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enable them to demolish obsolete projects, or to redevelop and revitalize the sites on which the projects are located. In addition, the grants may provide replacement housing for those families displaced by demolition to avoid or lessen concentrations of very low-income families.

The Committee recommends funding this program at the requested level of \$524,000,000, with a set-aside of \$5,000,000 for technical assistance. The Committee requests the GAO to continue their analysis of the HOPE VI program. The Committee is particularly interested in the length of time between award and groundbreaking, obstacles that impede the program, the use of public-private partnerships, the level of leveraging activity, the impact of the project on the surrounding neighborhood, an analysis of whether a matching requirement should be considered and other recommendations to the program. GAO should report to the Committee by February 1, 1998.

The Committee is aware of the Campus Affiliates Program, a unique partnership between HUD, the Housing Authority of New Orleans, higher education and the private sector. This program has begun to meet the needs of public housing residents in New Orleans by providing assistance and activities that foster self-sufficiency. The Committee believes HUD should continue to participate in this initiative.

NATIVE AMERICAN HOUSING BLOCK GRANTS

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 1998 recommendation	\$650,000,000
Fiscal year 1997 appropriation	0
Fiscal year 1998 budget request	485,000,000
Comparison with fiscal year 1997 appropriation	+650,000,000
Comparison with fiscal year 1998 budget request	+165,000,000

The Native American Housing Assistance and Self-Determination Act of 1996 authorized the Native American Housing Block Grants program. This program provides funds to Indian tribes and their tribally designated housing entities to help them address housing needs within their communities. Until this year, Native American programs have been funded with portions of other public housing funds.

The Committee recommends increasing the funds available for this program above the President's request of \$485,000,000 to \$650,000,000. HUD's Native American housing program faces serious challenges. These challenges are the result of a number of factors, including the remoteness of Indian reservations, limited resources, land-use restrictions, statutory hiring preferences and scarce maintenance funds.

HUD has not paid adequate attention to Indian housing programs, either in its funding requests or in building tribal capacity and technical expertise to carry out effective affordable housing programs. Other organizations, like the Neighborhood Reinvestment Corporation, Habitat for Humanity and the FNMA are working closely with tribes to extend conventional mortgage financing to tribal trust lands. HUD should be far more proactive in exploring ways to generate capital on Indian reservations and is directed

to prepare a report on this issue with recommendations to the Congress by February 1, 1998.

INDIAN HOUSING LOAN GUARANTEE FUND PROGRAM ACCOUNT

	Program account	Limitation on direct loans
Fiscal year 1998 recommendation	\$3,000,000	\$36,900,000
Fiscal year 1997 appropriation	3,000,000	36,900,000
Fiscal year 1998 budget request	3,000,000	36,900,000
Comparison with fiscal year 1997 appropriation	0	0
Comparison with fiscal year 1998 budget request	0	0

Section 184 of the Housing and Community Development Act of 1992 establishes a loan guarantee program for Native Americans to build or purchase homes on trust land. This program provides access to sources of private financing for Indian families and Indian housing authorities who otherwise could not acquire financing because of the unique legal status of Indian trust land. This program provides the financial vehicle for approximately 20,000 families to construct new homes or purchase existing properties on reservations. The budget requests \$3,000,000 to support loan guarantees totaling \$36,900,000. The bill includes the requested program subsidy and loan guarantee limitation.

COMMUNITY PLANNING AND DEVELOPMENT

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Fiscal year 1998 recommendation	\$204,000,000
Fiscal year 1997 appropriation	171,000,000
Fiscal year 1998 budget request	204,000,000
Comparison with fiscal year 1997 appropriation	+33,000,000
Comparison with fiscal year 1998 budget request	0

The Housing Opportunities for Persons with AIDS (HOPWA) program is authorized by the Housing Opportunities for Persons with AIDS Act, as amended. The purpose of the program is to provide states and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with HIV/AIDS and their families. Government recipients must have a HUD-approved Comprehensive Plan/Comprehensive Housing Affordability Strategy (CHAS), with funds allocated among eligible grantees based on section 854(c) of the National Affordable Housing Act.

The Committee recommends funding this program at the level requested by the President and has included authority to HUD to make small, noncompetitive grants to nonprofit organizations that provide meals to homebound persons with AIDS. In the report accompanying the 1997 VA/HUD Appropriations measure, the Committee requested GAO to review several aspects of the HOPWA program. Based on recommendations in this report, the Committee directs HUD: (1) to examine changes to the Ryan White funding formulas, determine whether the HOPWA formula should be more reflective of current AIDS cases, and make appropriate recommendations to the Congress and to specify that grantees must include in planning the use of HOPWA funds, similar to the Ryan White Program; (2) to examine the feasibility of requiring a recipient of HOPWA funds to have some level of matching funds or serv-

ices to stretch the impact of limited HOPWA funding; (3) to implement a tracking system to ensure that all reports are received and processed by HUD in a timely manner; and (4) to issue clear guidance to grantees for updating the information and to establish a means of ensuring that grantees update information as required.

COMMUNITY DEVELOPMENT BLOCK GRANTS

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 1998 recommendation	\$4,600,000,000
Fiscal year 1997 appropriation	4,600,000,000
Fiscal year 1998 budget request	4,600,000,000
Comparison with fiscal year 1997 appropriation	0
Comparison with fiscal year 1998 budget request	0

Title I of the Housing and Community Development Act of 1974, as amended, authorizes the Secretary to make grants to units of general local government and states for local community development programs. The primary objective of the block grant program is to develop viable urban communities and to expand economic opportunities, principally for persons of low- and moderate-income.

The Committee recommends appropriating \$4,600,000,000 for community development grants in fiscal year 1998. Set-asides within the CDBG account include: \$67,000,000 for Native Americans; \$60,000,000 for the Lead-Based Paint Hazard Reduction program; \$50,000,000 for the Economic Development and Social Services program; \$2,100,000 for the Housing Assistance Council; \$1,500,000 for the National American Indian Housing Council; \$16,700,000 for the Housing Opportunity Program Extension Act of 1996 (Pub. L. 104-120); and \$30,000,000 for Youthbuild. The Committee does not recommend making Youthbuild into a separate program account as requested by the President.

The Committee wishes to reiterate and emphasize the concerns it stated in its report on the fiscal year 1997 VA/HUD appropriations bill regarding the importance of service coordinators in public housing serving elderly and disabled persons. As the executive director of the Milwaukee Housing Authority testified during the fiscal year 1998 hearings, such coordinators "have been a godsend," have made sustainable the co-existence of elderly and non-elderly disabled persons in that authority's seven high-rise mixed population buildings, and have reversed the decline in applications by needy elderly persons.

As requested by the President, the Committee is providing funding for service coordinators as part of the \$50,000,000 set-aside for Economic Development and Supportive Services, and expects the Department to utilize an adequate portion of the set-aside for this purpose. The Committee is also concerned about other conditions that may have been placed by the Department on EDSS funding for service coordinators, such as providing grants only to housing authorities that had not received grants in the past, requiring authorities to enter into partnership agreements with other agencies and organizations before applying, and emphasizing funding only for new or significantly expanded services. These requirements may make sense for other aspects of the EDSS program, but seem counterproductive when the objective is to assist housing authorities in continuing to make available the tested and proven benefits

that service coordinators for the elderly and disabled provide. Because of the importance the Committee places on service coordinators, the Department is directed to report to the Committee not later than February 1, 1998, concerning its recommendations as to the best means of providing funding for service coordinators, including whether there is a need for a specific set-aside for this purpose.

As requested by the President, the Committee has provided \$50,000,000 for the Economic Development Initiative (EDI), authorized under section 108(q) of the Housing and Community Development Act of 1974. The Committee decided to provide funds for this program based on HUD's plan to target them on creating employment opportunities for former welfare recipients that live in distressed and blighted neighborhoods. The Committee is especially interested in ensuring that neighborhoods with a high concentration of public and assisted housing and foreclosed single family homes receive the benefit of the EDI program.

The Committee believes that EDI and other housing programs ought to be administered more consistently with local redevelopment initiatives and social service programs rather than in the bureaucratic, "top-down" manner that permeates existing HUD programs. In this way, housing programs can be linked directly to the creation of jobs and neighborhood revitalization. Furthermore, the Committee is convinced that community-based partnerships of public, corporate and nonprofit organizations add strength to any neighborhood revitalization and economic development plan, because they are able to leverage federal funds with other resources, to utilize the input of all stakeholders, and to create the right mix of incentive structures.

The Committee encourages HUD, when awarding EDI grants, to consider several factors: (1) local strategies that utilize local community-based partnerships; (2) neighborhood revitalization efforts that integrate sustainable community and building design processes; (3) input by residents and other stakeholders; (4) creation of homeownership opportunities; and (5) links between housing programs and welfare reform initiatives in the neighborhood.

The President requested \$50,000,000 for activities that promote homeownership in targeted geographic areas. The Committee recommends against funding this request. In addition, the Committee recommends against additional funds for Bridges to Work, a demonstration program that was fully funded in previous appropriations measures. Finally, the \$10,000,000 requested transfer of funds for the National Community Development Initiative is not included because \$30,200,000 was provided to this account as part of the Emergency Supplemental appropriations measure.

Section 107 grants have provided funds for various purposes including providing assistance for community development for insular areas; historically black colleges and universities; work study; funding for states and units of general local government to correct any miscalculation of their share of funds under section 106; joint community development; regulatory barrier removal; community outreach; and technical assistance in planning, developing and administering programs under Title I.

Union Calendar No. 126

105TH CONGRESS <i>1st Session</i>	HOUSE OF REPRESENTATIVES	REPORT 105-205
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 1998

JULY 25, 1997.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

REPORT

together with

ADDITIONAL VIEWS

[To accompany H.R. 2264]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, Indian Health Service, and the Office of Consumer Affairs), and Education, Armed Forces Retirement Home, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, National Commission on Libraries and Information Science, National Council on Disability, National Education Goals Panel, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Physician Payment Review Commission, Prospective Payment Assessment Commission, Railroad Retirement Board, the Social Security Administration, and the United States Institute of Peace for the fiscal year ending September 30, 1998, and for other purposes.

INDEX TO BILL AND REPORT

	<i>Page number</i>	
	<i>Bill</i>	<i>Report</i>
Title I—Department of Labor:		
Employment and Training Administration	2	10
Pension and Welfare Benefits Administration	12	19
Pension Benefit Guaranty Corporation	12	20
Employment Standards Administration	13	20
Occupational Safety and Health Administration	17	22
Mine Safety and Health Administration	20	25
Bureau of Labor Statistics	21	25
Departmental Management	21	25
Working Capital Fund	22	
Assistant Secretary for Veterans Employment and Training	23	27
Office of the Inspector General	23	27
General Provisions	23	
Title II—Department of Health and Human Services:		
Health Resources and Services Administration	25	28
Centers for Disease Control and Prevention	29	46
National Institutes of Health	30	60
Substance Abuse and Mental Health Services Administration	36	104
Agency for Health Care Policy and Research	36	109
Health Care Financing Administration	37	111
Administration for Children and Families	39	114
Administration on Aging	44	126
Office of the Secretary	44	128
General Provisions	45	
Title III—Department of Education:		
Education Reform	64	135
Education for the Disadvantaged	65	138
Impact Aid	66	143
School Improvement Programs	66	144
Literacy	67	150
Indian Education	67	150
Bilingual and Immigrant Education	68	151
Special Education	68	152
Rehabilitation Services and Disability Research	68	156
Special Institutions for Persons with Disabilities	69	160
Vocational and Adult Education	69	161
Student Financial Assistance	70	163
Federal Family Education Loans	71	165
Higher Education	71	166
Howard University	72	173
College Housing and Academic Facilities Loans	72	174
Historically Black College and University Capital Financing	72	175
Education Research, Statistics, and Improvement	73	175
Libraries	73	183
Departmental Management	73	183
Office for Civil Rights	74	185
Office of the Inspector General	74	185
General Provisions	74	
Title IV—Related Agencies:		
Armed Forces Retirement Home	78	185
Corporation for National and Community Service	79	186
Corporation for Public Broadcasting	79	187
Federal Mediation and Conciliation Service	79	188
Federal Mine Safety and Health Review Commission	81	188
National Commission on Libraries and Information Science	81	189

	<i>Page number</i>	
	<i>Bill</i>	<i>Report</i>
National Council on Disability	81	189
National Education Goals Panel	81	189
National Labor Relations Board	82	189
National Mediation Board	83	190
Occupational Safety and Health Review Commission	83	190
Physician Payment Review Commission	83	190
Prospective Payment Assessment Commission	83	191
Railroad Retirement Board	84	191
Social Security Administration	86	192
United States Institute of Peace	91	196
Title V—General Provisions	91	
House of Representatives Report Requirements		196

SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriation including trust funds for fiscal year 1997, the budget estimate for fiscal year 1998, and the Committee recommendations for fiscal year 1998 in the accompanying bill.

1998 LABOR, HHS, EDUCATION APPROPRIATIONS BILL

[In millions of dollars]

	Fiscal year—			1998 committee compared to—	
	1997 comparable	1998 budget	1998 committee	1997 comparable	1998 budget
Department of Labor	12,171	13,143	12,772	+601	— 371
Department of Health and Human Services:					
Public Health Service:					
Health Resources and Services Administration	3,405	3,266	3,616	+211	+350
Centers for Disease Control	2,302	2,316	2,389	+87	+73
National Institutes of Health	12,741	13,078	13,505	+764	+427
Substance Abuse and Mental Health Services Administration	2,122	2,156	2,152	+30	— 4
Retirement Pay & Medical Benefits for Commissioned Officers	179	191	191	+12	+0
Health Care Policy and Research	143	149	149	+6	+0
Subtotal, Public Health Service	21,017	21,149	22,009	+992	+860
Health Care Financing Administration	136,870	136,886	136,790	— 80	— 96
Administration for Children and Families	21,243	11,916	11,786	— 9,457	— 130
Administration on Aging	830	838	811	— 19	— 27
Office of the Secretary	251	225	231	— 20	+6
Total, HHS current year	180,225	171,014	171,628	— 8,597	+614
Advances	30,707	30,618	31,618	+911	+1,000
Department of Education	28,957	32,069	31,870	+2,913	— 199
Related Agencies	27,310	24,215	24,066	— 3,244	— 149
Social Security Administration	26,482	23,322	23,227	— 3,255	— 95
Grand total, current year	248,657	240,441	240,336	— 8,321	— 105
Advances	40,807	39,783	40,758	— 49	+975
Current year total using 602(b) scorekeeping	287,931	279,317	279,077	— 8,854	— 240
Mandatory	212,503	199,193	199,064	— 13,439	— 129
Discretionary	74,728	80,124	80,013	+5,285	— 111

DISCRETIONARY
[In millions of dollars]

	Fiscal year—			1998 committee compared to—	
	1997 comparable	1998 budget	1998 committee	1997 comparable	1998 budget
Department of Labor	10,254	11,194	10,823	+569	— 371
Department of Health and Human Services	30,683	31,734	32,348	+1,665	+614
Department of Education	26,485	29,522	29,318	+2,833	— 204
Related Agencies	7,532	7,674	7,523	— 9	— 151
Scorekeeping Adjustments	— 226	0	1	+227	1
Total discretionary	74,728	80,124	80,013	+5,285	— 111

**TOTAL APPROPRIATIONS FOR LABOR, HEALTH AND HUMAN SERVICES,
AND EDUCATION AND RELATED AGENCIES**

In addition to the amount included in the bill, very large sums are automatically appropriated each year for labor, health and human services, social security and education programs without consideration by the Congress during the annual appropriation process. The principal items in this category are the unemployment compensation, social security, medicare and railroad retirement funds, federal payments for interest subsidy, default and servicing cost for the federal family assistance loan program and the full cost of loans made under the direct student loan program.

TOTAL INCLUDING PERMANENT APPROPRIATIONS AND TRUST FUNDS
[In millions of dollars]

	Fiscal year—		
	1997	1998	Change
Annual appropriation bill, current year	248,657	240,336	— 8,321
Annual appropriation bill, advances	40,807	40,758	— 49
Permanent appropriations	638,339	685,816	+47,477
Deduct interfund payments	— 72,300	— 76,816	— 4,516
Total	855,503	890,094	+34,591

HIGHLIGHTS OF THE BILL

Overall funding levels in the fiscal year 1998 appropriation for the Departments of Labor, Health and Human Services, and Education and related agencies represent a balance of competing priorities within these departments and agencies. The President in his budget and in his attempt to allocate funds within the bounds of the balanced budget agreement presented the Committee with a funding proposal that did not meet the needs of many of the programs funded in the bill, nor did it respect Congressional priorities.

If the Committee were to follow the President's direction, Education and Labor programs would have been increased by \$4 billion; total health funding would have declined by \$150 million and income security would increase by just over \$1 billion.

At the amounts allocated in the agreement to health programs, unacceptably small increases, or real cuts would have been necessary. At the levels proposed by the President, NIH would have

received only a 1.2 percent increase and the Ryan White AIDS program would receive virtually no increase.

The Committee, working within its allocation, attempted to respect the budget agreement while also providing for Congressional priorities that were not protected in the agreement.

The Committee also had to consider many provisions that attempted to change or suspend provisions of underlying statutes, either through direct legislative change or through limitations on the use of funds appropriated in the bill. The bill recommended by the Committee includes provisions carried in last year's bill including those related to NLRB rulings on single site bargaining and the current "Hyde" language on abortion. It also includes compromise language on the development and issuance by OSHA of ergonomics standards.

Bill Total.—Total funding for the fiscal year 1998 appropriation for the Departments of Labor, Health and Human Services and Education and Related Agencies is \$279,077,072,000. For Discretionary accounts and after statutory adjustments, the bill provides \$80,013,187,000. The bill is within its allocation as to both budget authority and outlays.

Mandatory programs.—The bill provides \$199,063,885,000 for entitlement programs in fiscal year 1998. 71 percent of the funding in the bill is for these mandatory costs.

