of Americans with health insurance and provide inadequate protection for those they cover. Furthermore, these measures would eliminate some of the limited accountability provisions now in State law. In addition, the bill includes expensive, inefficient health care tax proposals like Medical Savings Accounts and a tax deduction for individually-purchased health insurance. The Administration urges Congress to pass a strong, enforceable Patients' Bill of Rights like the Dingell-Norwood bill passed by the House last year.

- Medicare Lockbox. The Administration called for taking the Medicare Hospital Insurance (HI) Trust Fund off-budget in the June Mid-Session Review and strongly supports the concept of a Medicare lockbox. Of the two proposals in the Senate-passed bill, we prefer the lockbox offered by Senators Conrad and Lautenberg, which would take the entire Medicare HI Trust Fund off-budget rather than place only the Medicare HI Trust Fund *surpluses* off-budget, as in the Ashcroft amendment. In addition, we believe the Conrad-Lautenberg amendment has a more effective enforcement mechanism. Finally, the Ashcroft amendment includes a provision prohibiting the President from proposing a budget that recommends an on-budget deficit. This section is constitutionally objectionable because it would undermine the President's ability to fulfill his constitutional duties under the Recommendations Clause.

- Genetic Discrimination. The Administration has long advocated for strong, enforceable protections against health care and employment genetic discrimination. While the Senate-passed Republican provision takes the long overdue step of prohibiting the use of predictive genetic information in health insurance plans in the individual market, it has no limitations on the disclosure of this information, allowing providers to share this information with employers and financial institutions. Beyond this serious privacy protection shortcoming, the provision also fails to provide a strong enforcement mechanism that allows Americans who have been harmed by inappropriate use of genetic information to hold health plans accountable. Moreover, this provision does not even address the issue of discrimination in the workforce, leaving millions of Americans vulnerable to adverse employment actions. Legislation currently pending, sponsored by Senator Tom Daschle, would adequately address all these shortcomings, and we would urge the Conferees to adopt it prior to final action on the Labor-HHS Appropriations Bill.

- Needle Exchange. The Administration objects to the House bill's unconditional ban on the use of funds appropriated in the bill for needle exchange programs. The Administration urges the conferees to make the use of funds for such programs contingent upon certification by the Secretary of Health and Human Services that these programs are effective in reducing the transmission of HIV and do not increase drug abuse, as proposed in the budget and included in the Senate bill.

- Abortion. The Administration urges the House and Senate to strike sections 508 and 509 of the bills, which would prohibit the use of funds for abortion. The President believes that abortion should be safe, legal, and rare. These provisions would continue to limit the range of conditions under which a woman's health would permit access to abortion services. Furthermore, section 509 would require a physician to make a legal determination that these conditions have been met. The Administration proposes to work with the Congress to address the issue of abortion funding.

- Emergency Contraception. The Administration is concerned about the restriction of public health funds for emergency contraception health care services in primary and secondary schools. Publicly funded health clinics will continue to encourage sexual abstinence and responsible contraception use among teenagers. Taking action to decrease emergency contraception services could halt or reverse the decline in adolescent pregnancy. In addition, decisions about what kinds of services should be provided in these settings are more appropriately left to local decision-makers -- who can take into consideration their community's health needs.

- Use of Restraints/Seclusion. The current Senate amendment on the rights of residents of certain health care facilities contains several inconsistencies with current HCFA regulations governing Medicare and Medicaid facilities. Most notably, the amendment takes a uniform approach, while current HCFA policy addresses the use of restraints and seclusion on a facility-by-facility basis. We would like to work with Congress to address these inconsistencies whle furthering the enhanced reporting and other objectives of the proposed amendment.

- HHS One-Percent Transfer Authority. The Administration objects to the reduction in the transfer authority of HHS made by the House. The House bill would exclude the Centers for Disease Control and Prevention from this authority. This language would restrict the ability of HHS to respond to situations like the West Nile virus when $2.3 million was transferred to CDC in FY 2000 to increase activities in response to this disease. The Administration strongly urges the conferees to maintain the Department's flexibility to address emerging issues.

- Unique Health Identifier. We urge the conferees to strike any provision limiting the ability of HHS to issue final standards required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The House bill would effectively prohibit HHS from issuing all of the required identifier standards (including the health plan and provider and employer identifiers), which are critical elements of HIPAA's goal to increase efficiency and decrease costs. The Senate bill would prohibit HHS from promulgating a unique health identifier for individuals. This prohibition is unnecessary, as the Administration's stated policy is that the unique health identifier will not go forward until comprehensive privacy protections are in place.

- Medicare Competitive Pricing Demo Project. The Senate bill includes language that would prevent funds from being used to administer the Medicare+Choice Competitive Pricing Demonstration Project. This demonstration was passed by Congress as part of the Balanced Budget Act in order to provide valuable information regarding the use of competitive pricing methodologies in Medicare managed care. The information that could be learned from this demonstration is particularly relevant as the important task of Medicare reform is being considered. The Administration urges the conferees to remove this provision and to allow HCFA to implement the demonstration.

- Individual Development Accounts. Neither the House nor Senate fully funded the President's budget request of $25 million to promote savings among low-income individuals for a first home, post-secondary education, to start a new business, or, under the Administration's proposal, a car that will allow them to get or keep a job. The Conference should fully fund the President's request.

- Battered Women's Shelters. The House provides $15.8 million less than the President's request for $116.9 million. The Administration urges the conferees to fund Battered Women's Shelters at the requested level, as in the Senate bill. Nearly 2 million American women experience domestic or sexual violence each year. The Federal investment in services proposed will help provide services for these women.

Department of Labor

The House- and Senate-passed bills cut the Labor Department by $1.7 billion and $0.9 billion from the request, respectively. These deep cuts would undermine worker training programs aimed at closing the skills gap, preparing workers for the 21st century, and helping employers reach out to an untapped pool of workers. These reduced levels of funding would also hamper efforts to help low-income fathers work, support their families, and stay off welfare. In addition, the levels would impair the Department's efforts to enforce domestic child labor laws and to reduce child labor in developing countries around the world. In all cases where Congress has underfunded these and other vital programs, the Administration urges the conferees to provide the requested level of funding.

The Administration strongly opposes language in the House and Senate bills that would prohibit the Occupational Safety and Health Administration (OSHA) from finalizing its standard to protect the Nation's workers from repetitive motion injuries. Each year, approximately 1.8 million American workers suffer musculoskeletal disorders (MSDs) such as carpal tunnel syndrome and lower back injury. One-third of MSDs are serious enough to require time away from work. OSHA's proposed standard would reduce the number of MSDs by an estimated 26 percent within 10 years, resulting in approximately three million fewer MSDs during this period. After more than 10 years of experience with ergonomic guidelines, exhaustive scientific study, months of public input on the proposed rule and years of public consultation before that, as well as millions of unnecessary injuries, it is time to move forward to finalize this standard.

The Administration's most significant concerns with the House- and Senate-passed versions of the bill include the following:

- Dislocated Worker Assistance. The House bill cuts the Dislocated Worker Assistance program by $389 million below the requested level and $207 million below the FY 2000 level. The House level would deny training, job search, and re-employment services to over 216,000 dislocated workers. The Senate bill cuts Dislocated Workers by $181 million -- denying services to over 100,000 dislocated workers.

- International Labor Activities. The FY 2001 Budget requests $167 million, a $97 million increase over FY 2000, to enhance several critical international labor activities aimed at improving working conditions in developing countries, eliminating and improving educational alternatives to abusive child labor abroad, and addressing HIV/AIDS in the workplace. The House bill eliminates the $97 million increase. The Senate provides $125 million (including a $10 million transfer from the Department of Health and Human Services), $42 million below the President's request. While the Senate fully funds the proposed expansion of the International Labor Organization's International Program for the Elimination of Child Labor, it funds only $15 million of the requested $55 million for the President's new initiative to improve educational systems abroad to help reduce exploitative child labor.

- Youth Opportunity Grants/Youth Activities. The House bill would cut the Youth Opportunity Grants program by $200 million below the President's request and $75 million below the FY 2000 level, denying 45,000 youth in high poverty areas access to vital education, training, and employment assistance. The Senate bill would cut Youth Opportunity Grants by $125 million below the request, denying services to 27,000 youth. In addition, both bills cut the Youth Activities program by $21 million below the requested level, eliminating job training and education opportunities for 13,000 disadvantaged youth.

- Fathers Work/Families Win. Both the House and Senate bills fail to support the President's new Fathers Work/Families Win initiative, for which the Administration has requested $255 million. Building on the partnerships developed under Welfare-to-Work, this important initiative would help approximately 80,000 low-income fathers and working families get the support and skills necessary to support their families and avoid welfare.

- One-Stop Career Center/America's Labor Market Information System. The House bill provides none of the $154 million requested for the One-Stop Career Center system, undermining the foundation of the new workforce investment system intended to ensure access to the information and services of One-Stop Career Centers for all Americans. The Senate bill fails to fund the President's requested $44 million in enhancements for One-Stops that would improve access to these services for millions of Americans. Among these enhancements is the $10 million requested for America's Agricultural Labor Network (AgNet), a vital tool that will link domestic farm workers with agricultural employment.

- Youth Violence. The House bill rejects the $40 million requested to add the Department of Labor to the interagency Safe Schools/Healthy Students (SS/HS) initiative and provides only $14 million of the $75 million requested to bring young offenders into the workplace through job training and related services. The Senate bill includes only $20 million of the $40 million requested to enable the Department of Labor to join SS/HS and only $30 million of the $75 million requested for Responsible Reintegration of Young Offenders.

- Adult Job Training Program. The House bill would cut funding for adult training by $93 million, or 10 percent, below the FY 2001 request and FY 2000 enacted levels, eliminating training services for over 37,000 of the 380,000 adults who would otherwise be served in FY 2001. The Administration urges the conferees to provide the requested level, as in the Senate bill.

- Re-employment Services. The Administration urges the conferees to provide the full $50 million requested to provide job finding assistance to 222,000 unemployment insurance claimants to speed their re-entry into the work force. The House bill eliminates the $50 million request, and the Senate provides only half of the request.

- Disability Initiative. The House bill does not fund the President's $23 million proposal to enhance the Department's leadership in helping people with disabilities enter, re-enter, and remain in the workforce through the establishment of a new disability office. The conferees should provide the President's request, as in the Senate bill.

- Unemployment Insurance (UI) Administration. The budget requests $2.4 billion for unemployment insurance administrative costs. Both the House and Senate adopted the President's proposal to restructure UI administrative funding to bring it in line with modern service delivery systems but provide less than necessary to administer the UI benefit entitlement program, even under continuing favorable economic conditions. The House bill cuts $93 million from the request, holding funding at the FY 2000 level, while the Senate provides $76 million less than necessary.

- Worker Protection Programs. The budget requests $1.2 billion for programs that protect the safety, pensions, and wages of workers. The House bill provides $92 million less than requested, essentially freezing these programs at the FY 2000 level. The House bill falls far short of what is needed to protect workers health and safety on the job, address serious compliance problems in low-wage industries (including the garment and agriculture industries) and expand public education on retirement savings and health plans. While the Senate fully funds the request for worker safety and health programs, it provides $18 million less than requested for other critical worker protection programs.

- Homeless Veterans. The budget requests $15 million for job assistance to homeless veterans. The $5 million cut to the request in the House bill would result in over 3,000 fewer homeless veterans obtaining meaningful employment and economic security. The Senate cuts $2.5 million from the request.

- Information Technology. The FY 2001 Budget requests $54 million for an information technology initiative that would address information security, infrastructure and web development, and office automation needs in a more efficient and comprehensive manner. This initiative would enhance the Department's ability to implement its responsibilities and expand its Internet capacity to serve employers and the public better. The House bill denies the request, while the Senate provides only $30 million of the $54 million requested.

- National Economic Indicators. The House bill cuts the President's request for the Bureau of Labor Statistics by $14 million, the Senate bill by $7 million. Each resulting level would curtail improvements in price, output, and productivity indicators for the service sector; threaten planned enhancements in the employment and unemployment data on which State and local governments rely; and jeopardize surveying how Americans spend their time in work and non-work activities, including child and elder care.

- Pension Benefit Guaranty Corporation (PBGC). The House funds the PBGC's discretionary and mandatory operations at last year's level, $12 million less than the President's request, while the Senate cuts $4 million from the request. If underfunded, PBGC would be unable to expedite the determination of retirees' benefit levels, as the Senate Committee on Aging has requested, or provide proper investment management for its expanding portfolio.

Funding for Program Administration.

The Senate bill includes over $200 million in cuts to the administrative funds of the Departments Labor, Health and Human Services, and Education. The Administration strongly objects to these across-the-board cuts because they fail to consider the effect on underlying programs and essential agency management activities. Although the House bill does not include an across-the-board cut for administrative activities, the House levels are inadequate in certain key areas.

Related Agencies

- Social Security Administration. The House and Senate have cut $163 million and $127 million, respectively, from the President's $7.2 billion request for administration of Social Security programs. At the House or Senate funding levels, the Social Security Administration would not be able to hire thousands of direct service employees, resulting in longer wait times for individuals filing retirement and disability claims, and diminished service for individuals who call the agency's 1-800 phone service.