Funding for mandatory accounts in the bill declines between fiscal year 1997 and 1998, due primarily to the fact that the Personal Responsibility and Work Opportunity Act of 1996 (Welfare Reform) eliminated funding for Aid to Families with Dependent Children, a program that in previous years was funded in this bill. In its place the Act created a series of block grants that were both authorized and funded for five years.

Funding requirements for entitlement programs are determined by the basic authorizing statutes. Mandatory programs include general fund support for the Medicare and Medicaid programs, Supplemental Security Income, Black Lung payments, and the Social Services Block Grant. The following chart indicates the funding levels for the major mandatory programs in fiscal years 1997 and 1998 and the growth in these programs.

MANDATORY
[Dollars in thousands]

Program	Fiscal year—			Percent
	1997	1998	+/- 1997	
Department of Labor:				
Black Lung Disability Trust Fund	\$1,007,982	\$1,007,000	— \$982	— 0.10
Department of Health and Human Services:				
Health Care Financing Administration:				
Medicaid current law benefits	98,210,228	99,144,000	933,772	1
Medicare Payments to Health Care Trust Fund	60,079,000	63,581,000	3,502,000	6
Administration for Children and Families:				
Social Services Block Grant	2,500,000	2,245,000	— 255,000	— 10
Department of Education:				
Federal Family Education Loan Program	472,181	2,539,230	2,067,049	438
Federal Direct Student Loan Program	599,993	1,395,274	795,281	133
Related Agencies:				
Social Security Administration:				
Special Benefits for Disabled Coal Miners	630,070	586,090	— 43,980	— 7

MANDATORY—Continued

[Dollars in thousands]

Program	Fiscal year—			Percent
	1997	1998	+/- 1997	
Supplemental Security Income	28,632,010	25,860,000	- 2,772,010	- 10

Department of Labor.—The bill appropriates \$12,760,336,000 for the Labor Department, an increase of \$599,517,000 above fiscal year 1997 and \$369,952,000 below the amount requested by the President. This funding level includes \$4,854,954,000 in federal funds to carry out the provisions of the Job Training Partnership Act. The Committee recommends an increase in funding for the Job Corps of \$92,708,000 over the fiscal year 1997 level. The bill funds summer youth employment, youth and adult training, and dislocated worker assistance at \$3,415,465,000 an increase of \$236,593,000 over last year. Funding of \$400,000,000 is provided for school-to-work activities in the Departments of Labor and Education.

Opportunity Areas for Out of School Youth.—The Committee provides funding for this Presidential priority, subject to authorization. The President requested \$250,000,000 for this program. The Committee has provided \$25,000,000 within the existing Job Training Partnership Act to expand pilot programs implementing this initiative. \$100,000,000 is provided in fiscal year 1999 for implementing this initiative if it is separately authorized.

Occupational Safety and Health Administration.—The Committee recommends funding for OSHA at \$336,205,000, \$11,600,000 below the request and \$11,250,000 above last year's level. Within OSHA, federal compliance assistance is increased by over 20 percent while funding for Federal enforcement is held to the bill-wide increase of 1 percent. This shift is consistent with the policy adopted by the Committee last year. The bill also includes a prohibition against the issuance of any proposed or final standard on the subject of ergonomic protection until September 30, 1998. OSHA can carry out all activities leading up to the issuance of a proposed regulation until that time. Voluntary guidelines can be issued, but are unenforceable.

Department of Health and Human Services.—The bill appropriates \$202,659,952,000 which is \$2,545,946,000 above the President's request and \$9,221,908,000 below the fiscal year 1997 level. Funding for discretionary programs of \$32,342,582,000 is \$608,946,000 above the President's request and \$1,659,004,000 above last year's level.

Health Resources and Services Administration.—Funding for HRSA programs is \$3,616,068,000, an increase of \$211,501,000 above last year and \$349,589,000 above the President's request. Within HRSA, the consolidated health centers funding is at \$826,000,000, an increase of \$23,991,000, over the fiscal year 1997 level, health professions training is funded at \$306,513,000, an increase of \$13,695,000 over last year's level, and Ryan White AIDS Care Act programs are funded at \$1,168,252,000, \$172,000,000 above last year and \$132,000,000 above the President's request.

Centers for Disease Control and Prevention.—Overall funding for CDC is \$2,388,737,000, \$86,569,000 above last year and \$72,942,000 above the President's request. Increases are provided for high priority activities including the preventive health block grant, chronic and environmental disease prevention and breast and cervical cancer screening. Infectious disease programs receive a 34 percent increase. Violence Against Women Act activities are funded at the President's request of \$45,000,000, a \$4,000,000 increase.

National Institutes of Health.—The Committee proposes \$13,505,294,000 for biomedical research activities at the National Institutes of Health. This funding level represents an increase of \$427,091,000 over the President's request and \$764,451,000, or 6 percent, over last year. This funding level indicates the very high priority that the Committee places on the activities of NIH and its expectation that, at this level, increased research activity can occur. The Committee has maintained its policy of resisting disease specific earmarks in the bill and report, believing that decisions as to appropriate levels of funding and appropriate avenues of research are best left to the scientists. The bill also continues the Committee's commitment to the construction of a new clinical center at NIH.

Substance Abuse and Mental Health Services Administration.—The bill provides \$2,151,943,000 for the Substance Abuse and Mental Health Services Administration, an increase of \$30,431,000 above fiscal year 1997 and \$4,000,000 below the request level.

Agency for Health Care Policy and Research.—The bill provides \$149,000,000 for the Agency for Health Care Policy and Research, an increase of \$5,521,000 above last year and the same as the President's request.

Medicare and Medicaid.—The bill provides \$104,383,650,000 for Medicaid and \$63,581,000,000 in Federal funds for the Government's share of payments to Medicare. Funding of \$1,134,000,000 is provided for Medicare contractor payments.

Low Income Home Energy Assistance.—The Committee recommends \$1,000,000,000 for the Low Income Home Energy Assistance Program for fiscal year 1999. This level is the same as both the fiscal year 1998 amount and the President's request.

Child Care and Development Block Grant.—The Committee recommends \$1,000,000,000, an increase of \$63,000,000 over the last fiscal year.

Head Start.—The bill includes \$4,305,000,000 for Head Start, \$324,454,000 above last year's level.

Community Services Block Grant.—Consistent with the Committee's policy of giving high priority to broad based block and state grants, the bill provides \$489,600,000 for the community services block grant, the same as fiscal year 1997.

Funding of abortions.—The bill maintains current law permitting the funding of abortion only in the cases of rape, incest, or endangerment of the life of the mother.

Human Embryo Research.—The bill includes a slight modification to language included in the fiscal year 1997 bill to prohibit the use of funds for research involving human embryos. This language also has the effect of prohibiting human cloning.

Department of Education.—The bill funds programmatic and support activities in the Department of Education at \$31,870,924,000, \$196,570,000 below the President's request and \$2,912,946,000 above last year's level.

Education Reform.—The bill reduces Goals 2000 below last year's level. Funding for this program is \$460,000,000.

Education for the Disadvantaged.—The bill provides \$7,690,599,000, for grants to state and local education agencies. This level represents an increase of \$395,367,000 over the fiscal year 1997 amount and \$150,000,000 over the request level. The bill also continues the practice of advance funding \$1,298,386,000 for this account that was established in fiscal year 1996. However, funding within the bill is concentrated on the most disadvantaged districts through a \$50,000,000 increase in the requested level for Targeted Grants.

Whole School Reform.—Employing existing authorities in title I and title X of ESEA, the Committee initiates funding for a whole school reform initiative. This initiative will provide \$200,000,000 for schools to develop reforms using research-based methods to transform entire schools into high-performing learning centers that have challenging academic standards, engaged teachers, and strong parental and community support.

School Improvement Programs.—The bill funds title VI (Chapter 2) at \$350,000,000, an increase of \$40,000,000 over fiscal year 1997. The bill also provides \$310,000,000 for the Eisenhower Professional Development program. Title VI, innovative education program strategies-state grants, is a program that provides great flexibility to states and localities and can, at the discretion of the state or locality, fund activities currently funded under Goals 2000, Eisenhower Professional Development and many of the small programs.

Safe and Drug Free Schools.—Safe and drug free schools is funded at \$556,000,000, essentially the same level as last year and \$64,000,000 below the President's request.

Literacy.—The Committee recommendation includes \$260,000,000 for a reading initiative. The funds become available if an initiative is specifically authorized by April 1, 1998.

Bilingual and Immigrant Education.—Bilingual and Immigrant Education programs are funded at \$354,000,000, an increase of \$92,300,000 over the fiscal year 1997 amount and the same as the President's request.

Special Education.—The Committee recommends overall funding for special education programs of \$4,348,647,000, \$312,668,000 above last year's level and \$138,647,000 above the President's request.

Vocational and Adult Education.—Vocational education state grants and adult education state grants are funded at the fiscal year 1997 level while Tech Prep is funded at the President's request level.

Student Financial Assistance.—The Committee places a high priority on direct assistance to students. The bill includes funding to allow the maximum Pell grant to rise to \$3,000. Funds are also set aside to support the expansion of eligibility for independent stu-

dents, if authorized. Federal work-study grants and TRIO are increased as is institutional development for minority schools.

Education Research and Statistics.—The Committee proposes \$508,752,000 for education research and statistics. This level is \$110,626,000 above last year and \$1,941,000 below the request level. Within this funding level, the Committee has provided \$55,000,000 to support whole school reform in non-title I schools and to provide expert technical support to the reform effort. The Committee has also provided for an initial \$50,000,000 for after school learning centers, another of the President's high priorities.

Related Agencies.—Funding for the related agencies title of the bill is \$31,903,434,000.

Social Security Administrative Costs.—Funding for the cost of administering the social security programs is \$6,383,040,000, \$23,537,000 below last year and \$103,000,000 below the President's request. Full funding is provided for continuing disability reviews.

National Labor Relations Board.—Funding for the National Labor Relations Board is \$174,661,000, the same as last year's level and \$11,773,000 below the President's request.

Corporation for Public Broadcasting.—CPB is an advance funded account with funds already appropriated through fiscal year 1999. Funding proposed by the Committee is \$300,000,000, an increase of \$50,000,000 over last year and \$25,000,000 below the President's request.

OPERATING PLANS

The Committee directs the Departments of Labor, Health and Human Services, and Education and the Social Security Administration and the Railroad Retirement Board to submit operating plans with respect to discretionary appropriations to the House and Senate Committees on Appropriations. These plans, to be submitted to the Committees within 30 days of the final passage of the bill, must be signed by the respective Departmental Secretaries, the Social Security Commissioner or the Chairman of the Railroad Retirement Board.

The Committee is beginning this practice, which is also required of several other departments and agencies, to assure that it fully understands the allocation of funds in accounts where the appropriation is different than that requested by the President. It also is concerned that Departments, from time to time, have carried out projects or activities, or begun major initiatives, that were not discussed in their budget justifications and no notice was provided to the Committee.

GOVERNMENT PERFORMANCE AND RESULTS ACT

The Committee considers the full and effective implementation of the Government Performance and Results Act, P. L. 103-62, to be a priority for all agencies of government.

Starting with fiscal year 1999, the Results Act requires each agency to "prepare an annual performance plan covering each program activity set forth in the budget of such agency". Specifically, for each program activity the agency is required to "establish performance goals to define the level of performance to be achieved by

a program activity” and “performance indicators to be used in assessing the relevant outputs, service levels, and outcomes of each program activity”.

The Committee takes this requirement of the Results Act very seriously and plans to carefully examine agency performance goals and measures during the appropriations process. As a result, starting with the fiscal year 1999 appropriations cycle, the Committee will consider agencies’ progress in articulating clear, definitive, and results-oriented (outcome) goals and measures as it reviews requests for appropriations.

The Committee suggests agencies examine their program activities in light of their strategic goals to determine whether any changes or realignments would facilitate a more accurate and informed presentation of budgetary information. Agencies are encouraged to consult with the Committee as they consider such revisions prior to finalizing any requests pursuant to 31 U.S.C. 1104. The Committee will consider any requests with a view toward ensuring that fiscal year 1999 and subsequent budget submissions display amounts requested against program activity structures for which annual performance goals and measures have been established.

REPORTING ON OFFICIAL TIME

The Committee requests that all of the Departments and agencies funded in this bill submit annually the following information concerning the subject of official time. This information is to be submitted by January 1 of each year.

Number of hours of official time that employees spent on union activities

Number of employees who used official time for union activities

Number of employees who spent 100 percent of their time on union activities

Dollar value of the official time spent on union activities

Dollar value of the office space, equipment, telephone use and supplies provided to unions

Benefits and disadvantages of using official time for union activities.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

The Committee recommends \$5,162,601,000 for this account which provides funding authorized primarily by the Job Training Partnership Act. This is an increase of \$446,698,000 over the fiscal year 1997 level and a reduction of \$132,717,000 from the budget request. This includes \$100,000,000 in advance funding for fiscal year 1999.

The Training and Employment Services account is comprised of programs that enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. As required by the Job Training Partnership Act, this appropriation is

forward-funded on a July to June cycle. Funds provided for fiscal year 1998 will support the program from July 1, 1998 through June 30, 1999.

The account is comprised of two activities—Grants to States and Federally-administered programs. Grants to States give Governors the primary responsibility for the operation of training programs in their States. In partnership with the private sector and all levels of government, training programs attempt to emphasize increasing participant skills and private sector placement.

Separate programs designed to meet the training and employment needs of specific population segments experiencing unique problems account for the bulk of funds provided for Federally-administered programs. These include such programs as Indians and Native Americans, migrant and seasonal farmworkers, veterans in need of training and employment assistance, the Job Corps, and a program to provide improved school-to-work transition for youth.

Adult training—title II-A

For adult training programs under title II-A of the Job Training Partnership Act, the bill provides \$1,063,990,000. This is an increase of \$168,990,000 over the fiscal year 1997 level and the same as the budget request. This will provide a program level of about 351,000 adult participants. This program is designed to prepare adults for participation in the labor force by increasing their occupational and educational skills, resulting in improved long-term employability, increased employment and earnings, and reduced welfare dependency. It is operated at the local level through service delivery areas designated by the Governors. Each area has a private industry council to provide guidance and oversight with respect to activities under that area's job training plan, in partnership with the unit or units of general local government in the areas. The private industry council includes representatives of the private sector, educational agencies, organized labor, and other groups in the area. All funds are allocated to the States by statutory formula.

Youth training—title II-C

For youth training programs under title II-C of the Act, the bill provides \$129,965,000. This is an increase of \$3,293,000 over the fiscal year 1997 level and the same as the budget request. This will provide a program level of about 106,000 youth participants. This program is intended to improve the long-term employability of youth, enhance their educational, occupational, and citizenship skills, and encourage their school completion. Like adult training, the program is administered by local service delivery areas, as directed by private industry councils. Funds are allocated to the States by statutory formula.

Summer youth employment—title II-B

The bill includes \$871,000,000 for the summer youth employment and training program for the summer of 1998. This is the same amount appropriated for the summer of 1997 and the same as the President's request. This will provide an estimated 530,000 summer jobs.

This program offers work experience, supportive services and academic enrichment to economically disadvantaged youth, ages 14 to 21. Participants receive the minimum wage. Funds are allocated to the States by formula based on relative numbers of unemployed and economically disadvantaged individuals.

Dislocated workers—title III

The bill provides \$1,350,510,000 for dislocated worker programs. This is an increase of \$64,310,000 over the fiscal year 1997 level and the same as the budget request. An estimated 605,000 participants are expected to be served by this appropriation.

The title III system provides for early identification of dislocated workers, the rapid provision of services to such workers, and job training. Among the program's components are universal rapid response capabilities, early intervention activities, the availability of needs-related payments to assist workers in training, and substate delivery systems. Funds are allocated to the States by statutory formula; 20 percent is retained by the Secretary for discretionary purposes.

The Committee urges the Department to continue to seek permanent cooperative relationships with private outplacement firms and to fully utilize the private, for-profit sector in service to workers through the title III program. The Committee continues to be concerned that public funding of outplacement and job search assistance may be displacing traditional funding sources from the private sector and that the public workforce system may be duplicating resources and capabilities that already exist in the private sector. The Department is strongly urged to continue a series of workshops and related activities between the public workforce system and private outplacement firms in a significant number of major labor market areas to achieve full participation for private outplacement firms in the delivery of job search services through the title III program. In addition to tracking the amount of funds spent for services, including job search assistance, the Department should assess the availability of service providers in local labor market areas in order to identify the potential for outsourcing services where cost savings and improved services can be achieved.

The Committee urges the Employment and Training Administration to support the development of high performance work force models which can be replicated nationally based on successful defense conversion technology reinvestment program training projects. This approach will help assure that the valuable lessons learned from defense conversion training efforts are both continued and applied effectively across a broad range of manufacturing industries.

Job Corps—title IV-B

For the Job Corps, the bill provides \$1,246,217,000 for program year 1998. This is an increase of \$92,708,000 over the fiscal year 1997 level and the same as the budget request. The amount in the bill includes \$1,127,726,000, an increase of \$62,902,000 over fiscal year 1997, for center operations to support 69,700 participants at 119 centers. The Committee has provided sufficient funding to maintain the program and allow the opening of new centers that

are currently in the pipeline. Small enhancements are provided to begin the process of modernizing the vocational training offerings. The bill also includes \$118,491,000 for facility construction, rehabilitation, and acquisition, the same amount requested by the President and an increase of \$29,806,000 over the fiscal year 1997 amount. This amount is primarily for repairs and rehabilitation at existing centers. The Committee encourages the Department to relocate centers that are in poor physical condition, particularly in those cases where the physical plant is a major deterrent to the center's performance. The bill includes a \$20,000,000 increase for this purpose. A small amount is included to begin the upgrading of furnishings and equipment in dormitories and classrooms.

The Department should continue to examine low-cost options for serving more at-risk youth through Job Corps, such as expanding slots at existing high-performing centers, constructing satellite centers in proximity to existing high-performing centers, particularly in States without Job Corps campuses, and developing new centers where suitable facilities can be provided to Job Corps at no cost. The bill includes \$4,000,000 for these purposes.