- National Labor Relations Board. The President's budget requests $216 million for the National Labor Relations Board (NLRB). The House bill would freeze the NLRB at the FY 2000 enacted level, $10 million, or five percent, below the President's request. As a

result, NLRB would be forced to curtail backlog reduction efforts, essential training, and information technology investments. The conferees should provide the requested level, as in the Senate bill.

- Corporation for National and Community Service. The House fails to provide the requested $18 million increase for the Corporation for National and Community Service. The Senate provides $302 million, $11 million below the President's request. The request of $313 million would enable thousands of older American the opportunity to provide service to their communities, expand AmeriCorps VISTA projects in low-income communities that focus on bridging the digital divide, supporting efforts to help more people move from welfare to work, and improving literacy.

- Corporation for Public Broadcasting. The Administration appreciates that the House and the Senate bills fully fund the Corporation for Public Broadcasting's (CPB) FY 2003 request for general programming and system support. However, the Administration is concerned that, while the Senate bill fully funds CPB's digital transition initiative in FY 2001, the House bill provides no funding. We urge the conferees to provide the requested $20 million in FY 2001, to help ensure that the public broadcasting system can meet the federally-mandated May 2003 deadline for digital broadcasting.

Internet Access in Schools and Libraries

The Administration strongly supports efforts to ensure that schools and libraries protect minors from inappropriate materials. Currently, schools and libraries use a wide range of technology tools and monitoring techniques to ensure that children do not encounter inappropriate material and dangerous situations while online. Recent studies confirm that virtually all schools that have Internet access have acceptable use policies in place. Given the dynamically changing technology environment, the Administration believes that the Federal government should not mandate a particular type of technology, such as filtering or blocking software, or impose requirements that undermine the success of the E-rate program. For these reasons, we object to the amendments to the House and Senate bills that would mandate the use of a particular type of technology to protect minors in schools and libraries from access to inappropriate materials. The Administration continues to support language that, before mandating a technical solution, would allow E-rate recipients to first develop acceptable use plans at the local level and to certify implementation of these plans, but without a potentially burdensome requirement that each school and library hold a public hearing on the issue.

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MESSAGE:

Reviving Interest in Policies And Programs to Help Teens Prevent Repeat Births

By Cynthia Dailard

The federal government's investment in attempting to dissuade young people from initiating sexual activity through "abstinence-only" education has skyrocketed over the past few years. By definition, these efforts are focused on helping teens prevent a first pregnancy. Meanwhile, investment in "secondary prevention"—providing services to pregnant and parenting teenagers and helping them to avoid a *subsequent* pregnancy—remains minimal, despite the fact that second and higher-order teenage births are a significant problem in this country.

New research shedding light on the factors responsible for recent declines in the rate of second births to teens and pointing toward program models that appear to work to help teenage parents avoid a second pregnancy may call for a reappraisal of current priorities. Already, one key House member has quietly initiated an effort to reinvigorate existing federal secondary prevention policy.

Investment in 'secondary prevention' remains minimal, despite the fact that second and higher-order teenage births are a significant problem in this country.

Scope of the Problem

Repeat births represent more than one in five births to teenagers, or approximately 110,000 births in 1998. These births are often closely spaced: Almost one in three women whose first birth occurred before age 17 has a second birth within 24 months. The large majority of repeat births to teenagers—seven in 10—occur to those who are unmarried. Significantly, most of these young mothers say they did not want to become pregnant again so soon.

These repeat births come at a great cost to the teenage mothers themselves, their children and society at large, because the problems associated with teenage motherhood are particularly acute for, and are less likely to be overcome by, teenagers who are parenting more than one child. Indeed, research shows that teenagers who have subsequent births—particularly closely spaced births—are less likely to obtain a high school diploma, and are more likely to live in poverty or receive welfare, than those who have only one child during adolescence. The risks of low birth weight and poor health outcome also increase for babies born to teenagers who already have a child, and these children may also be more likely to suffer from child abuse or to be placed in foster care. Finally, the public costs of caring for many of these families are significant.

Trends and Explanations

Although rates of repeat births among teenagers remain high, the good news is that they decreased significantly during the 1990s, even more so than did teenage pregnancy rates generally. Researchers at The Alan Guttmacher Institute (AGI) found that between its peak in 1990 and 1996, the overall U.S. teen pregnancy rate declined by a striking 17%. Similarly, data from the National Center for Health Statistics (NCHS) show that the 1998 teenage birthrate had fallen 18% from its peak in 1991 to a level that approached an all-time low. While the rate of first births to teenagers declined by 13% during that time, the rate of second births to teenagers fell by a full 21%.

New research helps explain recent declines in teen pregnancy overall and, more specifically, the impressive decline in repeat births among teenagers. An AGI analysis of data from the 1988 and 1995 cycles of the National Survey of Family Growth indicates that while approximately one-quarter of the decline in the teenage pregnancy rate between those years is due to increased abstinence, approximately three-quarters is attributable to improved contraceptive use among sexually active teenagers. The analysis notes that teenage contraceptive users are increasingly switching from the pill to highly effective, long-lasting hormonal contraceptive methods that only recently came on the market—the contraceptive implant, Norplant, and to an even greater extent the three-month injectable, Depo-Provera. Going a step further, NCHS researchers suggest that the fact that one in four teenage mothers relies on these long-lasting methods—compared with slightly over one in eight teenagers generally—may be an important factor explaining the recent decline in their rate of second births.

Interventions That Work

To date, few programs have demonstrated scientifically their ability to reduce second births to teenagers. Yet, there is mounting evidence suggesting that one long-term, integrated, health-based approach can yield results in diverse communities. This model—a home nurse visitation program—was first studied formally in 1978 in the largely white, semi-rural community of Elmira, New York. Nurses visited the homes of low-income, pregnant young women (half of whom were younger than

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These repeat births come at a great cost to the teenage mothers themselves, their children and society at large, because the problems associated with teenage motherhood are particularly acute for, and are less likely to be overcome by, teenagers who are parenting more than one child. Indeed, research shows that teenagers who have subsequent births—particularly closely spaced births—are less likely to obtain a high school diploma, and are more likely to live in poverty or receive welfare, than those who have only one child during adolescence. The risks of low birth weight and poor health outcome also increase for babies born to teenagers who already have a child, and these children may also be more likely to suffer from child abuse or to be placed in foster care. Finally, the public costs of caring for many of these families are significant.

Trends and Explanations

Although rates of repeat births among teenagers remain high, the good news is that they decreased significantly during the 1990s, even more so than did teenage pregnancy rates generally. Researchers at The Alan Guttmacher Institute (AGI) found that between its peak in 1990 and 1996, the overall U.S. teen pregnancy rate declined by a striking 17%. Similarly, data from the National Center for Health Statistics (NCHS) show that the 1998 teenage birthrate had fallen 18% from its peak in 1991 to a level that approached an all-time low. While the rate of first births to teenagers declined by 13% during that time, the rate of second births to teenagers fell by a full 21%.

New research helps explain recent declines in teen pregnancy overall and, more specifically, the impressive decline in repeat births among teenagers. An AGI analysis of data from the 1988 and 1995 cycles of the National Survey of Family Growth indicates that while approximately one-quarter of the decline in the teenage pregnancy rate between those years is due to increased abstinence, approximately three-quarters is attributable to improved contraceptive use among sexually active teenagers. The analysis notes that teenage contraceptive users are increasingly switching from the pill to highly effective, long-lasting hormonal contraceptive methods that only recently came on the market—the contraceptive implant, Norplant, and to an even greater extent the three-month injectable, Depo-Provera. Going a step further, NCHS researchers suggest that the fact that one in four teenage mothers relies on these long-lasting methods—compared with slightly over one in eight teenagers generally—may be an important factor explaining the recent decline in their rate of second births.

Interventions That Work

To date, few programs have demonstrated scientifically their ability to reduce second births to teenagers. Yet, there is mounting evidence suggesting that one long-term, integrated, health-based approach can yield results in diverse communities. This model—a home nurse visitation program—was first studied formally in 1978 in the largely white, semi-rural community of Elmira, New York. Nurses visited the homes of low-income, pregnant young women (half of whom were younger than

19) for approximately two and a half years. The visits were designed to help the young women improve their health-related behaviors and parenting skills. They also emphasized life-course development, including educational achievement, participation in the workforce, and the importance of pregnancy planning. Two years after the end of the program, the nurse-visited women had experienced 43% fewer subsequent pregnancies, a 12-month increase in interbirth intervals and greater participation in the labor force compared with women participating in a control group. Their children experienced fewer emergency room visits and childhood injuries; a 15-year follow-up found that they also had reduced rates of child abuse, involvement with the criminal justice system, and high-risk behaviors such as cigarette and alcohol use and early sexual activity.

Recently, these findings were replicated among a population of low-income, black, young women (two-thirds of whom were younger than 19) living in a major urban area. A study reported in the April 19 issue of the *Journal of the American Medical Association* found that five years after the birth of a first child, nurse-visited women in Memphis, Tennessee, had 14% fewer subsequent pregnancies, a 34% reduction in closely spaced pregnancies and a four-month greater interbirth interval compared with women in a control group. The study also found decreased welfare dependency and increased rates of employment. While the cost of the home visits ran $2,800 a year per family, the authors suggest that healthier children and more self-sufficient mothers will offset these costs in the long run.

In a review of various care programs for teenage mothers, Rebecca Maynard, trustee professor of education and social policy at the University of Pennsylvania, highlights the fact that only those that adopt an overall health focus—and that have a strong family planning component—are successful in reducing repeat pregnancy rates. Maynard emphasizes that the effectiveness of such interventions depends on a counselor's ability to help a young mother understand the importance of waiting to become pregnant until she is better able to care for herself and her family, to help her set goals

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(including goals involving contraceptive use) and to help her to be committed to achieving those goals. This, she says, entails speaking in an authoritative way about contraception and providing teenage mothers with the support and guidance they need to avoid contraceptive failure (rates of which are extremely high among this subpopulation of teenagers). In the case of the Elmira model, Maynard writes, "nurses are trained to follow strict service delivery protocols and to be much more direct than welfare caseworkers in their dealings with clients. The nurse home visitors in these programs may simply have been more willing to tell clients to use birth control and to follow up to ensure they were not only using contraceptives but using them correctly."

Other experts agree on the importance of a strong family planning component. Lorraine V. Klerman, a professor in the Department of Maternal and Child Health at the School of Public Health at the University of Alabama at Birmingham, says, "the integration of family planning into an overall plan for the woman's future and the lack of separation between the teaching of family planning and the teaching of other skills seems important." Klerman further notes that in the case of the home nurse visitation program, "the same person taught it all."

Federal Policy

Title X and other federal programs that provide subsidized family planning services play a vital role in serving teenagers in need of contraception, including teenage mothers. Specific responsibility for providing care to pregnant and parenting teenagers, however, has fallen for over two decades to the Adolescent Family Life Act (AFLA) and its predecessor, the Adolescent Health Services and Pregnancy Prevention and Care Act.

Enacted during the Carter administration in 1978, the adolescent health services program was designed "to prevent unwanted early and repeat pregnancies and to help adolescents become productive, independent contributors to family and community life." Introduced by Sen. Edward M. Kennedy (D-MA) and pursued aggressively by Joseph Califano, then-secretary of the Department of Health, Education and Welfare (now the Department of Health and Human Services [DHHS]), the law funded grants to organizations that promised to bring together all the services that pregnant adolescents and adolescent parents might need in order to become "responsible parents and contributing members of society"; family planning was a required service. The law also established the Office of Adolescent Pregnancy Programs (OAPP), which remains in existence today at DHHS.

In 1981—the first year of the Reagan administration—the adolescent health services program was repealed and replaced with AFLA. Advocated by "profamily" groups and sponsored by Sens. Jeremiah Denton (R-AL) and Orrin Hatch (R-UT), the new program had as a

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key purpose the prevention of first pregnancies among teenagers by funding and evaluating "family-centered" programs designed to promote teen abstinence. However, at Kennedy's insistence, only one-third of the funding available for grants under the program could support abstinence-focused primary prevention projects: the remaining two-thirds of the program's grant funding would continue, along the lines of the 1978 act, to support comprehensive care services to pregnant and parenting teenagers. While AFLA care funds can be used to directly provide contraceptive services only in the most limited of circumstances, care programs are required to provide information and referrals for contraception and to make maximum use of available Title X funds.

The prevention component of AFLA was besieged by controversy from the start and, as a result, remained very much in the public eye ("Whatever Happened to the Adolescent Family Life Act?" *TGR*, April 1998, page 5). Nonetheless, AFLA continued as a predominately care-oriented program through 1996—the year Congress enacted a major welfare reform law that also created a massive new abstinence-only education program. The following year, Congress approved language in an annual appropriations bill waiving AFLA's statutory requirement that two-thirds of program funding support care projects. Instead, Congress directed that the bulk of AFLA funding that year go to primary prevention projects and that those projects adhere to the welfare law's stringent eight-point definition of abstinence-only education, in which even discussion of contraception beyond failure rates is prohibited ("Fueled by Campaign Promises, Drive Intensifies to Boost Abstinence-Only Education Funds," *TGR*, April 2000, page 1). This policy rider has been carried over on an annual basis and remains in effect today; of the $19 million in AFLA funding available in FY 2000, only a small proportion—approximately $4 million—was available for care projects.