The Committee urges Job Corps to establish effective working relationships with workforce development entities, including employers, that will enhance services to students and increase students' career opportunities. Furthermore, the Committee believes that Job Corps needs to better prepare its students for high growth occupations. The Committee also urges Job Corps to intensify its efforts to meet industry standards and needs in its occupational offerings by developing a multi-year process to review, upgrade and modernize its vocational curricula, equipment, and programs in order to create career opportunities for students in appropriate growth industries.

The Committee urges the Department to encourage Job Corps centers to coordinate with community-based organizations, such as substance abuse treatment centers, in innovative ways.

The Committee directs the Department of Labor to review the process that Job Corps uses to address the facility construction and rehabilitation requirements of its centers. The Department should investigate options, such as design-build, that can meet Job Corps center facility construction and rehabilitation needs in the most cost-effective, expeditious manner.

Historically, economically disadvantaged single parents have been the most difficult population to serve in traditional Job Corps centers, partially because of parents' difficulties in finding and providing transportation to and from affordable child care. Head Start programs are uniquely suited to address the health, nutritional, social and educational needs of disadvantaged children while providing the parenting support so often needed by their families. Locating Head Start programs on Job Corps campuses has enabled Job Corps to better serve Job Corps students and Head Start to reach a greater number of needy children and their families.

The Committee is encouraged by discussions that have occurred between the Department of Labor and the Department of Health and Human Services regarding an interagency collaboration in this area. The Committee urges the Departments to move forward to

issue a joint RFP to Job Corps-Head Start partnership applicants to create demonstration Head Start programs on Job Corps sites.

The Committee encourages Job Corps to develop a partnership with the organizers and host communities of the 1998 Goodwill Games. The Games are focused on helping youth through sport and offer Job Corps trainees a highly visible, unique job training experience.

The Committee urges the Department to continue to crack down on poor-performing Job Corps centers. A significant number of centers appears to be at the bottom of the performance rankings year after year. While recognizing that the Department has taken some steps to address this situation, the Committee believes that continued close attention is warranted. If changing the center operator and other management actions do not solve the problems, then the Department should consider closing some of the chronic poor-performers.

In considering any future need for new centers, it is important that the Department give careful consideration to those States that have the most rapidly growing populations.

School-to-work

The bill includes \$200,000,000 for the school-to-work opportunities initiative under the School-to-Work Opportunities Act. This is the same as the fiscal year 1997 appropriation and the budget request. This program is designed to provide a national framework within which all States can create statewide systems to help youth acquire the knowledge, skills, abilities, and labor market information they need to make an effective transition from school to work, or to further education or training. It is jointly administered by the Departments of Labor and Education. A like amount is included for the program in the Department of Education. Funds support development grants to States to plan school-to-work systems to ease the transition from school to work and implementation grants provided competitively to States and local consortia to begin building such systems. Activities can include recruiting employers, obtaining in-depth information on local labor markets, designing school-based and work-based curricula, and training school-based and work-based staff.

Native Americans

For Native American programs, the bill provides \$52,502,000. This is the same as the President's budget request and the fiscal year 1997 level. These programs are designed to improve the economic well-being of disadvantaged Native Americans through vocational training, work experience, and other services aimed at getting participants into permanent unsubsidized jobs. About 20,000 participants would be served.

Migrant and seasonal farmworkers

For Migrant and Seasonal Farmworker programs, the bill provides \$69,285,000. This is the same as the President's budget request and the fiscal year 1997 level. This program is aimed at alleviating chronic unemployment and underemployment being experienced by farmworker families. Training and employability develop-

ment services are supposed to prepare farmworkers for stable, year-round employment, both in and outside the agricultural industry. Supportive services such as health care, day care and housing are also provided. About 35,000 participants would be served.

The Department is encouraged to continue the farmworker housing program at the current year level.

Veterans' employment

For veterans' employment, the bill provides \$7,300,000. This is the same as the budget request and the fiscal year 1997 level. These funds provide special employment and training programs designed to meet the unique needs of disabled, Vietnam-era, and recently separated veterans.

Other Federally-administered programs

For other Federally-administered programs, \$71,832,000 is provided for program year 1998. This is \$17,397,000 over the fiscal year 1997 level and \$232,717,000 under the budget request. The Committee allowance includes funding for research and evaluation (\$8,196,000), labor market information (\$8,489,000), the National Occupational Information Coordinating Committee (\$5,000,000), pilots and demonstrations (\$42,500,000), Women in Apprenticeship (\$647,000), and the National Skills Standards Advisory Board (\$7,000,000).

The amount for labor market information includes \$3,000,000 to support the installation of a telephone access labor market exchange network for searching America's Job Bank by telephone. The Committee believes that this system has great potential as an access service for persons with disabilities, including individuals who are blind.

Under pilots and demonstrations, the bill includes \$2,500,000 to continue to demonstrate effective ways to assist homeless veterans. This is the same amount requested by the Administration as a separate line item. The Committee feels that this can be effectively handled under the pilots and demonstrations activity. The Committee urges the Department to make it clear to State and local service providers that veterans are to be adequately served under all of the Nation's job training programs. Concerns have been expressed to the Committee that this is not currently the case.

The Committee has provided full funding for the ongoing multiyear evaluation of the Job Corps program. This evaluation will proceed as planned and on schedule. A number of serious questions have been raised about Job Corps in the past, and the Committee expects this evaluation will provide answers for them.

The Committee has provided \$25,000,000 for an out-of-school youth demonstration program under the pilots and demonstrations activity; the President proposed an expenditure of \$250,000,000 under a separate line item. While the Committee agrees that there are serious problems with this segment of the population, it believes that significant expansion of this pilot approach should await action by the authorizing committee. The Committee is aware that the House has passed HR 1385, the job training reform legislation on March 16, 1997, and is hopeful that enactment of this legislation will occur during fiscal year 1998. The Committee has included

in the bill an additional \$100,000,000 for an out-of-school youth program for fiscal year 1999 contingent upon the new authorization specifically authorizing such a program. This demonstration program aims to increase the employment rate of out-of-school youth in selected high poverty areas over the long term to a level of 80 percent. Other goals are to increase high school graduation rates, postsecondary school enrollment and wage levels for the youth in these areas.

The Committee urges the Department to explore the possibilities of demonstration projects at career-oriented educational institutions, especially in expanding fields such as culinary arts. Such programs could enable welfare recipients to become trained for meaningful occupations and provide job placement.

The Committee recommends that in planning fiscal year 1998 pilots and demonstrations the Secretary consider testing innovative ways to help employable, low-income individuals who are HIV-positive get and keep unsubsidized jobs with decent wages and fringe benefits.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The bill includes \$440,200,000 for community service employment for older Americans. This is the same as the comparable fiscal year 1997 level and the President's budget request. The Committee notes that this program again this year lacks an authorization for appropriations. The program, under title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. Participants receive the minimum wage. It is forward-funded from July to June, and the fiscal year 1998 appropriation will support the effort from July 1, 1998 through June 30, 1999. An estimated 61,500 job slots will be supported by the bill.

As requested by the President, the bill essentially transfers this program to the Department of Health and Human Services by transferring the appropriation. This action is contingent upon enactment of new authorizing legislation.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The bill includes \$349,000,000, the same as the budget request and an increase of \$24,500,000 over the fiscal year 1997 comparable level. The fiscal year 1998 allowance provides funding for four activities, all entitlements.

For trade adjustment assistance benefits, as authorized by the Trade Act of 1974, as amended, the bill includes \$208,000,000. This is the same as the budget request and an increase of \$17,000,000 over the fiscal year 1997 level. These funds will permit payment of benefits, averaging \$217 per week, to 35,700 workers for fiscal year 1998.

The bill provides \$96,700,000 for training, job search and job relocation allowances to workers adversely affected by imports. The funding for this activity is also authorized under the Trade Act of 1974, as amended. This is the same as the budget request and an increase of \$11,600,000 over the fiscal year 1997 level. These funds will provide services for an estimated 30,500 workers.



The third activity, NAFTA transitional adjustment assistance benefits, provides for weekly benefit payments to workers affected by imports from Mexico and Canada. These payments are also authorized by the Trade Act of 1974, as amended as a result of the signing of the North American Free Trade Agreement (NAFTA). The bill includes \$22,000,000 for this activity. This is the same as the budget request and an increase of \$2,000,000 over the fiscal year 1997 level. These funds will provide 3,300 eligible workers an average of 30 weeks of benefits each, at an average weekly amount of \$216.

The fourth activity, NAFTA transitional adjustment assistance training, provides funds for training, job search and job relocation to workers affected by imports from Mexico and Canada. The funding for this activity is also authorized by the amendment to the Trade Act of 1974 resulting from the signing of the NAFTA. The bill includes \$22,300,000 for this activity. This is the same as the budget request and a reduction of \$6,100,000 below the fiscal year 1997 level. These funds will provide training for an estimated 5,100 workers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The bill includes \$3,505,928,000 for this account, an increase of \$190,000,000 over the fiscal year 1997 level and \$99,000,000 below the budget request. Included in the total availability is \$3,332,476,000 authorized to be drawn from the Employment Security Administration Account of the Unemployment Trust Fund and \$173,452,000 to be provided from the general fund of the Treasury. The funds in this account are used to provide administrative grants and assistance to State agencies which administer Federal and State unemployment compensation laws and operate the public employment service. In addition, funds are provided for the one-stop career center program.

For Unemployment Insurance Services, the bill provides \$2,531,458,000. This total includes a regular contingency amount of \$206,333,000, which may be drawn from the Employment Security Administration Account of the Unemployment Trust Fund. In addition, the bill further provides for a second contingency amount should the unemployment workload exceed an average weekly insured claims volume of 2,789,000. This second contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,789,000 insured unemployed per week at a rate of \$28,600,000 per 100,000 insured unemployed, with a pro-rata amount granted for amounts of less than 100,000 insured unemployed. The Committee wishes to be promptly notified whenever this latter contingency mechanism is utilized.

The amount provided for UI administration includes \$200,000,000 as requested by the President for the purpose of bringing State agency computers into Year 2000 compliance. Failure to convert these computers in a timely manner could be disastrous for the unemployment insurance system. The Committee expects the Department and the States to work together expeditiously to address this problem.

The Unemployment Insurance Service recommendation is \$99,000,000 below the budget request and an increase of \$190,000,000 over the fiscal year 1997 level. The Committee has not provided the request for an additional \$89,000,000 for State integrity activities. Although the Committee realizes that this is an important area that deserves attention, sufficient funds do not exist in this year's budget allocation to accommodate it. It is estimated by the Department that the States are already spending about \$359,000,000 for these activities in the current fiscal year. The Committee has reduced the amount requested for contingency purposes by \$10,000,000. For national UI activities, the bill includes \$10,000,000; this is the same as the fiscal year 1997 level.

For the Employment Service, the bill provides \$824,470,000 which includes \$23,452,000 in general funds together with an authorization to spend \$801,018,000 from the Employment Security Administration Account of the Unemployment Trust Fund. These amounts are the same as the fiscal year 1997 level and the budget request. Included in the bill for the Employment Service is \$761,735,000 for State grants, available for the program year of July 1, 1998 through June 30, 1999. This is the same as the budget request and the fiscal year 1997 level.

The Committee has provided \$62,735,000 for ES national activities, the same as the budget request and the fiscal year 1997 level. About half of these funds are used for the alien labor certification program. The bill includes \$20,000,000 specifically for administration by the States of the Work Opportunities Tax Credit (WOTC). The Committee reiterates that these funds are to be used by the States only to administer the WOTC and are not available for any other purpose.

The Committee has provided \$150,000,000 for States to establish one-stop career centers to integrate the provision of labor market and training services to unemployed workers and to employers through collaboration of local service providers. This is the same as the fiscal year 1997 appropriation and the budget request. Funds provided under the one-stop initiative must supplement, not supplant, other Federal, State or local funds committed to such centers. One-stop centers should provide access to the broadest range of workforce development and social support services needed to meet client needs, including, at a minimum, the unemployment and employment service programs, dislocated workers and other JTPA programs.

The Committee strongly encourages the Department to fund job vacancy surveys that can determine the number, type, pay, vacancy duration and other characteristics of available jobs in a locality and that can better inform job training, job placement, and welfare-to-work efforts. This effort is to be funded from funds available for the one-stop career centers program. The Committee would like a status report on this effort prior to next year's appropriations hearings.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The bill includes \$392,000,000, the same as the budget request and an increase of \$19,000,000 over the fiscal year 1997 comparable level. The appropriation is available to provide advances to

several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 1998 advances will be made to the Black Lung Disability Trust Fund.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 1998 are expected to be sufficient. Should the need arise, due to unanticipated changes in the economic situation, laws, or for other legitimate reasons, advances will be made to the needy accounts to the extent funds are available. Funds advanced to the Black Lung Disability Trust Fund are repayable with interest to the general fund of the Treasury.

PROGRAM ADMINISTRATION

The bill includes total funding for this account of \$125,593,000. This is \$4,050,000 below the request and \$1,243,000 above the fiscal year 1997 level. This includes \$84,308,000 in general funds and authority to expend \$41,285,000 from the Employment Security Administration Account of the Unemployment Trust Fund. General funds in this account provide the Federal staff to administer employment and training programs under the Job Training Partnership Act, the Older Americans Act, the Trade Act of 1974, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security functions under Title III of the Social Security Act and the Immigration and Nationality Act.

The Committee understands that a new welfare-to-work initiative will most likely be included in the Reconciliation Bill currently under consideration by the Congress. If the Department of Labor has a significant role to play in any such program, the Committee recognizes that additional administrative resources may be required.

The Committee urges the Department to publish a final regulation clarifying that the Hathaway decision on prevailing wages does not affect university researchers. The Committee is concerned that critical health research may be delayed because universities are having difficulty using the H-1B visa to hire highly qualified international researchers.

PENSION AND WELFARE BENEFITS ADMINISTRATION

SALARIES AND EXPENSES

The bill provides \$82,000,000 for this account, a reduction of \$2,307,000 from the budget request and an increase of \$5,160,000 over the fiscal year 1997 level.

The Pension and Welfare Benefits Administration (PWBA) is responsible for the enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA) in both civil and criminal areas. This involves ERISA fiduciary and reporting/disclosure requirements. PWBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 (FERSA). The agency was also given new responsibilities under the Health Insurance Portability and Accountability Act of 1996.

The bill includes \$3,000,000 to complete the design and development of the new form 5500 reports processing system.

PENSION BENEFIT GUARANTY CORPORATION

The Pension Benefit Guaranty Corporation is a wholly-owned government corporation established by the Employee Retirement Income Security Act of 1974. The law places it within the Department of Labor and makes the Secretary of Labor the chairman of its board of directors. The Corporation receives its income from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by the Act, and investment earnings. It is also authorized to borrow up to \$100 million from the Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered plans fail or go out of existence.

The Corporation's budget for fiscal year 1998 includes benefit payments of \$982,140,000, multi-employer financial assistance of \$5,960,000, an administrative expenses limitation of \$10,433,000, and administrative expenses that are exempt from limitation of \$137,376,000. Only the administrative expenses limitation is subject to the appropriations process. The amount in the administrative expense limitation is \$192,000 below the request and \$103,000 over the fiscal year 1997 amount.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

The total combined general and trust fund amount for this agency is \$299,000,000. This is a reduction of \$15,203,000 below the budget request and an increase of \$8,616,000 over the fiscal year 1997 level. The bill includes \$298,007,000 in general funds for this account and also contains authority to expend \$993,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act. In addition, an amount of \$26,147,000 is available by transfer from the Black Lung Disability Trust Fund. This is the same as the request and \$94,000 over the fiscal year 1997 level.

The Employment Standards Administration is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Seasonal Agricultural Workers' Protection Act, the Davis-Bacon Act, the Family and Medical Leave Act, the Federal Employees' Compensation Act (FECA), the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung). The agency also administers Executive Order 11246 related to affirmative action by Federal contractors and the Labor-Management Reporting and Disclosure Act.

The Committee recommendation includes \$500,000 to begin the development and implementation of the electronic filing of reports required to be filed under the Labor-Management Reporting and Disclosure Act, and a computer database of the information for each submission that is indexed and easily searchable by the public via the Internet.

The Committee is concerned about the difficulty the public has obtaining full and complete information on the reports. Further, the Committee expects the Department to continue pursuing this project by including funding for it in future budget requests. The Committee expects to receive a complete plan of implementation from the Department by April 1, 1998.

The General Accounting Office is expected to review the Department's implementation plan and other activities to determine whether these efforts will achieve the goal of improving the timeliness, accuracy, and availability of the information contained in the reports filed under the Labor-Management Reporting and Disclosure Act. The General Accounting Office shall report its findings to the Appropriations Committees after it has made its review.

A process for verifying the accuracy of data submitted for Davis-Bacon wage surveys is important for improving public confidence in the integrity of the process and the accuracy of the resulting wage determinations. To address this concern, the Department should ensure that an appropriate portion of the funds appropriated for the Davis-Bacon wage survey program is expended to randomly sample all data submissions to verify their accuracy. In addition, a sample of all data submissions should be selected for on-site data verification against actual payroll records. The Committee expects the General Accounting Office to review the Department's activities to determine whether these efforts will achieve the goal of improving the timeliness, accuracy and reliability of Davis-Bacon wage determinations. The GAO shall report its findings to the Appropriations Committees after it has made its review.

The Committee is concerned about the suspension of the Davis-Bacon "helper" regulations and the lengthy delays in resolving the regulations. The Committee directs the Department to issue final regulations on the use of "helpers" under the Davis-Bacon Act by December 31, 1997.

SPECIAL BENEFITS

The bill includes \$201,000,000, the same as the budget request and a decrease of \$12,000,000 below the fiscal year 1997 comparable appropriation. This appropriation primarily provides benefits under the Federal Employees' Compensation Act (FECA). The payments are required by law.

The total amount to be available in fiscal year 1998, including anticipated reimbursements from Federal agencies of \$1,857,000,000 and carryover funds from the prior year, is \$2,905,087,000, an increase of \$59,000,000 over the fiscal year 1997 comparable level.

The Committee recommends appropriation language that provides authority to use the FECA fund to reimburse a new employer for a portion of the salary of a newly reemployed injured Federal worker. The FECA funds will be used to reimburse new employers during the first three years of employment not to exceed 75% of salary in the workers' first year, 50% in the second year, and 25% in the third year. Costs will be charged to the FECA fund.

The Committee recommends continuation of appropriation language to provide authority to deposit into the Special Benefits account those funds that the Postal Service, the Tennessee Valley

Authority, and other entities are required to pay to cover their "fair share" of the costs of administering the claims filed by their employees under FECA. The Committee also recommends approval of appropriation language to provide that \$7,269,000 of the funds transferred from the "fair share" agencies to pay the costs of administration will be available to the Secretary of Labor to finance capital improvements relating to upgrading and enhancing the Federal Employees' Compensation program computer system hardware and software. The remaining balance of the administrative costs paid by the "fair share" agencies will revert to Treasury as miscellaneous receipts.

BLACK LUNG DISABILITY TRUST FUND

The bill includes authority to obligate \$1,007,000,000 from the Black Lung Disability Trust Fund in fiscal year 1998. This is a decrease of \$982,000 below the fiscal year 1997 comparable level and the same as the budget request.

The total amount available for fiscal year 1998 will provide \$466,650,000 for benefit payments, and \$45,994,000 and \$356,000 for administrative expenses for the Departments of Labor and Treasury, respectively. Also included is \$494,000,000 for interest payments on advances from the general fund of the Treasury. In fiscal year 1997, comparable obligations for benefit payments are estimated to be \$496,665,000, while administrative expenses for the Departments of Labor and Treasury respectively are \$45,961,000 and \$356,000. Interest payments on advances are estimated at \$465,000,000 for fiscal year 1997.

The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operator can be assigned liability for such benefits, or when coal mine employment ceased prior to 1970, as well as all administrative costs which are incurred in administering the benefits program and operating the Trust Fund.

It is estimated that 73,500 people will be receiving black lung benefits financed from the Trust Fund by the end of fiscal year 1998. This compares with an estimated 77,000 receiving benefits in fiscal year 1997.

The basic financing for the Trust Fund comes from a coal excise tax for underground and surface-mined coal. Additional funds come from reimbursement payments from mine operators for benefit payments made by the Trust Fund before the mine operator is found liable, and advances from the general fund, estimated at \$392,000,000 in fiscal year 1998. The advances to the Fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes \$336,205,000 for this agency. This is a reduction of \$11,600,000 below the budget request and an increase of \$11,250,000 from the fiscal year 1997 level. This agency is respon-

sible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee has provided a one percent increase for all activities within this account, with the exception of compliance assistance. With respect to compliance assistance, the Committee has provided \$80,547,000, an increase of \$8,719,000 over the fiscal year 1997 amount, or 12 percent. Compliance assistance activities include on-site consultation programs by designated State agencies for which the bill includes \$34,822,000; conducting general outreach activities and providing technical assistance at the request of employers; training and education grants; fostering and promoting voluntary protection programs that give recognition and assistance to employers who establish exemplary occupational safety and health programs; and the OSHA training institute. The agency should continue the dual strategy of enforcement targeted to the most hazardous industries and employers and expand partnerships and compliance assistance activities to assist employers and workers in meeting their obligations to ensure workplace safety and health.

The Occupational Safety and Health Act of 1970 states that its purpose is "to assure so far as possible every working man and woman in the Nation safe and healthful working conditions * * *". OSHA's mission is to reduce injuries and illnesses in the workplace. The Act provides the agency with a number of tools with which to pursue that mission. These include: standards promulgation and review, enforcement, state programs, consultation, and training and education. OSHA must demonstrate, by objective measures, how each program area contributes to the goal of reducing injuries and illnesses in the workplace. This must be an important part of the agency's strategic plan under the Government Performance and Results Act.

The Committee commends OSHA's efforts to expand the Voluntary Protection Program and other voluntary cooperative programs. The Committee expects OSHA to continue to place high priority on the VPP, including increasing the number of small businesses enrolled in the program. The agency's work to eliminate the VPP application backlog is particularly noteworthy. The Committee expects that no backlog will exist in the future.

In development of its Cooperative Compliance Program for general industry, the Committee urges the agency to maintain flexibility for individual State variations as may be agreed between the agency and stakeholders in the regulated community. For those companies participating in the Cooperative Compliance Program, the Committee encourages the agency to continue a penalty discount for good faith efforts.

The Committee is concerned about the poor health and safety record of the United States Postal Service (USPS). OSHA is encouraged to increase its efforts to inspect USPS facilities to ensure that the USPS is meeting safety and health standards. The Committee recognizes that OSHA's enforcement authority is limited in this case, and urges the authorizing committee to thoroughly examine the need for a statutory change to ensure USPS compliance with OSHA standards.

The Committee is aware that small employers in the furniture stripping and foam manufacturing and fabrication industries are concerned about the cost of complying with the provisions of OSHA's Methylene Chloride Standard. The Committee believes that assuring the availability of OSHA compliance assistance to these employers will greatly improve the employers' ability to meet the standard's requirements with methods that are well suited to their particular workplaces and capable of affording employees in these establishments the same level of protection that the standards deem necessary for safety and health and that larger employers are better able to provide.

Therefore, the Committee directs OSHA to issue compliance directives to field compliance officers not to enforce the MC regulations unless: (1) the agency makes available to employers with fewer than 150 employees in the furniture stripping and foam manufacture or fabricating industries an on-site consultation program that will give the establishments in these industries highest priority for receiving consultative services; (2) any establishment that receives a consultation visit and is found to be out of compliance with the requirements of the standard due to infeasibility will receive additional compliance assistance but will not be referred for inspection; and (3) establishments in these industries that receive an OSHA enforcement inspection and are found to be out of compliance with the exposure limit requirements of the Methylene Chloride Standard because compliance is economically or technologically infeasible will not be cited for a violation of that requirement, but instead OSHA will work with the employer to seek and employ alternative means of abatement. The Committee believes that these actions will adequately address the concerns of small business while ensuring workplace safety and health, and the Committee will refrain from further limitations on the implementation and enforcement of this standard beyond fiscal year 1998.

The Committee has included language carried in the bill since 1976 in one instance and 1979 in the other that restricts the use of funds for certain purposes. First, the bill includes language that effectively exempts farms employing 10 or fewer people from the provisions of the Act except those farms having a temporary labor camp. Second, the bill includes language exempting businesses employing 10 or fewer in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections.

The Committee has included language in the bill prohibiting the Occupational Safety and Health Administration from promulgating a proposed or final standard on ergonomics during fiscal year 1998 and prohibiting enforcement activity under the general duty clause of the Occupational Safety and Health Act which would be based on the issuance by OSHA of any voluntary guidelines with respect to ergonomics. It is hoped that this prohibition will provide adequate time for a full and complete review and evaluation of all scientific evidence relating to the need for an ergonomic standard. The Committee will refrain from any further restrictions with regard to the development, promulgation or issuance of an ergonomic standard following fiscal year 1998.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes \$199,159,000 for this agency. This is \$6,645,000 below the budget request and \$1,972,000 above the fiscal year 1997 level. This agency enforces the Federal Mine Safety and Health Act in underground and surface coal and metal and non-metal mines.

The Committee has continued language carried in the bill since 1979 prohibiting the use of funds to carry out the training provisions of the Act with respect to shell dredging or with respect to any sand, gravel, surface stone, surface clay, colloidal phosphate or surface limestone mine.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The total funding recommended by the Committee for the Bureau of Labor Statistics is \$380,457,000. This is an increase of \$19,635,000 over the fiscal year 1997 level and \$1,000,000 over the budget request. The bill includes \$327,609,000 in general funds for this account and authority to spend \$52,848,000 from the Employment Security Administration Account of the Unemployment Trust Fund. The Bureau of Labor Statistics is the principal fact-finding agency in the Federal Government in the broad field of labor economics. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

The Committee has approved \$15,430,000, the full amount requested by the Administration, for the Consumer Price Index revision. This revision is critical to the Nation's economy and to the Federal budget. The Committee directs the Bureau to give this matter the very highest priority. In addition, the bill includes a requested program increase of \$2,087,000 to make further improvements in the CPI, including speeding up the process of updating the market basket, expanding the amount of information collected on certain goods and services for improving methods of adjusting for quality changes, and to enable the introduction of supplemental indexes that will reflect the ability of consumers to substitute among goods and services.

The Committee has included \$1,000,000 above the request in the prices and cost of living activity to improve the timeliness of data on emerging labor market issues by collecting data on these topics in two regularly scheduled Current Population Survey supplements. This will ensure BLS's ability to respond quickly to labor market policy issues such as contingent work, permanent job loss or displacement and its employment and earnings outcomes.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

The bill includes a combined general and trust fund amount for Departmental Management activities of \$152,481,000. This is \$197,000 below the budget request and an increase of \$7,362,000 over the fiscal year 1997 level. The bill includes \$152,199,000 in general funds for this account along with authority to transfer

\$282,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$19,551,000 is available by transfer from the Black Lung Disability Trust Fund. This is the same as the budget request and \$70,000 below the fiscal year 1997 level.

The Departmental Management appropriation finances staff responsible for formulating and overseeing the implementation of Departmental policy and management activities. In addition, this appropriation includes a variety of operating programs and activities that are not involved in Departmental Management functions, but for which other salaries and expenses appropriations are not suitable.

The bill includes an increase of \$2,000,000 over the budget request for the Bureau of International Labor Affairs for studies and activities related to the elimination of child labor throughout the world.

The Committee urges the Women's Bureau to continue support for technical assistance and training on displaced homemaker programming. This assistance is critical as State and local agencies develop and implement new models for workforce development and welfare reform.

The Department is instructed to include, as a footnote within its audited financial statements, information on revenues, both to the Department and to the Federal government, resulting from the activities of the Department's Inspector General and specifically to identify measurable "funds put to better use" as additional budgetary resources.

Each of the departments under the Committee's jurisdiction is statutorily required to have audited financial statements covering all the department's accounts and activities. Congress enacted this requirement in the Government Management Reform Act of 1994 after having observed the benefits of the pilot program of audited financial statements that had been required by the Chief Financial Officers (CFO) Act of 1990. An audited financial statement is like a "scorecard" that reflects a department's progress in achieving the significant financial management reforms required by the CFO Act, and in providing effective stewardship and management of government funds. Accordingly, the Committee expects the Department to work vigorously towards obtaining a clean opinion on its financial statements. The transfer and reprogramming authority the Committee has granted provides substantial flexibility to the Department and is particularly valuable during periods of increasing fiscal constraints. However, the Committee questions the extent to which agencies can properly exercise such authority and accurately account for affected funds if they have not made substantial progress towards achieving the CFO Act's financial management reforms. Accordingly, in subsequent years, the Committee will consider the Department's progress in making such reforms and in obtaining a clean opinion on its financial statements when scrutinizing requests for current appropriations and in deciding whether to continue, expand or limit transfer and reprogramming authority.

The Committee is concerned by the seeming lack of coordination of programs among the Departments of Labor, Health and Human Services, and Education. The Departments have no forum in place

for continuous interdepartmental collaboration. The Working Group on Comprehensive Early Childhood Family Centers, headed by the Department of Education, recommended that the Departments create such a forum, and this has yet to occur. Therefore, the Committee urges the Departments to institutionalize interdisciplinary collaboration at all levels, and requests a progress report on steps taken to accomplish such departmental collaboration and program coordination no later than March of 1998.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

The bill includes \$181,955,000 to be expended from the Employment Security Administration Account of the Unemployment Trust Fund. This is the same as the budget request and \$104,000 above the fiscal year 1997 level.

For State grants, the bill provides \$80,040,000 for the Disabled Veterans Outreach program. This amount is sufficient to finance about 1,500 State staff. The bill also provides \$77,078,000 for the Local Veterans Employment Representative program. This amount is sufficient to finance about 1,340 State staff.

For Federal administration, the bill provides \$24,837,000. This includes \$2,000,000 to operate the National Veterans Training Institute, the same amount requested by the Administration as a separate line item. Attendees at the Institute are primarily State employees who provide employment services to veterans. The Committee believes that the Department of Defense and other Federal agencies should pay the full cost of training for their employees that is provided by the NVTI.

OFFICE OF THE INSPECTOR GENERAL

The bill includes a combined general and trust fund amount of \$46,750,000. This is the same as the budget request and \$231,000 below the fiscal year 1997 level. This includes \$43,105,000 in general funds for this account along with authority to transfer \$3,645,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$296,000 is available by transfer from the Black Lung Disability Trust Fund.

The Office of the Inspector General was created by law to protect the integrity of Departmental programs as well as the welfare of beneficiaries served by those programs. Through a comprehensive program of audits, investigations, inspections, and program evaluations, the OIG attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness throughout the Department.

The Committee believes that all of the Inspectors General need to do a better job of accounting for and tracking the savings that they claim to generate by their efforts. More attention must be paid to how much money is actually collected each year and paid back to the Federal government. The Committee directs the Inspector General to continue to report to the Committee each quarter on:

- (1) the actual payments, as a result of fines, restitutions or forfeitures, made to the United States Government as a result of his activities; and

(2) how “funds put to better use” were used; this report must identify funds made available for use by management and the programs, projects, and activities that were increased as a result of these funds.

A March 1997 audit revealed that inaccurate data were frequently used in Davis-Bacon wage determinations. In that regard, the Committee understands that the OIG plans to continue to audit Davis-Bacon to ensure the accuracy and reliability of the wage determinations.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

The bill includes \$3,616,068,000 for health resources and services programs. This is \$211,501,000 above the comparable amount available for these activities in fiscal year 1997 and \$349,589,000 above the amount requested in the President's budget.

The Health Resources and Services Administration (HRSA) supports programs which provide health services to disadvantaged, medically underserved and special populations; improve infant mortality rates; direct the education, supply and distribution of a wide range of health professionals; and provide technical assistance regarding the utilization of health resources and facilities. A large number of the programs funded in this account are currently unauthorized, including all health professions activities.

Consolidated health centers

The Committee provides \$826,000,000 for the consolidated health centers line, which is \$23,991,000 above the 1997 level and \$16,132,000 above the Administration request for this grouping of programs. The reauthorization bill signed into law last fall consolidated four programs that were previously separately funded: community health centers; migrant health centers; health care for the homeless; and public housing health services. Community health centers had actually been the grantees for many of the separate, smaller programs. The portion of total funding allocated for the individual programs is based on the share of the total funding received by the individual programs prior to consolidation. All four programs serve low income, underserved, uninsured and medically needy populations.

The Committee repeats bill language from previous years limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to \$5,000,000. Without such language, the Department of Justice could tap the consolidated health centers line item for \$30,000,000 for claims payment, which is far in excess of historical levels.

Health centers continue to be inundated by new and uninsured patients seeking care. The Committee is aware that over the past three years, health centers have added more than one million uninsured patients to their roles. The Committee intends that the funding increases allocated to health centers will be used to provide in-

creases in grant levels for existing grantees, in particular, for health centers that are serving greater numbers of uninsured persons, as well as to provide funding in new areas that are currently unserved, and to fund loan guarantees.

Of the amount provided for consolidated health centers, the Committee has included bill language similar to that in last year's bill making available a total of up to \$4,600,000 for guarantees of loans made by non-Federal lenders to health centers for the costs of developing and operating managed care networks or plans. Funds collected through loan origination fees will be deposited in the appropriate credit program account for authorized costs of such loans. It is anticipated that up to \$53,300,000 in loans will be made available for managed care network formation.

The Committee recognizes HRSA for focusing their efforts on health services delivery to those most in need through the consolidated health centers program. Specifically, the Committee is pleased with the success of the original 26 school-based health centers funded under the Healthy Schools, Healthy Communities initiative. Healthy Schools, Healthy Communities currently serves 22,000 children and adolescents by working in areas with the greatest need to target young people who are at risk for poor health because they are homeless, members of minority groups, or from low-income families. In order to expand the "Community School" model developed under the Healthy Schools, Healthy Communities initiative to other sites that will replicate the model and to transition to self-sustaining status the current 26 sites, the Committee expects HRSA to target the funding increase for consolidated health centers contained in the Administration's original budget request to this initiative.

To encourage HRSA's efforts to demonstrate and evaluate the outcomes of linking community health centers and substance abuse treatment centers, the Committee encourages HRSA to continue its efforts to support health centers that coordinate primary care with substance abuse treatment centers.

National Health Service Corps: Field placements

The Committee provides \$37,244,000 for field placement activities, which is the same as both the 1997 level and the Administration request. These funds are used to support the activities of National Health Service Corps (NHSC) obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

National Health Service Corps: Recruitment

The Committee provides \$82,756,000 for recruitment activities, which is \$4,590,000 above both the 1997 level and the Administration request. The program awards scholarships to health professions students and assists graduates in repaying their student loans. In return for every year of support, these students are obligated to provide a year of service in health professional shortage areas usually located in inner cities or rural areas, with a two-year minimum obligation. The Committee reiterates its intent that

funds provided be used to support multi-year, rather than single-year, commitments.

The Committee is aware that the National Health Service Corps has conducted a special pilot project over the last several years to place psychologists and other mental health providers in community and migrant health centers. The Committee applauds this effort but is concerned that fewer than 50 of the health providers placed by the NHSC provide mental health care services. The Committee, therefore, encourages the NHSC to take steps to make progress in meeting the shortages in the numbers of mental health care providers.

Health professions

The Committee provides \$306,513,000 for all health professions training programs, which is \$13,695,000 above the 1997 level. The Administration requested funding in consolidated program clusters which would reduce funding for the programs by \$162,818,000.

The Committee includes bill language which was contained in the 1997 appropriations bill which makes clear that funds may be used to operate the Council on Graduate Medical Education. This language is necessary because specific legislative authority for the Council has expired.