The director of the federal Office of Adolescent Pregnancy Programs says the field is 'clamoring' for more support for programs for pregnant and parenting adolescents and that the office is receiving many more requests for care projects than it can fund.

Looking Ahead

Given the increasing state of knowledge about factors responsible for the declines in second births to teenagers and interventions that show evidence of success, at least one prominent member of the House believes it is time to reinvest in secondary pregnancy prevention. In May, Rep. Nita M. Lowey (D-NY), a senior member of the Appropriations Committee, successfully added $5 million to the pending AFLA appropriation for FY 2001 and earmarked it for the care of pregnant and parenting teens.

While it is unclear at this stage of the appropriations process whether Lowey's increase will become law, Patrick Sheeran, director of OAPP, expects there to be a great deal of interest in such an effort. Sheeran says that the field is "clamoring" for more support for programs for pregnant and parenting adolescents, with OAPP receiving many more requests for care projects than it can fund. "With the passage of welfare reform," says Sheeran, "many agencies in the field feel that pregnant and parenting adolescents are in greater need of health, education and social services than ever before. And, of course," he continues, "preventing additional pregnancies to parenting teenagers is crucial to any care program's ultimate success." ⊗

Fueled by Campaign Promises, Drive Intensifies to Boost Abstinence-Only Education Funds

By Cynthia Dailard

The debate over sexuality education and teenage pregnancy prevention has been extremely divisive for many years, and it promises only to heat up in the coming months in the context of the presidential campaign. Texas Gov. George Bush, who locked up the Republican nomination in March, has long made abstinence promotion a prominent feature of his campaign rhetoric. Gov. Bush has promised that, if elected president, he would "elevate abstinence education from an afterthought to an urgent priority" by dramatically increasing funding for federal abstinence-only programs.

On the congressional front, Rep. Ernest Istook (R-OK), a long-standing opponent of the Title X family planning program, secured a major down payment on this effort during last year's annual appropriations cycle and has already pledged to come back this year for more. Yet the drive to boost funding for abstinence-only education programs—already up some 3,000% since 1996—continues despite a dearth of evidence that these programs are effective in delaying sexual activity. Instead, the evidence strongly supports the effectiveness of more comprehensive efforts and the important role of contraceptive use in reducing teenage pregnancy rates.

Federal Funding for Abstinence

Gov. Bush promises that his administration would spend at least as much each year on promoting abstinence education as it does on providing contraceptive services to teenagers. However, quantifying the exact amount being spent in each area is not easy.

Currently, there are two federal programs that provide funding specifically for abstinence-only education. One is the 1981 Adolescent Family Life Act (AFLA), sponsored by Title X opponents and promoted as a "family-centered" approach to teenage pregnancy prevention that would "promote chastity and self-discipline" to teenagers rather than provide them with contraceptive services. AFLA has been dogged by controversy from the beginning, and, until recently, its funding has been low. In its early years, it was attacked from the left and was subjected to a protracted lawsuit alleging numerous constitutional violations. Subsequent reforms instituted by the Clinton administration to ensure that AFLA funding did not promote religious dogma or provide medically inaccurate information only alienated conservatives, who charged that the administration had watered down the original abstinence-only thrust of the program ("Whatever Happened to the Adolescent Family Life Act?" April 1998).

In 1996, conservative policymakers and activists were successful in including, with virtually no debate, a provision in the massive welfare reform bill that resulted in a major infusion of dollars into abstinence-only education. Unlike AFLA, which targets *premarital* sex, the new program funds education efforts that must have as their "exclusive purpose" censuring *all* sex outside of marriage, at any age; the provision of any information about contraception beyond failure rates is prohibited. To qualify for funding, education programs under the welfare provision must adhere to a strict eight-point definition of "abstinence education."

Together, these two programs provide significant funding—notwithstanding the protestations of those who claim that funding for abstinence remains woefully low. The welfare law entitles states to $50 million in federal funds annually; because states must spend $3 for every $4 they receive, the total amount spent pursuant to this one program alone is almost $90 million annually. Due to Rep. Istook's efforts, a 1999 appropriation bill doubled funding for the AFLA program to $40 million (some of which, however, will not become available until October 1), requiring most of those funds to be spent on abstinence-only education under the strict welfare-program definition ("Congress in 1999: Actions on Major Reproductive Health–Related Issues," December 1999).

In addition to this dedicated federal funding, funds available to the states under other health or social welfare programs also may be used for abstinence education or counseling; such programs include the maternal and child health (MCH) block grant and the social services block grant, as well as the Title X program. In fact, more than half of agencies that receive Title X funding run programs at one or more clinic sites designed to encourage adolescents to postpone sexual activity. Finally, abstinence promotion is strongly supported by state and local governments, and it is now required by the overwhelming majority of local school districts that have a policy to teach sexuality education (see box, page 2).

Assessing the Impact

Clearly, then, there is a substantial amount of federal and other public support for abstinence education—and for abstinence-only education. Yet, the fact remains that, to date, there is a stunning lack of evidence of the effectiveness of this approach. While AFLA was enacted as a temporary "demonstration" program specifi-

cally to test and evaluate various program interventions, two decades and millions of dollars later there is no conclusive evidence that abstinence-only education works. In the most complete analysis of AFLA evaluations to date, a team of university researchers concluded in a 1996 report that "the quality of AFLA evaluations funded by the federal government vary from barely adequate to completely inadequate." Indeed, the researchers report that they "are aware of no methodologically sound studies that demonstrate the effectiveness" of abstinence-only curricula.

Other evaluations of abstinence-only programs arrived at a similar conclusion. A 1997 report commissioned by the National Campaign to Prevent Teen Pregnancy, while noting that methodological limitations due to the poor quality of the evaluations could have obscured program impact, nonetheless concluded that published studies of abstinence-only programs yielded no evidence that such programs delayed the onset of sexual activity. In contrast, the review concluded that more comprehensive sexuality education programs—those which included discussion of contraception—did not hasten sexual activity as their critics claim but, instead, helped teenagers to delay sexual activity. When teenagers who received more comprehensive education did become sexually active, the report found, they had fewer partners and were more likely than their peers who did not receive such messages to use contraceptives.

Finally, an article published in the *Journal of the American Medical Association* in 1998, which reported the results of the first-ever randomized controlled trial comparing an abstinence-only program with a "safer-sex" initiative designed to reduce the risk for HIV infection through condom use and a control group that received health education unrelated to sexual behavior, found similar results. After one year, the abstinence group reported similar levels of sexual activity as the safer-sex group and the control group. For teenagers who were already sexually active at the inception of the program, there was less sexual activity reported among the safer-sex group than among the abstinence or control groups. Those in the safer-sex group also reported less frequent unprotected sex than did the abstinence and control groups, suggesting that abstinence-only efforts may discourage effective contraceptive use and thus put individuals at greater risk of unintended pregnancy or sexually transmitted diseases (STDs) when they do become sexually active.