Grants to communities for scholarships

The Committee provides \$545,000 for grants to communities for scholarships, which is \$13,000 above the 1997 level. The Administration did not request funding for this program. The program provides grants to States to provide financing for community organizations located in health professions shortage areas to make scholarship awards to health professions students in exchange for a service obligation in the community. Sixty percent of the costs of scholarships are paid by the State and sponsoring community organization.

Health professions data systems

The Committee provides \$241,000 for the health professions data systems, which is \$5,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$63,000. This program supports the collection and analysis of data on the labor supply in various health professions and on future workforce configurations.

Research on health professions issues

The Committee provides \$461,000 for research on health professions issues, which is \$11,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$63,000. This program supports research on issues such as the extent to which debt has a detrimental effect on students entering primary care and the effects that Federally-funded educational programs for minorities have on the number of such individuals attending health professions schools.

Nurse loan repayment for shortage area service

The Committee provides \$2,251,000 for nurse loan repayment for shortage area service, which is \$54,000 above the 1997 level. The Administration did not request funding for this program. This program offers student loan repayment to nurses in exchange for an agreement to serve not less than two years in an Indian Health Service health center, Native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic.

Centers of excellence

The Committee provides \$27,300,000 for centers of excellence, which is \$2,586,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would level fund the programs included in the cluster. The program is designed to strengthen the national capacity to educate minority students in the health professions by offering special support to those institutions which train a significant number of minority health professionals, including Hispanics and Native Americans. Funds are used for the recruitment and retention of students and faculty, information resources and curricula, faculty and student research, and the development of plans to achieve institutional improvements.

The Committee is concerned that the focus of the centers of excellence program is being diluted by a proliferation of grants to institutions which have only a short-term history and track record of supporting and nurturing minority students. The Committee recommends that this program refocus on providing support to historically minority health professions institutions and directs the program to report to the Committee on the progress of this effort by February 1, 1998.

Health careers opportunity program

The Committee provides \$30,000,000 for the health careers opportunity program, which is \$3,221,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would level fund the programs included in the cluster. This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and pre-professional school preparation.

The Committee has heard concerns that several historically minority health professions schools may have their health careers opportunity program (H-COP) grants eliminated. The Committee encourages HRSA to give priority consideration for H-COP grants to minority health professions institutions.

Exceptional financial need scholarships

The Committee provides \$11,610,000 for exceptional financial need scholarships, which is \$278,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would level fund the programs included in the cluster. This program provides scholarship aid to exceptionally needy students enrolled in medicine, osteopathic medicine, or dentistry who agree to practice primary care for five years after completing training.

Faculty loan repayment

The Committee provides \$1,087,000 for faculty loan repayment, which is \$26,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would level fund the programs included in the cluster. The loan repayment for faculty services program provides for the repayment of educational loans for individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for at least two years as a faculty member of a health professions school. The school matches the Federal contribution toward loan repayment. The program also supports fellowships for minority faculty members.

Financial assistance for disadvantaged health professions students

The Committee provides \$6,883,000 for financial assistance for disadvantaged health professions, which is \$165,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would level fund the programs included in the cluster. This program provides financial assistance to disadvantaged students at medical, osteopathic or dental schools who agree to practice primary health care for five years after completing training.

Scholarships for disadvantaged students

The Committee provides \$21,100,000 for scholarships for disadvantaged students, which is \$2,427,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would level fund the programs included in the cluster. The scholarship program provides grants to selected health professions schools to provide scholarships to individuals from disadvantaged backgrounds. By statute, 30 percent of the funds must go to schools of nursing. Up to 25 percent of a school's grant may be used to provide financial assistance to undergraduates. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarships program.

Family medicine training and departments

The Committee provides \$50,464,000 for family medicine training and departments, which is \$1,208,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$74,643,000. This program has four components: (1) grants to medical schools to promote the predoctoral training of medical students; (2) grants to support family medicine residency programs and their trainees; (3) grants to programs that train physicians who plan to teach in family medicine programs; and (4) grants to assist medical schools in establishing or improving family medicine academic administrative units.

General internal medicine and pediatrics

The Committee provides \$18,050,000 for general internal medicine and pediatrics, which is \$432,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the

cluster by \$74,643,000. The program is comprised of three different activities: (1) grants to medical schools and hospitals to plan and operate residency programs and to provide financial assistance for residents; (2) grants to institutions to meet the costs of training programs for physicians who plan to teach in general internal medicine and pediatrics, as well as to support the faculty trainees; and (3) grants to develop programs to support predoctoral activities, including ambulatory care experiences, curriculum development and student assistantships.

Physician assistants

The Committee provides \$6,532,000 for physician assistants, which is \$156,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$74,643,000. The program provides grants for the training of physician assistants and for the training of faculty who will teach in physician assistants programs. By law, no more than 10 percent of the funding may be used for faculty development.

Public health and preventive medicine

The Committee provides \$8,194,000 for public health and preventive medicine, which is \$196,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$74,643,000. The program is comprised of three elements: public health special projects, public health traineeships and preventive medicine residencies. Public health special projects provide grants to schools of public health for developing projects in the areas of preventive medicine, health promotion and disease prevention, improving access to and the quality of health services in medically underserved communities, and reducing the incidence of domestic violence. Public health traineeship grants provide graduate training to individuals in the fields of epidemiology, environmental health, biostatistics, toxicology, and public health nutrition. Preventive medicine residency grants assist schools in developing new residency training programs or improving existing programs and in providing financial assistance to residency trainees.

Health administration traineeships and special projects

The Committee provides \$1,122,000 for health administration traineeships and special projects, which is \$27,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$74,643,000. This program provides grants to graduate degree programs in health administration, hospital administration and health policy analysis for traineeships for students and for special projects to prepare students for employment with public or nonprofit private agencies.

The Committee has provided funding for this program in recognition of the fact that the escalation of health care costs and rapid changes in the structure of the U.S. health care system make it increasingly important to ensure that our health care facilities, sys-

tems and networks are managed by administrators who are trained in the latest management techniques and processes.

Area health education centers

The Committee provides \$29,189,000 for area health education centers, which is \$699,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The area health education centers (AHEC) program links university health science centers with community health service delivery systems to provide training sites for students, faculty and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC grants with 50 percent Federal funding.

The Committee urges HRSA to allocate resources to new chronic fatigue and immune dysfunction syndrome (CFIDS)-related healthcare provider education programs through the AHEC program, especially programs directed toward educating primary care providers, including those in training, to improve the detection, diagnosis, treatment and management of CFIDS patients.

Border health training centers

The Committee provides \$3,844,000 for border health training centers, which is \$92,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The program funds schools of medicine and osteopathy to support health education and training centers to improve the supply, distribution and quality of health personnel along the border between the United States and Mexico and in other urban and rural areas with populations with serious unmet health care needs.

General dentistry residencies

The Committee provides \$3,878,000 for general dentistry residencies, which is \$93,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The program provides grants to dental schools to support residency programs and provide financial assistance to their students. In the primary care residency program, dentists learn to provide a broad range of services for patients requiring complex care, such as the developmentally disabled, high risk medical patients and those with infectious diseases. All grantees include community-based rotations, where residents provide oral health care to underserved populations and communities. Graduates of these programs have greater clinical expertise and consequently refer fewer patients to specialists.

Allied health special projects

The Committee provides \$3,926,000 for allied health special projects, which is \$94,000 above the 1997 level. The Administration

requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The program provides funding for allied health professions schools for establishing community-based programs, expanding enrollment, developing curricula in areas such as geriatrics, and establishing interdisciplinary training.

The Committee continues to encourage HRSA to give priority consideration to those projects for schools training allied health professionals experiencing shortages, such as medical technologists and cytotechnologists.

Geriatric education centers and training

The Committee provides \$9,099,000 for geriatric education centers and training, which is \$218,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The program supports grants to health professions schools to establish geriatric education centers to provide training for faculty who teach geriatrics and health care professionals who provide treatment. It also provides grants to medical schools and hospitals for geriatric training fellowships for physicians and dentists who plan to teach geriatrics.

Rural interdisciplinary traineeships

The Committee provides \$4,255,000 for rural interdisciplinary traineeships, which is \$102,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The program provides grants to health departments, academic institutions, and health professions schools to train practitioners to provide services in rural areas, to demonstrate models to improve access to health care, to deliver health care services to rural residents, and to increase the recruitment and retention of health professionals in rural areas.

Podiatric medicine

The Committee provides \$694,000 for podiatric medicine, which is \$17,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The program supports grants to hospitals and schools of podiatric medicine for primary care residency programs that provide traineeships to residents.

Chiropractic demonstration grants

The Committee provides \$1,050,000 for chiropractic demonstration grants, which is \$25,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$29,895,000. The program provides grants to colleges and universities of chiropractic to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower back conditions.

Nurse training programs

The Committee provides funding to allow HRSA to continue supporting all advanced practice nurses, including nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists consistent with past funding levels. This will allow for a continued supply of all advanced practice nurses, especially in underserved areas, which meets the health care needs of the nation. The Committee recognizes that the trend toward community-based health care, aging populations, more people living with chronic conditions, and a sicker hospital population, all indicate the importance of increasing the number of professional nurses, particularly those in advanced practice.

The under representation of African Americans and Hispanics in the nursing fields, from nursing faculty, to registered nursing, to advanced nurse practitioners, to those receiving baccalaureate, masters and doctoral degrees, continues. The Committee encourages HRSA to take the steps necessary to increase the representation of African Americans and Hispanics in these areas of nursing, and requests an update on this effort in the 1999 appropriations hearings.

The Committee encourages HRSA to move quickly to allocate resources to meet the rapidly evolving changes in the health care system. Priority should be given to those projects which would substantially benefit rural or underserved populations by producing nurses for these areas, including primary care nurses, and would meet other relevant national and State nursing work force goals.

Advanced nurse education

The Committee provides \$12,773,000 for advanced nurse education, which is \$306,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$55,488,000. The program provides institutional support to nursing schools to plan and operate or significantly expand masters or doctoral level programs for nurse educators, public health nurses, or other clinical nurse specialties.

Nurse practitioners/nurse midwives

The Committee provides \$18,017,000 for nurse practitioners/nurse midwives, which is \$431,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$55,488,000. The program provides grants to public or non-profit hospitals and schools of nursing, public health, and medicine to develop or significantly expand programs to train nurse practitioners and nurse midwives to provide primary health care.

Special projects

The Committee provides \$10,823,000 for special projects, which is \$259,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$55,488,000. This program provides grants to nursing schools and public and nonprofit private entities to expand enrollment in nursing pro-

grams; to provide nursing practice arrangements in non-institutional settings; to support continuing education for nurses in medically underserved communities; to provide fellowships to individuals who are employed in long-term care as paraprofessionals; and to demonstrate innovative nursing practices.

Nurse disadvantaged assistance

The Committee provides \$3,960,000 for nurse disadvantaged assistance, which is \$95,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$55,488,000. The program provides grants to nursing schools and other entities to recruit individuals from disadvantaged backgrounds, to provide counseling and preliminary education for them, to support stipends and to train school faculty.

Professional nurse traineeships

The Committee provides \$16,332,000 for professional nurse traineeships, which is \$391,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$55,488,000. The nurse traineeships program provides individual support to nurses receiving masters and doctoral degrees as nurse practitioners, midwives, educators, public health nurses, and other clinical nursing specialties.

Nurse anesthetists

The Committee provides \$2,833,000 for nurse anesthetists, which is \$68,000 above the 1997 level. The Administration requested funding in a consolidated program cluster which would reduce funding for the programs included in the cluster by \$55,488,000. This program funds grants to public or private nonprofit institutions to support the costs of traineeships for licensed registered nurses to become nurse anesthetists. The program also funds grants to institutions to develop or expand programs to train nurse anesthetists. In addition, the program supports faculty fellowships to permit instructors to obtain relevant advanced education.

Hansen's disease services

The bill includes \$17,094,000 to support the operation of the Gillis W. Long Hansen's Disease Center in Carville, Louisiana, research in Baton Rouge, Louisiana, and the regional ambulatory care program for Hansen's disease patients. This is the same as the amount provided in fiscal year 1997. The Administration proposed funding this program in a Hansen's Disease services cluster which would reduce funding for the programs included in the cluster by \$3,498,000. The Gillis W. Long Center operates as a research and treatment center for persons with Hansen's disease (leprosy). The Federal government is required to provide care for anyone presenting themselves at the facility for care of Hansen's disease. In 1997, the facility is expected to have an average inpatient census of 115 patients. The regional ambulatory care program provides secondary and tertiary care in support of direct care at the Center and regionalized care of patients on an outpatient basis. It is expected to

serve 3,000 patients in 10 locations. The Committee has not approved the Administration request to transfer funding responsibility for Hansen's disease research to the National Institutes of Health, where the research would no longer be assured of being conducted in the Baton Rouge facility which has special expertise in this area.

The Committee has included bill language enabling the transfer of the Carville facility to the state of Louisiana. The transfer of residents would take place over a three-year period. Patients who desired could accept a lifelong stipend to live privately in the community; those who wished to could remain with other patients in a long-term care facility in the Baton Rouge area. The Secretary could designate a limited number of patients whom it would be impractical to move who could continue to reside at Carville. The facility would be used for health and education purposes consistent with the mission of the Department of Health and Human Services. The Department would have authority to approve any change in the designated uses of the Carville facility for a period of thirty years.

Maternal and child health block grant

The bill includes \$685,000,000 for the Maternal and Child Health (MCH) Block Grant. This is \$4,000,000 above both the amount appropriated in fiscal year 1997 and the amount requested by the Administration. The block grant provides funds to States to meet a broad range of enhanced and wraparound health services, including personal health services; general, population-wide health services, such as screening; family support services; and integrated systems of care. About 17 million women, infants, children, adolescents and children with special health care needs will be served in 1997. The authorizing statute provides that, up to a funding level of \$600,000,000, 85 percent of the funds are distributed to the States, with 15 percent of the funds set aside by the Secretary for special projects of regional and national significance (SPRANS). When the appropriation exceeds \$600,000,000, 12.75 percent of the amount over \$600,000,000 is directed to the Community Integrated Service Systems set-aside program. The remaining 87.25 percent is distributed by the same 85/15 percent allocation as in the basic block grant formula.

Dental caries is one of the most common health problems among children, and fluoridation has proven to be the single most cost-effective public health measure to prevent it and provide lifetime benefits. According to data from a number of States, millions of dollars could be saved in the Medicaid program in dental costs if counties which lack fluoridation fluoridated their water. The Committee has provided \$1,000,000 more for SPRANS activities than would otherwise be the case under the statutory formula to support fluoridation activities. The Committee intends that this amount be used for those States with fluoridation levels below 25 percent to allow them to develop implementation plans for increased fluoridation.

In addition, the Committee provides \$3,500,000 more for SPRANS activities than would otherwise be the case under the statutory formula to continue the traumatic brain injury health

services demonstration projects initiated last year under this authority.

The Committee encourages HRSA to enhance its support of universal newborn hearing screenings through the SPRANS set-aside.

The Committee recognizes that the hemophilia treatment centers program serves as a model in the management of chronic diseases, demonstrating cost-effective health outcomes, including reduced hospitalization, and expects HRSA to sustain funding support for this important program.

The Committee has been pleased with HRSA's efforts in responding to the "Back to Sleep Campaign" for sudden infant death syndrome (SIDS) and by the effort to understand the need for SIDS services through the Nationwide Survey of Sudden Infant Death Services. The Committee commends HRSA for this year's request for applications for the establishment of the SIDS program support center as recommended by the Nationwide Survey.

Healthy Start

The bill includes \$95,982,000 for the Healthy Start infant mortality initiative, which is the same as both the 1997 level and the Administration request. Healthy Start began as a five-year demonstration program to reduce infant mortality in 22 urban and rural communities. It has never been authorized as a separate program and operates under section 301 of the Public Health Service Act demonstration authority.

Organ transplantation

The Committee includes \$2,278,000 for organ transplantation activities in 1997, which is the same as the 1997 appropriation and \$1,613,000 below the Administration request. The program supports a scientific registry of organ transplant recipients; the National Organ Procurement and Transplantation Network, which matches organ donors with potential recipients; and grants and contracts with public and private non-profit organizations to promote and improve organ donations.

The Committee supports the proposed public awareness campaign to increase the rate of donation for both bone marrow and solid organs. The Committee notes that last year while 50,000 people were on the waiting list for an organ only 19,000 solid organ transplants were performed. The Committee urges HRSA to support research to ensure the organ and bone marrow campaigns can be effectively targeted and sustained over the long term.

Health teaching facilities interest subsidies

The Committee provides \$225,000 for facilities interest subsidies, which is the same as the Administration request and \$72,000 below the 1997 appropriation. This program continues support of interest subsidies and loan guarantees for three loans for construction of health professions teaching facilities under a now discontinued Public Health Service Act authority. The remaining Federal commitment on these loans will expire in the year 2004.

Bone marrow program

The Committee provides \$15,270,000 for the bone marrow program, which is the same as both the Administration request and the 1997 appropriation. In addition to funding from HRSA, in 1997, the National Marrow Donor Program is expected to receive more than \$19 million from the U.S. Navy. Funds are used for donor medical costs, donor centers, tissue typing, research, minority recruitment, and program administration. The registry is run by contract.

Rural outreach grants

The bill includes \$27,796,000 for rural outreach grants, which is the same as the 1997 appropriation and \$2,704,000 above the Administration request. The program supports projects that provide health services to rural populations not currently receiving them and that enhance access to existing services. It also supports the development of vertically integrated networks of health care providers in rural areas, as well as telemedicine networks.

The Committee notes that there are many health professional shortage areas within the region of the country known as the "stroke belt". The Committee strongly encourages the Office of Rural Health to implement a telemedicine consultation network in the "stroke belt" linking a school of medicine, a hospital facility and a health care center to demonstrate the effectiveness of partnering primary care physicians with cardiovascular specialists to provide more comprehensive and effective cardiovascular services through earlier diagnosis and treatment.