Study Finds Local Public School District Policies Overwhelmingly Promote Abstinence

A 1998 study by researchers at The Alan Guttmacher Institute found that among the seven in 10 public school districts that have a district-wide policy to teach sexuality education, the vast majority (86%) require that abstinence be promoted, either as the preferred option for teenagers (51% have such an abstinence-plus *policy) or as the only option outside of marriage (35% have such an* abstinence-only *policy). Only 14% have a* comprehensive *policy that addresses abstinence as one option in a broader education program to prepare adolescents to become sexually healthy adults. In almost two-thirds of district policies across the nation—those with comprehensive and abstinence-plus policies—discussion about the benefits of contraception is permitted. However, in the one-third of districts with an abstinence-only policy, information about contraception is either prohibited entirely or limited to discussion of its ineffectiveness in protecting against unplanned pregnancy and sexually transmitted diseases.*

The study, conducted before states began implementing any abstinence-only efforts stemming from the 1996 national welfare reform legislation, found that there was significant regional variation in the prevalence of abstinence-only policies. School districts in the South were far more likely to have such policies in place (55%) and were the least likely to have comprehensive programs in place (5%). In contrast, school districts in the Northeast were least likely to have abstinence-only policies in place (20%).

Among the superintendents surveyed who knew when their current policy was adopted, over half (53%) said that it was adopted after 1995, and another 31% said that it was adopted between 1990 and 1995. Among districts that switched their policies, twice as many adopted a more abstinence-focused policy as moved in the other direction.

Funding for Contraception

If it is difficult to quantify exactly how much the federal government spends on abstinence education, it is even harder to measure how much is being spent on contraceptive services to teenagers. Both the U.S. General Accounting Office and Advocates for Youth, an advocacy organization dedicated to promoting adolescent reproductive and sexual health, have estimated the amount spent on contraceptive services to teenagers under Title X and Medicaid—the two major sources of federal funding for family planning—to be almost $130 million annually.

Family planning experts caution that such calculations are at best imprecise and that comparisons between funding for abstinence education and contraceptive services can be misleading. Jacqueline Darroch, senior vice president and vice president for research at The Alan Guttmacher Institute (AGI), notes that "these estimates were arrived at simply by taking the proportion of clients served by the programs who were

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teens and applying that percentage to the overall funding level. That assumes all clients receive the same services, while certain populations—particularly teens—may be more expensive to serve than others, because they require more intensive counseling and may be at high risk for STDs, for example. And, to be fair," says Darroch, "it needs to be acknowledged that these estimates do not take into account funding for contraceptive services under other federal programs, such as the MCH or social services block grants."

Judith DeSarno, president and CEO of the National Family Planning and Reproductive Health Association, meanwhile, argues that "spending in these two areas is simply not comparable on a number of fronts." DeSarno notes, "Family planning involves providing a broad package of medical services beyond just the prescription of a contraceptive method, including pap smears, breast exams, and screening and treatment for STDs. It also involves in-depth, one-on-one counseling. This is a far more expensive endeavor than talking to adolescents, often in a classroom or other group setting, about abstinence."

What is clear, however, is that publicly funded family planning has a significant effect on teenage pregnancy. Each year, subsidized family planning services prevent an estimated 386,000 teenagers from becoming pregnant. Without these services, the number of births to teenagers would increase by one-quarter, and the number of abortions to teenagers would rise by nearly two-thirds. Moreover, while abstinence advocates claim credit for recent declines in teenage pregnancy, an AGI analysis of available data suggests otherwise. In fact, this analysis found that approximately one-quarter of the decline in teenage pregnancy between 1988 and 1995 is due to increased abstinence; about three-quarters of the decline is due to improved contraceptive use among sexually active teenagers.

The Road Ahead

Gov. Bush, as have so many abstinence proponents before him, claims that "the contraceptive message sends a contradictory message [that] tends to undermine the message of abstinence." The evidence, however, suggests that the reverse is true: Teenagers who receive messages that support postponing sexual activity but also include accurate information about contraception are more likely to delay sexual initiation than those who just receive abstinence-only messages, and they are better prepared to avoid unintended pregnancy and disease when they eventually do have intercourse. The drive to increase federal funding for abstinence-only education is also out of step with the beliefs of most Americans, who overwhelmingly favor—by a margin of more than four to one—broader sex education programs over those that teach abstinence as the only option.

Nonetheless, the effort to further increase funding for abstinence-only education is likely to gather steam as the presidential and congressional campaigns heat up. Key conservative members of Congress are already working toward this goal, and even many progressive politicians have trouble distinguishing between abstinence education, which virtually no one opposes, and abstinence-*only* efforts.

After ensuring last year that an additional $20 million for abstinence-only education will be set aside for release on October 1, Rep. Istook and his colleagues are already working for an additional $30 million in the context of the upcoming appropriation cycle. Their goal is to raise the annual federal funding level alone for abstinence-only education beyond the $100 million mark. Whether this effort will be successful, and whether it will be accompanied by a corresponding increase in federal funding for family planning services, remains to be seen. ⊕

Hospital Mergers...
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by hospital mergers, the pending California legislation, if actually enacted, would have a much broader reach. Now that the state has moved to require that all private insurance include contraceptive coverage (see *For the Record*, October 1999), for example, it could be critical to ensuring that enrollees get important information about access to the care to which they are entitled. "This legislation is not everything we need to do to actually ensure access to reproductive health care in the state of California," notes Susan Berke Fogel of the California Women's Law Center. "It is essential that we move toward really making sure that care is available when hospitals merge and also wherever religious health care dominates. But in the meantime, this bill, by providing information to consumers, is a critical first step." ⊕

REPUBLICAN CONGRESS: ENDANGERING THE BIPARTISAN AGREEMENT ON THE BUDGET, JEOPARDIZING IMPORTANT INVESTMENTS IN EDUCATION AND OTHER PRIORITIES

In November, the Clinton-Gore Administration reached consensus with congressional representatives on next year's appropriations bill for the Departments of Health and Human Services, Labor, and Education. The agreement included the largest one-year increase in education ever. However, this landmark achievement is now in jeopardy because Republican leaders backed away from the agreement and may postpone legislation until next year.