The Committee encourages HRSA to conduct a demonstration of a technology-based ambulatory outreach program to improve the coordination and dissemination of health information to rural sites through the use of software that provides on-line, real-time medical records access, education, scheduling and infrastructure linkages to a comprehensive health network including multiple hospital and primary care sites.

Emergency medical services for children

The Committee has provided \$13,000,000 for emergency medical services for children, which is \$507,000 above the 1997 level and \$1,000,000 above the Administration request. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

Black lung clinics

The bill provides \$5,000,000 for black lung clinics, which is \$1,000,000 above the 1997 appropriation and \$3,094,000 above the Administration request. This program supports 14 grantees which treat a declining population of coal miners with respiratory and pulmonary impairments. The clinics presently receive more than one-third of their funding from other sources, such as Medicaid and Medicare. Of the 14 grantees, four receive community health center funding as well as black lung grants.

Alzheimer's demonstration grants

The Committee provides \$5,999,000 for Alzheimer's demonstration grants, which is the same as the 1997 appropriation. The Administration proposed that this funding be transferred to the Administration on Aging at a level of \$8,000,000. The program provides grants to States to help them plan and establish programs to provide health care services to individuals with Alzheimer's disease. Funds are used for respite care and supportive services, clearinghouses, training, and administrative costs for State offices. By law, States are required to match the Federal funding—45 percent of the cost of the program by the third year of the grant.

Payment to Hawaii, treatment of Hansen's Disease

The bill includes \$2,045,000 for the treatment of persons with Hansen's Disease in the State of Hawaii, which is the same as the 1997 appropriation. The Administration requested this funding in a consolidated cluster which would reduce funding for the programs included in the cluster by \$3,498,000. This program, which provides a partial matching payment to the State of Hawaii, dates to the period of Father Damien's facility for sufferers of Hansen's disease (leprosy). That facility now has 63 residents who live there by choice, and the grounds have been converted to a historical site. Most patients diagnosed with Hansen's disease in Hawaii are now treated in the same manner as new patients on the mainland; their care is handled on an outpatient basis, with the program paying for about 5,300 outpatient visits per year.

Ryan White AIDS programs

The bill includes \$1,168,252,000 for Ryan White AIDS programs. This is \$132,000,000 above the amount requested in the President's budget and \$172,000,000 above the 1997 appropriation. The Committee recognizes the urgency of need for AIDS care and drug purchases and has provided increases for each of the Ryan White programs.

The Committee commends the Department for the recent release of draft guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. These recommendations reflect the significant advances in treatment of people with HIV disease as the result of the substantial investment in AIDS research. For people with HIV disease, these guidelines offer the hope of improved health and enhanced quality of life.

The Committee has attempted in this bill to address some of the immediate needs resulting from these new treatment guidelines. However, the magnitude of the recent advances in treatment will require careful long term planning for the promise of the new treatments to reach as many people as possible. In particular, it will be important to assess the extent of changes in priority setting and resources allocation that are already occurring within each of the components of the Ryan White program. Therefore, the Committee directs the Secretary to undertake a comprehensive review of the implications of the new treatment guidelines on AIDS care programs, with an emphasis on the role of the Ryan White care programs, and to submit a report to the Committee by February 1, 1998 outlining a plan of action and recommendations for imple-



menting the new guidelines for programs under the Department's jurisdiction. If the Department's review results in a recommendation for a different configuration for resources allocation than that provided by Congress in the 1998 appropriations bill, the Committee encourages the Secretary to submit a reprogramming request in a timely manner to take maximum advantage of the new opportunities generated by these important treatment guidelines. In addition, the Committee encourages HRSA to accelerate the award of 1998 program year grants to help address the increased program needs that have been identified in the current program year.

Emergency assistance

The bill includes \$471,663,000 for the Title I emergency assistance program, which is \$16,720,000 above the Administration request and \$21,720,000 above the 1997 appropriation. These funds provide grants to metropolitan areas with very high numbers of AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process. No new areas are expected to be eligible for funding under Title I in 1998.

Comprehensive care programs

The Committee provides \$560,994,000 for Title II, comprehensive care programs, which is \$129,040,000 above the Administration request and \$144,040,000 above the 1997 appropriation. The funds provided support formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, for the provision of home and community-based care, for continuation of health insurance coverage for infected persons, and for purchase of therapeutic drugs.

The Committee is aware of the great promise of protease inhibitor drugs in the treatment of AIDS, whose purchase is financed under Title II, as well as under the other titles, and has included bill language identifying \$299,000,000 specifically for the AIDS Drug Assistance Program (ADAP). The 1997 bill designated \$167,000,000 for this purpose, which is the same amount requested by the Administration for 1998.

Early intervention program

The Committee provides \$72,928,000 for Title III-B, the early intervention program, which is \$3,360,000 above the 1997 appropriation and \$11,640,000 below the Administration request. Funds are used for discretionary grants to migrant and community health centers, health care for the homeless grantees, family planning grantees, hemophilia centers and other private non-profit entities that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, and clinical care; case management, outreach, and eligibility assistance are optional services. Approximately 87,000 HIV positive persons or persons at high risk for HIV infection are expected to receive primary care services in 1997.

Pediatric demonstrations

The bill includes \$37,720,000 for the pediatric AIDS demonstrations authorized under Title IV of the Ryan White C.A.R.E. Act. This is \$2,280,000 below the Administration request and \$1,720,000 above the 1997 level. The program supports demonstration grants to foster collaboration between clinical research institutions and primary community-based medical and social service providers for the target population of HIV-infected children, pregnant women and their families. The projects are intended to increase access to comprehensive care, as well as to voluntary participation in NIH and other clinical trials.

AIDS dental services

The bill includes \$7,860,000 for AIDS dental services, which is \$360,000 above both the President's request and the 1997 level. The program assists over 100 dental schools and postdoctoral dental education programs with costs of providing oral health care to over 73,000 patients. Dental students and residents participating in this program receive extensive training in the management of the oral care of people living with HIV/AIDS. The Committee strongly supports the increased collaboration between the participating dental institutions and other Ryan White Title grantees.

Education and training centers

The bill provides \$17,087,000 for AIDS education and training centers, which is \$800,000 above the 1997 appropriation and \$200,000 below the Administration request. The centers train health care personnel who care for AIDS patients and develop model education programs.

Family planning

The bill includes \$203,452,000 for the family planning program, which is \$5,000,000 above the 1997 appropriation and the same as the Administration request. The program provides grants to public and private non-profit agencies to support projects which provide a range of family planning and reproductive services, as well as screening for ancillary health problems such as hypertension and diabetes. The program also supports training for providers, an information and education program, and a research program which focuses on family planning service delivery improvements. During 1996, 5 million clients were served through a network of over 4,800 clinics funded in part by the family planning program. Almost 60 percent of the clinics are operated by State, county and local health departments.

The Committee bill repeats language from the 1997 appropriations bill making clear that these funds shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that these funds shall not be used to promote public opposition to or support of any legislative proposal or candidate for public office.

The bill includes language similar to that in last year's bill requiring family planning grantees to certify that they encourage family participation in the decision of minors to seek family planning services and that they provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities.

Rural health research

The Committee has provided \$8,713,000 for rural health research, which is the same as both the 1997 appropriation and the Administration request. The activity supports several rural health research centers, the Office for Rural Health Policy's advisory committee, and a telemedicine grant program.

Health care facilities

The Committee has not included funding for health care facilities. \$12,902,000 was provided for this purpose in 1997; no funding was included in the Administration request. This expired authority provides funds to public and private nonprofit entities for construction or modernization of outpatient medical facilities. This activity has not been funded by the Committee on a regular annual basis. The Committee felt that provision of services rather than construction was a higher priority in the current stringent fiscal environment.

Buildings and facilities

\$2,500,000 is provided for buildings and facilities for 1997, which is \$1,672,000 above the 1997 appropriation. The Administration proposed funding this program in a Hansen's Disease services cluster which would reduce funding for the programs included in the cluster by \$3,498,000. These funds are used to finance the repair and upkeep of buildings at the Gillis W. Long Hansen's Disease Center at Carville, Louisiana. The increase is intended to finance one-time renovation costs due to be completed during fiscal year 1998 as part of the agreement to transfer the facility to the State of Louisiana, as described in the Hansen's disease services section of the report.

National practitioner data bank

The Committee does not provide funding for the national practitioner data bank for fiscal year 1998, which is the same as both the 1997 action on appropriations and the Administration request. The Administration request and the Committee recommendation assume that the data bank will be self-supporting, with collections of \$8,000,000 in user fees.

The national data bank receives, stores and disseminates information on paid medical malpractice judgments and settlements, sanctions taken by professional societies, and certain professional review actions. Insurance companies, State license boards and professional societies are required to report information to the data bank within 30 days of each action. The coverage of the data bank includes dentists and physicians, and, with respect to malpractice settlements, other categories of licensed health professionals. Hospitals are required to search the data bank when a health care provider applies for employment and once every two years thereafter. State licensing boards and other health care entities also have access to the data bank. Traditional bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

Program management

The bill includes \$110,949,000 for the cost of Federal staff and related activities to coordinate, direct and manage the programs of the Health Resources and Services Administration. This amount is the same as the President's request and \$1,980,000 below the amount provided for fiscal year 1997. Consistent with the policy followed throughout the bill, the Committee intends that total administrative costs as defined on page 19 of the 1998 HRSA budget justification increase from fiscal year 1997 to 1998 by no more than one percent.

The Committee has not included bill language requested by the Administration to create authority for the Office of Drug Pricing to assess user fees, believing this matter to be within the jurisdiction of the authorizing committees. The Committee does, however, urge HRSA to adequately fund the Office of Drug Pricing in its budget requests and to meet the statutory mandate to establish a prime vendor program. Such a program would be financially self-sufficient and could provide great benefits to eligible grantees as a result of its drug price negotiation and distribution systems. The Committee encourages HRSA to work closely with other Federal agencies that already have extensive experience with prime vendor programs, such as the Department of Veterans Affairs.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

FEDERAL INTEREST SUBSIDIES FOR MEDICAL FACILITIES

The Committee provides \$6,000,000 for the Medical Facilities Guarantee and Loan Fund, which is the same as the budget request and \$1,000,000 less than the amount appropriated in 1997. Appropriations are used to pay interest subsidies on loans made or guaranteed prior to fiscal year 1977 for hospital construction. The bill includes language, as in prior years, which prohibits commitments for new loans or loan guarantees in fiscal year 1998.

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM

The Health Education Assistance Loans (HEAL) program insures loans provided by non-Federal lenders to students in health professions schools. Under the accounting rules established in the Budget Enforcement Act of 1990, one account is maintained to pay the obligations arising from loans guaranteed prior to fiscal year 1992. A second account pays obligations and collects income from premiums on loans guaranteed in fiscal year 1992 and beyond. Each annual cohort of loans is independently tracked in this account.

The Committee provides \$29,566,000 to liquidate 1998 obligations from loans guaranteed prior to 1992, which is the same as the Administration request and \$8,042,000 below the 1997 appropriation.

The Committee provides \$1,020,000 for the payment of claims arising from the cohort of loans guaranteed in 1998, which is the same as the Administration request and \$543,000 above the 1997 appropriation. The funding provided by the Committee is based on a 1998 loan limitation of \$85,000,000, which is the same as the Administration's proposed level and \$55,000,000 below the 1997 level.

The Committee has provided a loan limitation level sufficient to support only the continuation costs of those students currently receiving HEAL loans and intends that the program be phased out as these students complete their studies. As the loan limits on guaranteed student loans administered by the Department of Education have been increased, the need for the HEAL program has declined. In addition, the Secretary of Education has discretionary authority to further increase annual and aggregate loan limits in the unsubsidized Federal Family Education Loan program for specialized training with exceptionally high cost. In addition, health professions students in some disciplines have access to loan funds sponsored by their professional membership organizations.

The Committee provides \$2,688,000 for HEAL program management, which is the same as both the Administration request and the 1997 appropriation. The Committee has included bill language that was also contained in the 1997 supplemental appropriation making clear that the Committee intends that the Office of HEAL Default Reduction receive \$1,000,000 by transfer from the HEAL liquidating account. This language is necessary because the authority for the transfer in authorizing law has expired.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

The Committee makes available the release of \$42,488,000 from the Vaccine Injury Compensation Trust Fund in 1998, which is the same as both the Administration request and \$8,028,000 below the total of trust fund monies made available in 1997.

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Funds for claims from vaccines administered on or after October 1, 1988 are generated by a per-dose excise tax on the sale of selected prescribed vaccines. Revenues raised by this tax are maintained in a Vaccine Injury Compensation Trust Fund.

Trust funds made available in the bill will support the liability costs of vaccines administered after September 30, 1988. They will also support the \$3,000,000 in costs incurred by the agency in the operation of the program, which is the same as both the 1997 level and the Administration request.

VACCINE INJURY COMPENSATION

The bill does not provide general funds for vaccine compensation for claims associated with vaccines administered prior to October 1, 1988. This is the same as the Administration request and \$110,000,000 below the 1997 appropriation. The Committee understands that the Department expects to pay \$75 million in claims during 1998 from a balance of funds currently exceeding \$141 million.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH AND TRAINING

The bill includes \$2,388,737,000 for the Centers for Disease Control and Prevention, which is \$86,569,000 above the 1997 level and \$72,942,000 above the Administration request. The Centers for Disease Control and Prevention (CDC) assists State and local health

authorities and other health-related organizations in controlling the spread of infectious diseases, reducing chronic diseases, providing protection from environmental and workplace hazards, and reducing risk factors, such as smoking and high blood pressure.

Preventive health services block grant

The Committee recommends \$155,000,000 for the preventive health and health services block grant, which is \$11,060,000 above the amount requested and \$1,006,000 the 1997 level. This program provides States with funds for programs addressing any of the Healthy People 2000 objectives, rodent control, community and school-based fluoridation programs, emergency medical services, and prevention of sex offenses. By statute, the first \$7,000,000 appropriated for the block grant is designated for rape prevention and rape services. The Committee is supportive of the block grant because it is available to all States and permits them broad flexibility to address those health needs they believe are most acute in their own communities.

Prevention centers

The Committee recommends \$8,099,000 for prevention centers, which is the same as both the Administration request and the 1997 appropriation. Grants are made to academic institutions to operate centers which conduct applied research to promote health and disease prevention.

The Committee supports the work of CDC's prevention centers, which are committed to research that benefits public health in a number of focused areas. The Committee encourages CDC to establish a center that focuses on health communication and social marketing to change health behavior and reach at risk populations, including older Americans.

Childhood immunization

The bill includes \$440,030,000 for the childhood immunization program, which is \$27,553,000 below the 1997 amount and \$12,718,000 above the Administration request. In addition, the Vaccines for Children (VFC) program funded through the Medicaid program is expected to support \$437.1 million in vaccine purchases and distribution costs in 1998, an increase of \$64.6 million over 1997.

Project grants assist State and local agencies in planning, developing, and conducting childhood immunization programs, including enhancement of the vaccine delivery infrastructure, and in delivering vaccines. National activities include maintenance of a stockpile of vaccines; the consolidated purchase of vaccines for State and local health agencies; surveillance and investigations; and research into the safety and efficacy of new and presently used vaccines.

The Committee has not included the bill language requested by the Administration waiving the excise tax for vaccines provided under this program as well as the Vaccines for Children program. This is more appropriately a matter for the authorizing committees to consider. The Committee recommendation includes the full current law request for vaccine purchases.

The Committee has reduced the appropriation below 1997 levels in recognition of CDC estimates that the States will continue to have large carryover balances in their immunization infrastructure programs, perhaps as much as \$60 to 65 million at the end of calendar year 1997. The Committee is concerned that large carryover balances have persisted for several years and urges CDC to work with those States which continue to have problems obligating their funds, so that the resources provided by Congress for important immunization activities can be used as intended.

The Committee repeats language in last year's bill which provides authority for CDC to transfer funds available from the sale of surplus vaccine from the vaccine stockpile to other activities within the jurisdiction of CDC.

The funds provided by the Committee include the Administration's request for polio eradication to assist CDC to meet the goal of global eradication of polio by the year 2000. The Committee is aware of the progress that has been made in eradicating polio, and the real prospect of eliminating this disease by the year 2000. The Committee commends CDC for its active leadership in this effort. Achieving the goal of eradication will mean substantial savings in human and financial costs. In the United States alone, savings of \$230,000,000 will result annually once the disease is eradicated and the need for immunization is eliminated.

The Committee encourages CDC to consider making available to the public verbatim transcripts of the meetings of the Advisory Committee on Immunization Practices (ACIP). While the Committee understands the cost implications of this suggestion, it believes that it is very important to make the proceedings of the ACIP accessible to the public because of the far-reaching programmatic impact of the Committee's recommendations.

Human immunodeficiency virus

The bill includes \$621,790,000 for activities related to the human immunodeficiency virus (HIV). This amount is \$5,000,000 above the 1997 level and \$12,476,000 below the Administration's request. The CDC HIV programs support research, surveillance, epidemiologic and laboratory studies, and prevention through information, education, and risk reduction activities. Major information, education and prevention activities include counseling, testing, and partner notification; HIV prevention among high risk populations, including intravenous drug users, women and infants, and hemophiliacs; special minority initiatives; programs for school and college-aged youth; information campaigns for the general public; and tuberculosis control efforts. CDC provides funds to State and local health departments to develop and implement integrated community prevention plans. The planning process assesses unmet needs and sets priorities among them, coordinates services among various types of community providers, reduces duplication and encourages the conduct of program evaluations.