EDUCATION				
Class-Size Reduction in Early Grades : Third installment in the bipartisan commitment to help school districts hire and train 100,000 new teachers over 7 years to reduce class sizes in the early grades to an average of 18 students per class.	$1.3 billion	$1.75 billion	- $450 million	Would prevent school districts from hiring approximately 12,000 new teachers to reduce classes in the early grades, denying about 648,000 children the benefits of smaller classes.
Urgent School Renovation: Provides support for short-term emergency repairs, such as repair of roofs, plumbing and electrical systems and meeting fire and safety codes.	$0	$1 billion	- $1 billion	Would deny schools $1 billion to help them make urgently needed building repairs and renovations.
Title I Accountability Fund: Strengthens accountability by accelerating State and local efforts to turn around the lowest performing Title I schools.	$134 million	$250 million	- $116 million	Over 2,300 low-performing and failing schools would not get extra federal assistance to improve their academic performance.
Title I Grants to LEAs (excluding Accountability Fund): Helps disadvantaged students learn the basics and achieve to high standards.	$7.807 billion	$8.447 billion	- $639 million	Would reduce or eliminate services to over 900,000 educationally disadvantaged students aimed at helping them reach the same high State standards expected of all children.
After-School: Offers families a safe place for their children to learn during the after-school and summertime hours.	$453 million	$1.026 billion	- $573 million	Approximately 850,000 children would not get extended learning opportunities in after-school centers. This figure excludes children served by earmarked projects.
Eisenhower State Grants for Teacher Professional Development: Provides formula grants to States and school districts to help teachers improve their skills in core academic subjects.	$335 million	$585 million	- $250 million	Nearly 15,000 school districts would not get $250 million in additional Federal help to reduce the number of uncertified teachers and teachers who are not trained in the subjects they are teaching. Would deny participation to as many as 1.2 million teachers.
Eisenhower National Activities for Teacher Professional Development: Provide direct support, on a competitive basis, to projects that improve teacher quality.	$38 million	$82 million	- $44 million	Would prevent support of important new initiatives to train early childhood educators and to help recruit talented mid-career professionals and college graduates into teaching.
Special Education: Helps States provide high-quality special education and related services to children with disabilities aged birth through 21 years.	$6.0 billion	$7.7 billion	- $1.7 billion	Would deny valuable assistance to States in carrying out their responsibility to provide equal education opportunities to over 6 million children with disabilities. The Federal share of special education costs would drop from 15 percent to 12 percent. The $1.6 billion does not include an additional $300 million increase for special education or technology.

Education Technology: Closes the digital divide by increasing access to computers and the Internet, and helps teachers effectively use technology in the classroom.	$766 million	$895 million	-$130 million	Denies funding to approximately 480 new Community Technology Centers in 190 low-income rural and urban communities, and fails to provide more funds for Teacher Training in Technology.
Small, Safe, and Successful High Schools: Provides support for high schools to create smaller learning communities like schools-within-schools and career academies.	$45 million	$125 million	- $80 million	Would deny as many as 650 high schools support to establish smaller learning communities of no more than 600 students.
Comprehensive School Reform Demonstrations: Helps schools implement comprehensive school reforms that are based on reliable research and effective practices.	$220 million	$260 million	- $40 million	Would deny 541 additional schools the opportunity to carry out research-based reforms.
Safe and Drug Free Schools National Activities: Supports efforts to prevent youth violence and drug use.	$111 million	$155 million	- $44 million	Would prevent additional support for the interagency Safe Schools/ Healthy Students program and funding to initiate Project School Emergency Response to Violence (SERV) to support schools and communities that suffer violent deaths or other traumatic crises.
Reading Excellence Act: Helps children learn to read well and independently by the end of the third grade.	$260 million	$286 million	- $26 million	Would deny funding for services to help 100,000 children become successful readers.
Adult Education English Literacy/Civics Initiative: Provides English instruction, coupled with civics education, to recent immigrants and other LEP adults who lack the literacy skills necessary to effectively navigate U.S. public institutions and become full participants in the American economy	$25.5 million	$70 million	- $44.5 million	Would deny critical English language and civics education services to nearly 150,000 additional immigrants and other LEP adults.
Vocational Education: Helps prepare students for their transition from school to occupation and lifelong learning in a technologically advanced society. Funds programs on the secondary and postsecondary level.	$1.19 billion	$1.24 billion	- $50.3 million	Would cut significant funding for the integration of academic, vocational, and technical instruction, and the implementation of State standards and accountability systems.
Bilingual Education: Assists school districts in teaching English to limited English proficient (LEP) students and in helping these students meet the same challenging State standards required of all other students.	$248 million	$296 million	- $48 million	Would deny the training and certification of over 5,600 additional bilingual education and English as a second language (ESL) teachers qualified to teach limited English proficient (LEP) students and would preclude funding for over 100 additional Instructional Services projects.
GEAR UP: Gives disadvantaged students and their families pathways to college through partnerships of middle and high schools, colleges and universities and through State- administered programs.	$200 million	$325 million	- $125 million	Would deny approximately 600,000 low-income middle and high school students the tutoring, counseling, and mentoring they need to prepare for college. The Department of Education would be unable to fully fund continuation grants.

Mental Health Services: Provides services for the chronically mentally ill as well as prevention programs.	$631 million	$789 million	-$158 million	Would shelve a new $30 million program to help prevent serious mental illness and significantly cut $64 million from states for mental health services.
Bioterrorism: Prepares our response to a biological terrorist attack.	$232 million	$283 million	-$51 million	Would slow efforts to build a public health surveillance system and respond to bioterrorist attacks.
Family Planning Clinics: Helps fund reproductive health services and clinical care.	$239 million	$274 million	-$35 million	Would deny a request to allow over 5 million low-income women to receive services. Annually clinics prevent over a million unintended pregnancies through reproductive health services through programs to discourage adolescent sexual activity, and contraceptive counseling and services.
LABOR				
Dislocated Workers Assistance: Continues the Universal Reemployment effort to give employment and training assistance to every dislocated worker who needs it.	$1.59 billion	$1.65 billion	- $65 million	Over 80,000 participants will not receive training and employment services needed to become re-employed, earning wages comparable to their previous jobs.
One-Stop Career Centers: Ensures that One-Stop services are universally available either in person or electronically.	$130 million	$174 million	- $44 million	Would deny improved access to One-Stop services for millions of Americans. The increased funding provides improvements in America's Job Bank, mobile vans for one-stop access to rural areas, a toll-free telephone number for the workforce investment system, and improvements in basic labor market information.
Reemployment Services Grants: Expands and improves employment services for individuals receiving unemployment compensation assistance.	$0	$50 million	- $50 million	Would deny needed assistance to 222,000 unemployed insurance claimants to speed their reentry into the workforce.
Youth Activities: Provides summer jobs and year-round youth training activities to develop pathways for career opportunities.	$1.0 billion	$1.1 billion	- $124 million	Would deny approximately 74,000 youth the multitude of services provided through summer jobs or year round training programs that ensure that youth are either employed, in advanced training, post-secondary education, military service or apprenticeships.
Youth Opportunity Grants: Addresses special problems of out-of-school youth, especially in inner cities and other areas with high jobless rates.	$250 million	$300 million	- $50 million	Would deny training services to over 10,000 youth living in urban and rural areas, where the need for employment efforts is the greatest.
Responsible Reintegration for Young Offenders: A new initiative that will link offenders under age 35 with essential services that can help make the difference in their choices in the future.	$0 million	$65 million	- $65 million	Would deny over 16,000 young ex-offenders essential services that can help make the difference in choices such as education, training, job placement, drug counseling and mentoring necessary to reintegrate them into the mainstream economy and decrease their recidivism rates.
International Labor Activities: Affirms the Administration's commitment to improving labor standards for all workers at-home and abroad.	$70 million	$153 million	- $83 million	Would deny several critical international labor activities including initiatives to help eliminate abusive child labor by expanding access to basic education.
Worker Protection: Enforces federal safety, health, pensions, wages, and nondiscrimination protections.	$1.1 billion	$1.2 billion	- $102 million	Would eliminate approximately 1,500 inspections to ensure safe and healthful workplaces.