The Committee continues to support the community planning process as the optimal way to set priorities for prevention services. Rather than establishing a new Federal initiative to address HIV prevention in injection drug users, CDC is urged to give priority to funding for HIV prevention cooperative agreements with State and



local health departments where this concern is already reflected in unmet needs identified in local HIV prevention plans. Current and emerging HIV prevention issues requiring emphasis include: (a) implementing high priority HIV prevention interventions identified through the HIV community planning process conducted in local jurisdictions, including targeting programs to populations determined to be at high risk; (b) strengthening ongoing prevention support for high risk HIV negative individuals and linkage to primary care for HIV positive individuals; (c) redirecting HIV counseling and testing programs to take advantage of new testing technologies; and (d) implementing CDC guidelines for counseling and testing of pregnant women.

Tuberculosis

The Committee has included \$119,236,000 for the tuberculosis (TB) program which is \$58,000 below the 1997 appropriation and the same as the Administration request. In addition to funding provided in this line item, CDC AIDS activities support HIV-related tuberculosis control efforts. The tuberculosis program supports grants to States and large cities. Funds are used to hire outreach workers who provide directly-observed therapy, to support local surveillance, and to conduct screening of high-risk populations. In addition, funds support research to develop new prevention, diagnostic, and treatment technologies; assistance to upgrade State and local laboratories; epidemiological investigations; and educational and training activities.

The Committee is pleased that CDC's focus on tuberculosis control has had a positive impact on tuberculosis rates in the United States. CDC's public health intervention strategies, such as directly observed therapy, have been effective in reversing the alarming increases in TB during the preceding decade. The Committee continues to be concerned about multi-drug resistant TB, and encourages CDC's continued efforts as outlined in the National Plan for the Elimination of Multi-Drug Resistant Tuberculosis.

Sexually transmitted diseases

The Committee recommends \$111,171,000 for sexually transmitted diseases (STDs), \$4,968,000 above the 1997 appropriation and the same as the Administration request. Grants are awarded to State and local health departments and other nonprofit entities to support primary prevention activities, surveillance systems, screening programs, partner notification and counseling, outbreak control, and clinical skills training. Federal activities include technical assistance, special investigations, and surveillance and epidemiologic research. The infertility program conducts chlamydia testing in family planning and STD clinics in an effort to prevent STD-related infertility. The Committee has provided full funding for the Tuskegee reimbursement program. Increases are provided above 1997 funding levels to expand the Syphilis in the South initiative and the chlamydia project.

Currently, the United States has the highest rates of syphilis in the industrialized world, particularly in the southern portion of the United States. The syphilis problem in the United States is concentrated in approximately 37 counties across the nation. In the



early 1990s, CDC convened a panel to develop a comprehensive, locally controlled syphilis elimination program entitled "Syphilis in the South" to address this concentration of syphilis. The Committee requests CDC to present a report by January 1, 1998 detailing the additional investment that would be required to eradicate syphilis in the United States.

The Committee commends CDC for its leadership in developing a nationwide chlamydia prevention program to reduce the severe and costly burden of STD-related infertility, particularly among young women. The Committee encourages CDC to build on the early successes documented in demonstration projects conducted in several parts of the country by expanding these prevention efforts and related evaluation and applied research both for at risk women in States in which only pilot projects are in place and for at risk men across the nation.

The Committee also congratulates CDC on its leadership in beginning to translate into practice recent research advances on the role of STD treatment as a critical tool for HIV prevention. The Committee encourages CDC to augment these efforts by implementing and evaluating demonstration projects in areas of high STD morbidity and high or rapidly increasing rates of sexual HIV transmission.

The Committee encourages CDC to continue its work in the area of microbicides as a potential intervention to prevent HIV and other STDs. Much needs to be learned about the acceptability and usage of these products to ensure their effective implementation.

Chronic and environmental disease prevention

The bill includes \$221,039,000 for chronic and environmental disease prevention, \$30,000 above the Administration request and \$54,165,000 above the 1997 amount. The chronic and environmental disease program supports surveillance, epidemiology, and laboratory evaluation of environmental exposures and resulting illnesses, chronic disease, behavioral risk factors, and injuries. It also supports applied research to develop control and prevention programs; provision of epidemiologic, laboratory, and management consultation and training services to State and local health professionals; and development of laboratory techniques to test for the presence of hazardous substances in human tissues and the effects of exposure to environmental hazards.

Programs supported within this activity include the behavioral risk factor surveillance system; cancer registries; the community health promotion program; smoking cessation; health education for school and college-age youth; and efforts against diabetes, cancer, cardiovascular disease, birth defects, disabilities, chronic fatigue syndrome, and fetal alcohol syndrome.

The Committee has provided an increase for this program above 1997 levels to permit increased funding for a number of initiatives: the diabetes control program, cardiovascular disease, cancer registries, birth defects, limb loss, and prevention of tobacco use among young people.

The Committee is concerned that cardiovascular disease, principally heart disease and stroke, accounts for more than 40 percent of all deaths in the United States, killing over 950,000 Americans

each year. The major risk factors for cardiovascular disease are modifiable and often preventable. States receive no targeted Federal resources and many have limited resources to devote to the prevention of cardiovascular disease. An integrated, comprehensive, and nationwide program which would effectively target cardiovascular disease and its risk factors is needed. The Committee encourages CDC to begin to establish a national cardiovascular disease program. This program will provide assistance to States, support research, surveillance and laboratory capacity, and reduce risk factors for cardiovascular disease by promoting healthy behaviors. The Committee recommends that priority be given to those States with the highest age-adjusted death rates due to cardiovascular disease.

The Committee supports the CDC's timely implementation of the National Limb Loss Information Center. This effort is important given the high rate of amputation necessitated by primary disabling conditions such as diabetes, as well as the prevalence of secondary disabling conditions among persons with limb loss. The Committee encourages CDC to expand its work in the field of limb loss through research and clinical assessments of amputation-related devices, procedures and techniques. This research could be supported through independent investigator grants as well as through the existing CDC prevention centers.

Cancers of the colon and rectum are a major cause of morbidity and mortality in the United States. Colorectal cancer is the third most common form of cancer, with an estimated 155,000 cases expected to be diagnosed in 1997. It is also the second leading cause of cancer deaths in the U.S., with more than 55,000 deaths expected this year. Survival rates vary significantly by stage at diagnosis; therefore, early detection is critical. Screening tests are available that have demonstrated the ability to detect both non-malignant adenomas and early stage cancer. Recent studies have indicated that implementation of effective screening programs would have the ability to reduce mortality by more than one-third. The Committee is very pleased with CDC's leadership in initiating a colorectal cancer screening public awareness campaign. The Committee encourages CDC to further enhance this program, which is designed to educate health care providers and consumers about colorectal cancer screening guidelines and inform the public about the availability of screening.

Approximately 4,000 pregnancies are affected by spina bifida or anencephaly each year in the U.S. Half could be prevented by the HHS recommendation to consume 400 mcg of folic acid per day. Seventy-five percent of women of reproductive age are not following this recommendation. The Committee encourages CDC to concentrate resources on promoting increased consumption of folic acid among women of reproductive age.

A 1992 report, *Cancer in Five Continents Volume VI*, noted that the breast cancer incidence rates for the San Francisco Bay area were the highest in the world. Widespread concern has been expressed that this elevated incidence of breast cancer may be related to environmental exposures. The Committee believes that this concern warrants attention. Therefore, the Committee urges CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) to

collaborate with State and local health departments to review existing cancer registry data on breast cancer incidence and mortality in the Bay area, to determine what area-based assessments may be necessary, and on the basis of this review to issue a report on findings and recommendations. The Committee requests that CDC/ATSDR work with local community and advocacy groups to keep them informed of plans, barriers, and progress on finding answers to these disturbing questions.

CDC initiated an effort to advance early intervention in epilepsy, a chronic neurological condition afflicting 2.5 million people in the United States. The Committee understands that CDC, working with national physician and patient organizations in epilepsy, is planning a September conference on living well with epilepsy, focusing on minimizing secondary disabilities and developing a patient-based evaluation of treatment. This patient-based approach is vitally needed, especially since this condition, which is often misdiagnosed and inappropriately treated, can be effectively managed with early and medically appropriate intervention. Upon the completion of the September working sessions, the Committee encourages CDC to begin to implement the conference recommendations with particular focus on early patient-based intervention and outreach as well as provider education.

Arthritis is the leading cause of disability in the United States, severely disabling over seven million Americans. As our population ages, the prevalence of arthritis is expected to increase dramatically, affecting 60 million Americans by the year 2020. The annual cost of arthritis is estimated at almost \$65 billion. The Committee is concerned by a CDC study that found that 6 million people believe they have arthritis but have never consulted a physician because they believed no treatment options were available. Given the prevalence of and costs associated with arthritis, the Committee encourages CDC to continue its surveillance efforts to more accurately understand the problems associated with arthritis.

The Committee supports CDC's ongoing efforts to evaluate innovative physician-based, community health information programs. The Committee encourages CDC to enhance these efforts and to disseminate the findings.

The Committee notes the work of CDC, the National Institute of Child Health and Human Development, and the Health Resources and Services Administration in developing model guidelines for death scene protocol for sudden infant death syndrome. The Committee encourages continued development and publication of these guidelines.

The Committee encourages CDC to enhance its chronic fatigue and immune dysfunction syndrome (CFIDS) laboratory studies and surveillance projects, including outreach to populations not previously recognized as being affected by CFIDS, namely minority populations and children and adolescents. The Committee understands that CDC has taken some initial steps to identify adolescents and children with CFIDS and encourages CDC to continue and expand these investigations. The Committee encourages the addition of a neuroendocrinologist to CDC's CFIDS research group to enable expansion of research initiatives to pursue productive findings from NIH and the private sector.

The Committee encourages CDC to assist States in developing data management systems for surveillance of newborn hearing screening. The Committee believes that all existing screening technologies should be used in these surveillance systems.

The Committee recognizes the contribution of oral health to overall health status and the significant health care expenditures directed to oral conditions that are largely preventable through proven prevention practices. The Committee supports the Division of Oral Health and expects CDC to provide the Division with adequate resources to continue its important work.

Breast and cervical cancer screening

The Committee has included \$145,000,000 for the breast and cervical cancer screening program, which is \$5,341,000 above the 1997 level and \$3,103,000 above the Administration request. The breast and cervical cancer screening program supports screening, education, and followup services for low-income women, training for health care providers, quality assurance activities, national technical assistance and support, surveillance and program evaluation.

The Committee commends CDC for the impressive results of the national breast and cervical cancer early detection program, which had provided more than 1.2 million screening tests by September 1996. The Committee also recognizes the early success of the WISEWOMAN demonstration program for additional preventive services to at risk, low income women. This demonstration program tests the feasibility of integrating additional preventive services into the national breast and cervical cancer detection program, including screening for heart disease risk factors and providing physical activity interventions and medical referral. Preliminary indications from the demonstration program indicate that the additional screenings and services have helped to improve compliance with the cancer screenings which are the primary purpose of the early detection program.

The Committee continues to be concerned about the disproportionately high prevalence of cancer among disadvantaged and minority populations. Despite an overall drop in breast cancer rates, breast cancer rates for minority groups continue to increase. The Committee encourages CDC to place continued and expanded emphasis on these populations in the breast and cervical cancer screening program.

Infectious diseases

The bill includes \$118,000,000 for infectious diseases, which is \$30,280,000 above the 1997 level and \$5,572,000 above the Administration request. The program supports national surveillance of infectious diseases, the development of new or improved prevention and control methods and techniques, the acceleration of the general application of accepted prevention technologies, and strengthening of the capability to respond to outbreaks of new and reemerging infectious diseases. Some of the disease areas concentrated upon include Lyme Disease, drug resistant microorganisms, infectious diseases in child care settings, foodborne diseases, hospital infections, hantavirus, and pneumococcal disease. The Committee provides an increase above the 1997 level to support increases for the following

activities: the Administration's proposals to strengthen the effort against emerging and reemerging infectious diseases; Lyme disease; and the continuation of the *H. pylori* public education initiative.

Lyme disease continues to be an important emerging infectious disease and is the most common vector borne disease in the United States today. The number of cases of Lyme disease reported to CDC during 1996 was a record high. The Committee is concerned that of the 68,000 reported cases of Lyme disease from 1991 to 1996, 70 percent of those reported cases are in five States. The Committee provides an increase in funding to assist State and local agencies to enhance surveillance, response, prevention and control activities for Lyme disease, and encourages CDC to concentrate on States with the highest reported cases of Lyme disease.

Peptic ulcers affect approximately five million Americans each year. Research has shown that this disease can often be cured by the eradication of the bacteria *H. pylori*. However, much of the American public is unaware of the connection between *H. pylori* and peptic ulcer disease. Studies have estimated that the direct and indirect costs of ulcer disease to the nation total between \$8 and \$10.5 billion annually, most of which could be saved through eradicating *H. pylori*. The Committee encourages CDC to continue the trans-department public education campaign initiated in 1997 to foster more effective communication between consumers and health care providers on *H. pylori* and its link to ulcer disease.

Last year, the Committee encouraged CDC to enhance its support of a comprehensive blood safety surveillance and patient outreach effort. The Committee understands that CDC, working collaboratively with the national hemophilia leadership, has initiated a program to address safety concerns over possible viral or pathogenic contamination and related medical risks for persons with bleeding disorders. While pleased with this initial effort, the Committee supports broader implementation of this important public health safety program. The Committee also expects CDC to maintain its current hemophilia prevention of complications and outreach activities.

The Committee is concerned that excessive use of antibiotic drugs is increasing the prevalence of drug-resistant infections. If this trend continues, the choices of effective therapy for common infections may become more and more limited. The Committee urges CDC and the National Institutes of Health to work in collaboration in this important area.

In May 1997, the Department of Health and Human Services, the Department of Agriculture, and the Environmental Protection Agency submitted a report to the President detailing a national food safety initiative. The report notes that many of the new foodborne pathogens that have emerged over the past decade are not easily detected and are increasingly resistant to time-tested controls. Biomedical research is needed to enhance our ability to prevent, detect, and treat foodborne illness in humans. The report noted that relevant agencies "need to better coordinate their research efforts on the highest-priority issues and work together more effectively to leverage each others' resources." Toward that end, the Committee encourages CDC to work with the National In-

stitutes of Health and the Agricultural Research Service to develop a biomedical research agenda on food safety to be collaboratively funded by the three agencies.

The Committee notes that historically minority health professions institutions are developing a capability in the area of pharmacologic approaches to controlling infectious disease and in toxicology. The Committee encourages CDC to work closely with these institutions, which focus on vulnerable populations, when implementing their plan "Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States."

Lead poisoning prevention

The bill includes an appropriation of \$38,200,000 for the childhood lead poisoning prevention program. This is \$19,000 above the 1997 level and \$46,000 above the Administration request. The program supports grants to States and localities for screening, follow-up, and education; laboratory proficiency activities; the development of better instruments for blood lead measurement; epidemiologic activities; and surveillance.

The Committee commends CDC for its support of the continued development of more effective and portable blood lead hand-held screening tools, and for the development of screening kits for professionals to use in the field that will allow an almost immediate reading, making possible immediate intervention and treatment. The Committee understands that a prototype device has been developed and is being evaluated by the Food and Drug Administration.

Injury control

The Committee has included \$55,933,000 for the injury control program, which is \$12,751,000 above the 1997 level and \$6,900,000 above the Administration request. The injury control program supports intramural research to identify risk factors and interventions to prevent morbidity, mortality, and disability resulting from injury and trauma outside the workplace; injury control research centers; extramural research project grants; and technical assistance to State and local health departments. The program focuses on motor vehicle crashes, falls, fires and burns, poisoning, drowning, and violence, including homicide, suicide and domestic violence. Funds have been provided above the 1997 level for the fire injury prevention initiative, domestic violence prevention, community-based strategies against youth violence and suicide, and traumatic brain injury.

The bill contains a limitation included in last year's bill to prohibit the National Center for Injury Prevention and Control from engaging in any activities to advocate or promote gun control. CDC may need to collect data on the incidence of gun-related violence, but the Committee does not believe that it is the role of CDC to advocate or promote policies to advance gun control initiatives, or to discourage responsible private gun ownership. The Committee expects research in this area to be objective and grants to be awarded through an impartial peer review process.

The Committee is pleased with CDC's work in the area of residential fire prevention. The projects supported by CDC target per-

sons 65 years and older; children and their caregivers; and persons at or below the poverty line. The projects provide fire prevention educational tools for the community and develop smoke detector distribution and maintenance programs. The Committee encourages CDC to expand these programs to high risk areas currently not being served.

The Committee recognizes that the Panel on Research on Violence Against Women was established by the National Research Council in 1995 to fulfill a Congressional request to develop a research agenda to increase the understanding and control of violence against women. The panel made 13 recommendations, including the need for clear and uniform problem definitions, evaluation research to determine what works in preventing violence against women, and the need to develop a coordinated research program. The Committee concurs with the panel in identifying CDC as the lead agency at the national level and encourages CDC to begin to establish violence against women prevention research centers.

The Committee supports the work of the National Center for Injury Prevention and Control at CDC and encourages CDC to build and sustain comprehensive multidisciplinary efforts to reduce the problem of youth violence and suicide in the United States with an emphasis on investing its resources in community-based programs and strategies that have been demonstrated to be successful. Each year, approximately 25,500 people die from homicide and 31,000 die from suicide in the United States. It is estimated that each year there are more than 750,000 suicide attempts. Homicide is the second leading cause of death for Americans between the ages of 15 and 24, and the leading cause of death for African Americans in this age group. Adolescents and young adults are disproportionately represented among the victims and perpetrators of violence in our society. The average age of both violent offenders and victims has been growing younger and younger in recent years. Youth interpersonal violence is closely associated with the problems of child abuse/neglect, dating violence, substance abuse, suicide, and violence against women. What ties these different forms of violence together is that they are all preventable. The Committee provides a funding increase for CDC to strengthen and expand its youth violence prevention initiatives with an emphasis on community-based programs and strategies that work.

Currently, CDC is examining a medical model for intervening with juveniles to prevent later violent activities. Research conducted through grants from the Department of Justice has determined that children who are exposed to violence are at significantly higher risk of perpetrating violence against others later in life. The Committee commends CDC for its work in this area, and urges it to coordinate its research and violence prevention activities with those at the Department of Justice Office of Juvenile Justice and Delinquency Prevention and the Department of Education. In particular, the Committee urges these agencies to consider hosting a conference at which members of the justice, law enforcement, health, and education professions can share their research, findings, and recommendations.