TRIO: Funds college outreach and student support services for disadvantaged individuals to help them enter and complete postsecondary education programs.	$645 million	$760 million	- $115 million	Would deny TRIO the largest funding increase in its history. Projects would not be able to increase intensity of services, make technology improvements, or serve up to 75,000 additional disadvantaged students. Would also prevent the establishment of College Completion Challenge Grants, which would provide 17,500 needy college students with additional grant aid to help them stay in college.
Pell Grants: Provides scholarships to low-income undergraduate students.	$7.6 billion Max Grant: $3300	$9.0 billion Max Grant: $3800	- $1.4 billion Max Grant: -$500	Nearly 4 million needy college students receive Pell Grants. In general, Pell Grants for full-time students would be reduced by $500.
SEOG: Provides grant assistance to low-income undergraduate students.	$631 million	$691 million	- $60 million	Over 100,000 additional needy undergraduates would not receive supplemental grant aid for college.
Work-Study: Helps undergraduate and graduate students pay for college through part-time work assistance.	$934 million	$1.011 billion	- $77 million	Nearly 80,000 additional students would not receive work assistance, and the President's pledge to serve one million students would not be met.
Hispanic-Serving Institutions: Supports colleges with large Latino populations.	$42 million	$69 million	- $27 million	More than 70 institutions would not receive new grants to increase their capacity to serve Latino students.
Historically Black Colleges and Universities: Grants help ensure equal opportunity and quality academic programs.	$149 million	$185 million	- $36 million	The average grant to HBCUs would be reduced by $370,000.
Tribal Colleges and Universities: Supports institutions that serve Native Americans.	$6 million	$15 million	- $9 million	24 fewer colleges would receive needed assistance to improve their ability to serve Native American students.
Learning Anytime, Anywhere Partnerships: Helps provide access to college for underserved populations through technology.	$23 million	$30 million	- $7 million	Less funding would be available for projects to improve technology-based learning opportunities.
Child Care Access Means Parents in Schools: Provides campus-based child care for low-income parents attending college.	$5 million	$25 million	- $20 million	Approximately 300 colleges would be denied grants to establish or expand child care programs.
Research, Statistics, and Assessment: Provides support for education research, the National Center for Education Statistics, and the National Assessment of Education Progress (NAEP).	$277 million	$304 million	- $27 million	Would jeopardize existing studies and surveys as well as cancel plans for the Language Minority Initiative and several NCES activities, including the Birth Cohort of the Early Childhood Longitudinal Study and the Adult Literacy Study.

HEALTH AND HUMAN SERVICES				
Head Start: Prepares low-income children for a lifetime of learning by providing early, continuous and comprehensive child development and family support services.	$5.3 billion	$6.3 billion	- $1 billion	Approximately 70,000 fewer students would participate in Head Start and be prepared for a lifetime of learning.
Child Care for Low-Income Families: The Child Care and Development Block Grant helps families pay for child care, thereby enabling low-income parents to work.	$1.2 billion	$2.0 billion	- $817 million	Approximately 150,000 fewer children from low-income families would receive child care.
Medical Research: The National Institutes of Health funds biomedical research, the Human Genome Project, and other vital health research.	$18.8 billion	$20.5 billion	-$2.7 billion	Would slow the pace of cutting edge research.
Family Caregiver Program: Part of the President's long-term care initiative; authorized under the Older American's Act	$0	$125 million	-$125 million	Would prevent the implementation of a state program to provide assistance, such as respite care and training, to 250,000 families who care for their elderly relatives
Increasing Healthcare Access: The Community Access Program (CAP) grants assist in integrating primary healthcare services for underserved people.	$25 million	$125 million	-$100 million	Would prevent over 50 approved sites on the waiting list, and those who would apply this year, from implementing programs to integrate their healthcare service delivery systems, streamline patient care, and increase health care access.
Community Health Centers: Provide primary care for uninsured and underserved populations.	$1.02 billion	$1.17 billion	-$150 million	Would deny the network of 750 community health centers—which would serve over 9 million patients—$150 million to expand services and provide patient care.
Nursing Home Quality: Funds oversight and enforcement of quality standards in nursing homes and other facilities.	$210 million	$244 million	-$34 million	Would threaten the Administration's efforts to ensure the quality and safety of the nation's 1.6 million nursing home residents by forcing states to scale back or eliminate facility inspections, complaint investigations, and other quality enforcement efforts.
Children's Graduate Medical Education: Program to fill gap in medical education funds for children's hospitals.	$40 million	$285 million	-$245 million	Would significantly restrict funding needed for free-standing children's hospitals to train physicians who care for children.
Preventing Disease: The Centers for Disease Control and Prevention's (CDC's) infectious disease programs help detect and control emerging infectious diseases.	$198 million	$266 million	-$68 million	Would stall efforts to combat diseases like West Nile Encephalitis.
Domestic and Global HIV Prevention: CDC supports state and local surveillance and prevention efforts to reduce the spread of HIV in the U.S.; internationally, CDC supports surveillance, prevention and treatment of opportunistic infections.	$735 million	$916 million	-$186 million	Would hamper efforts to reduce the numbers of new HIV infections in the United States, particularly among high risk populations; . Would significantly limit our contribution to the UN AIDS Goal of reducing the spread of HIV among 15-to-25year-olds by 25 percent by 2005 in sub-Saharan Africa.
Ryan White: Provides treatment and other services, including prescription drugs for Americans living with HIV/AIDS.	$1.6 billion	$1.8 billion	-$229 million	Would prevent approximately 70,000 individuals from receiving HIV/AIDS treatment services and prevent the implementation of Ryan White Reauthorization.