The Committee encourages CDC's efforts to develop local community plans of action to prevent family violence and to design and

implement coordinated community responses to violence intervention and prevention. The Committee urges CDC to collaborate with community partners who operate established programs working with families and communities in urban, low income settings.

The Committee encourages CDC to enhance its activities linking family violence intervention and prevention programs to substance abuse treatment centers serving female clients.

Occupational safety and health

The bill includes \$148,840,000 for the National Institute for Occupational Safety and Health (NIOSH), which is \$377,000 above the Administration request and \$7,500,000 above the 1997 level. NIOSH conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor and industry, including training for the prevention of work-related diseases and injuries. Activities supported include surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants. Funds have been increased above the 1997 level for the fire fighters and national occupational research agenda initiatives.

Mine safety and health

The Committee provides \$32,000,000 for mine safety and health, which is the same as the Administration request and \$87,000 above the 1997 level. The Committee does not provide the extended availability of these funds requested by the Administration since the transfer of these activities to CDC is now substantially complete and Federal obligation records do not justify the need for extended availability. Mine safety and health activities were formerly operated by the Bureau of Mines and focus on three areas: (1) worker health, in areas such as worker exposure to hazardous mine dusts, harmful noise levels, and toxic substances and carcinogens; (2) worker safety, such as the development of technology to warn and protect miners from the dangers of mine roof collapses, equipment-related injuries, and injuries associated with manual tasks; and (3) disaster prevention, in the areas of detection and extinguishing of mine fires and suppression of explosions before they become a danger to workers.

Epidemic services

The bill provides \$69,322,000 for epidemic services, which is \$286,000 below the 1997 level and the same as the Administration request. The objectives of the program include the prevention and control of epidemics, the maintenance of surveillance systems, the training of public health epidemiologists, and the operation of the quarantine program. The program supports the Epidemic Intelligence Service program, the publication of the Morbidity and Mortality Weekly Report, and a variety of infant and minority health programs.

National Center for Health Statistics

The bill includes \$37,612,000 in Federal funds for the National Center for Health Statistics (NCHS), which is the same as the 1997

level and \$18,649,000 above the request. In addition to the amount appropriated, the bill makes available \$48,400,000 from the Public Health Service one percent evaluation set-aside, which is \$21,663,000 less than the amount requested by the Administration and the same as the 1997 set-aside amount. Taking into account funds from all sources, the Committee makes available \$86,012,000 for NCHS, \$3,014,000 below the Administration request and the same as the 1997 level. The Center is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Among the surveys supported are the National Vital Statistics System, the National Health Interview Survey, the National Survey of Family Growth, the National Health and Nutrition Examination Survey, and the National Health Care Survey.

Buildings and facilities

The bill includes \$20,000,000 for buildings and facilities, which is \$3,007,000 below the Administration request and \$10,553,000 below the 1997 appropriation. Funding supports ongoing maintenance projects, as well as safety repairs and equipment purchases. In the 1997 appropriations bill, \$23,000,000 of the total \$30,553,000 provided for buildings and facilities was provided as emergency funding, as requested by the Administration for anti-terrorism activities. The Administration did not request any 1998 funds to be designated as an emergency expenditure.

Program management

The bill includes \$2,465,000 for program management, which is the same as the budget request and \$98,000 below the amount appropriated in 1997. This activity supports a portion of the activities of the Office of the Director of CDC. Only a small portion of total CDC administrative costs are reflected in this line item; according to the budget justification, agency administrative costs in 1997 will total \$493,588,000. Consistent with the policy followed throughout the bill, the Committee directs that the agency's 1998 administrative costs as identified in the table on page 9 of the 1998 budget justification do not exceed those in 1997 by more than one percent.

The Committee strongly urges CDC to revise its budget presentation of administrative costs so that a more accurate picture of these expenses is available to the Committee. The Committee also urges CDC to amend its policies for tapping program lines for central administrative activities to more accurately reflect a program's true utilization of centralized functions, such as budgeting and procurement, regardless of whether it is dominantly an intramural or extramural program. Until such time as a more accurate budget presentation is transmitted to the Committee, the Committee directs CDC to identify in the operating plan required elsewhere in this report the amount of administrative funding that will be tapped from each program line displayed on the table accompanying this report. The Committee expects any subsequent change to this information to be treated as a reprogramming request with an explanation of the basis upon which these taps are allocated.

The Committee continues to be pleased with CDC's program activity and commitment to improving the health status of minority



and disadvantaged individuals, and urges continued expansion of these efforts.

The Committee encourages CDC to produce a report providing state-by-state data on women's health status, taking into account age, race and ethnicity. The report would be compiled in partnership with the States and other key stakeholders and would help to determine which women's health data is currently available at the State level.

The Committee encourages CDC to assess the public health infrastructure in place to protect the public's health in the event of a terrorist attack, including chemical and biological agent surveillance, rapid assessment, laboratory coordination, and agent isolation, and to make recommendations on how to best protect the public, particularly in densely populated urban areas, from the effects of a terrorist attack.

The Committee recognizes the daunting task State, county and local health care and correctional officials face in addressing the increasingly complex issues surrounding health care within the nation's correctional facilities. The Committee notes the high incidence of airborne and other highly communicable diseases within these facilities. The Committee is aware of the fact that each year more than 11 million people are released from correctional facilities nationwide, and many of these persons present a potential health risk to the general public. The Committee understands that CDC has joined the National Institute of Justice and the National Commission on Correctional Health Care in planning a national study on the potential health risks of soon-to-be released inmates. The Committee encourages CDC to continue to work with these two groups as they seek to assess the health services currently provided in correctional facilities and to identify problem areas, particularly as they relate to health care linkages between correctional institutions and community health resources.

Crime bill activities

The bill includes \$45,000,000 for crime bill activities, which is the same as the President's request and \$4,000,000 above the 1997 level. These activities are funded through the crime bill trust fund. \$45,000,000 is provided for rape prevention and services; no funding is provided for community programs to prevent domestic violence, since these programs were authorized only for a two year period. In 1997, the community programs were funded at \$6,000,000. The \$45,000,000 for rape prevention and services is used by States to support rape crisis hotlines, victim counseling, professional training of police officers and investigators, and educational programs in colleges and secondary schools.

The Committee believes that States should use the rape prevention and education funds to supplement rape crisis centers and State sexual assault coalitions' rape prevention and education efforts and not to supplant funds from other sources. Specifically, funds are intended to support rape crisis hotlines, victim counseling, professional training, and education programs. These funds are not to be used for any related activities of the State agency carrying out the program authorized under the crime bill. Funds should be used by those whose work is focused on ending sexual violence

and that has a demonstrated effectiveness. The Committee urges CDC to administer this program through the National Center for Injury Prevention and Control so that both technical assistance and administrative activities are provided in the most effective and efficient manner. Of the funds awarded to States, the Committee reiterates the statutory requirement that up to ten percent may be used by State agencies for the administrative costs associated with carrying out the crime bill program, but not the general preventive health services block grant. The Committee encourages CDC to use a limited amount of block grant funds to provide technical assistance and support to State sexual assault coalitions, including the possible development of a national resource center, if the Department's general counsel believes CDC has adequate legal authority to set aside a share of block grant funds.

NATIONAL INSTITUTES OF HEALTH

The bill includes \$13,505,294,000 for the 23 appropriations which together fund the programs of the National Institutes of Health (NIH). These include appropriations for the 18 research Institutes, the National Center for Research Resources, the John E. Fogarty International Center, the National Library of Medicine, the Office of the Director, and Buildings and Facilities. The total in the bill is \$427,091,000 above the President's budget request for 1998 and \$764,451,000, or 6 percent, above the comparable appropriations for fiscal year 1997. The buildings and facilities account includes \$90,000,000 for the second year costs of constructing the new clinical research center.

Committee priorities.—The Committee views NIH as one of its very highest priorities and has made difficult resource allocation decisions throughout the bill to preserve what it believes is the minimum necessary funding level for NIH. NIH is the world's leading biomedical research institution; its investments in research save lives and reduce health care costs while creating jobs and economic growth in a global economy. In recent years, this research has produced major advances in the treatment of cancer, heart disease, diabetes, and mental illness that have helped thousands of American families. NIH supports over 50,000 scientists at 1,700 universities and research institutes across the U.S. NIH research has spawned the biotechnology revolution, whose products are projected to grow into a \$50 billion industry by the turn of the century. The U.S.'s ability to translate scientific discoveries into new product development has resulted in its lead over Europe and Japan in pharmaceutical and biotechnology patents. While the Committee is firm in its commitment to deficit reduction, it believes that funding of biomedical research is an important investment in the future health and economic well-being of our nation.

Funding decisions.—The Committee has allocated the Institute appropriations consistent with the distribution recommended by the Director of NIH. If NIH believes that adjustments to this allocation are necessary as the 1998 appropriations bill moves through the legislative cycle, the Committee would be pleased to consider them in later action on the bill. To enhance NIH's flexibility to allocate funding, the Committee has attempted to minimize the amount of direction provided in the report accompanying the bill.

For example, there are no directives to fund particular research mechanisms, such as centers or requests for applications, or specific amounts of funding for particular diseases.

AIDS Funding.—Consistent with the philosophy outlined above, the Committee has again chosen not to earmark a specific dollar amount for AIDS research and has not provided a single appropriation for the Office of AIDS Research. In relying on NIH's recommendations for the allocation of the total funding provided by the Committee, the Committee understands that it would be NIH's intent to allocate approximately \$1,574 million to AIDS-related research.

The Committee intends that the funds allocated for AIDS should be spent in a manner fully consistent with the AIDS research plan developed by the Office of AIDS Research and expects the Director of NIH to use the full authority of his office to ensure that this occurs. The Committee has provided the Director of the Office of AIDS Research, jointly with the Director of NIH, transfer authority to reallocate up to three percent of funds designated for AIDS research among Institutes, subject to normal reprogramming procedures. The Committee encourages NIH to use this authority whenever it believes that an adjustment in the allocation of AIDS funding between Institutes is appropriate to achieve scientific objectives or to facilitate promising research efforts.

The Committee wants to make clear that it continues to support the Office of AIDS Research (OAR), its leadership, and its coordinated budget planning process and that it expects the individual institutes, centers and divisions to fully cooperate with OAR's work. The Committee has provided funding for the OAR within the Office of the Director and intends that the OAR will maintain its current structure and responsibilities, including the allocation of an emergency discretionary fund.

Priority setting in research funding allocations.—The factors NIH uses to decide how to allocate research funding among disease areas have been a topic of great concern to the Committee and the outside community. The elements the NIH leadership considers when allocating funds have been discussed repeatedly in the Committee's hearings this year, including in a special hearing on the subject. It is clear that there is discomfort among some Members that NIH is not thought to be paying sufficient attention to the societal and economic factors related to a disease, such as the number of U.S. citizens afflicted with a disease, the infectious nature of a disease, the number of cases and deaths associated with a particular disease, the Federal and other monetary costs of treating a disease, the years of productive life lost due to a particular disease, and trends in the way diseases affect minority populations and different geographic areas. The Committee understands these concerns and sympathizes with the disease advocacy groups who raise them, realizing that their dissatisfaction with NIH decisions is grounded in a deep commitment to bettering the lives of the patients whom they represent. The Committee does not presume to judge which of these criteria should take precedence or carry the greatest weight in individual funding decisions, but urges NIH to consider the full array of relevant criteria as it constructs its research portfolio. The Committee has been encouraged by NIH's re-



sponse to these concerns, as evidenced in its recommendations to the Committee for distributing the NIH funding provided. These recommendations reflect a welcome sensitivity to the societal and economic costs associated with particular disease areas, and the Committee encourages NIH to further emphasize this approach in its fiscal year 1999 budget request.

NIH administrative costs.—The Committee has been dissatisfied with the definition of administrative costs used by the Department of Health and Human Services for NIH because it includes some clearly science, as opposed to administrative, costs associated with the intramural research program. The Committee instead expects NIH budget documents to reflect the definition of administrative costs identified in last year's House report. In particular, the Committee does not intend that public education activities conducted by the Institutes be included in the reporting of administrative costs or in any calculation of limits to administrative expenses. The Committee intends that, consistent with the policy followed throughout the bill, 1998 NIH administrative costs (as defined above) do not exceed those in 1997 by more than one percent. The Committee is willing to revisit this issue at the time of conference or when the results of the current administrative cost study are available.

NATIONAL CANCER INSTITUTE

The bill includes \$2,513,020,000 for the National Cancer Institute (NCI), an increase of \$71,282,000 over the amount requested and \$123,955,000 over the comparable 1997 appropriation.

Mission.—The NCI conducts and supports basic and applied cancer research in early detection, diagnosis, prevention, treatment and rehabilitation. NCI provides training support for research scientists, clinicians and educators, and maintains a national network of cancer centers, clinical cooperative groups, and community clinical oncology programs, along with cancer prevention and control initiatives and outreach programs to rapidly translate basic research findings into clinical practice.

Breast cancer.—The Committee recognizes that breast cancer continues to require a significant allocation of NCI resources in order to decipher the complex mysteries of this disease. The Committee agrees with NCI, which places breast cancer research as a high priority within the Institute, and understands that significant scientific opportunities exist which are not currently being funded. Therefore, the Committee urges NCI to continue to strengthen its commitment to breast cancer research.

National Action Plan on Breast Cancer.—The Committee encourages NCI to maintain its support for the implementation of the National Action Plan on Breast Cancer. NCI and the Office on Women's Health within the Office of the Secretary will continue to implement the National Action Plan in close collaboration. This plan, which unites the efforts of all HHS and other Federal agencies and private sector groups, is an important element in the fight against breast cancer.

Ovarian cancer.—Survival rates for women with ovarian cancer increase dramatically if the cancer is found in its earlier stages. Therefore, the Committee encourages NCI to increase its efforts in

the area of ovarian cancer research, specifically, translational research and clinical trials in the area of early detection and prevention of ovarian cancer. The Committee encourages NCI to fund a specialized program of research excellence (SPORE) for ovarian cancer, if this mechanism is appropriate.

Prostate cancer.—Prostate cancer kills more than 41,000 people each year and accounts for nearly one-fourth of all newly diagnosed cancer cases annually. Given these high rates of incidence and mortality, the Committee encourages NCI to review the priority for prostate cancer in its research portfolio.

Minority populations.—The Committee continues to be concerned about the disproportionately high prevalence of cancer among disadvantaged and minority populations, and urges NCI to strengthen its focus on cancer in these at-risk populations. In addition, NCI is also urged to improve its tracking of the cancer survival rates for African American and other at risk minorities. The Committee remains concerned that despite an overall drop in breast cancer rates, breast cancer rates for African American women continue to increase. In addition, African American males continue to experience the highest rate of prostate cancer of any population group in the world. The Committee encourages continued research emphasis in breast and prostate cancer, and other high priority cancer areas in a concentrated effort to develop effective early detection techniques and effective treatments for the disease.

Childhood cancer.—Although cancer research has yielded impressive medical breakthroughs in recent years, scientists unfortunately have had less success in combating those cancers which particularly afflict children. Since cancer is already the leading medical cause of death among children age one through adolescence, and the incidence of childhood cancer is on the rise, the Committee urges an increased focus on research specifically aimed at childhood cancer afflictions.

Brain tumor research.—The Committee is aware that brain tumors account for more than 100,000 deaths per year, and are the second most common cancer of childhood and the third leading cause of death under the age of 34 years. The Committee encourages NCI to use centers of excellence, as appropriate, to conduct basic, translational, and clinical research to determine the cause, mechanisms of development, and better methods of treatment and prevention of primary and secondary brain tumors.

Nutrition science.—The Committee is encouraged by the continued emphasis placed on nutrition research by NCI. The Committee is especially interested in the clinical aspects of nutrition research and encourages NCI to enhance support for clinical nutrition units and similar programs which can serve to integrate the findings of basic science with improved patient care.

Neurofibromatosis.—Enormous advances continue to be made in research on neurofibromatosis (NF), including the recent determination of the function of the NF1 protein neurofibromin in the fruit fly, which has direct implications for humans, as well as the discovery of the NF1 and NF2 genes, and the development of animal models. Moreover, it has also been determined that NF is closely linked to many of the most common forms of human cancer as well as learning disabilities. Accordingly, the Committee encour-

ages the Institute to strengthen its NF research portfolio and support novel approaches in clinical development of NF research and therapies, including the use of, as appropriate, requests for applications; program announcements; the national cooperative drug discovery group program; and small business innovative research grants. Progress in developing new technologies and enhancing our understanding of the fundamental process of cancer will benefit specific diseases such as NF. The Committee requests that the Institute be prepared to report on the status of the NF research program, including progress in implementing these recommendations, at its hearings on the fiscal 1999 budget.

Waldenstrom's macroglobulinemia.—Waldenstrom's macroglobulinemia is a rare, chronic cancer that affects white blood cells. Despite being discovered in the 1940s, very little information exists on the disease which is particularly debilitating and costly to adults under the age of 50. Symptoms include weakness, fatigue, a tendency to bleed easily, weight loss, and an enlargement of the lymph nodes, liver, and spleen. The Committee is concerned about the lack of information and treatments available for this rare disease, and encourages NCI to intensify its research efforts with regard to this disease.

Cancer coordination.—The Committee is pleased that NCI continues its leadership role as coordinator of the National Cancer Program. The Committee encourages NCI to continue to work in collaboration with private and voluntary sector organizations, the Centers for Disease Control and Prevention and other Federal agencies to address the coordination challenges outlined in the National Cancer Advisory Board's report entitled "Cancer at a Crossroads".

Clinical research.—Basic science has expanded our understanding of fundamental cellular and molecular biology. However, these advances must be moved from the bench to the bedside in order to improve patient care. The Committee would be interested in NCI's view of a proposal to address this problem through establishment of a clinical research study section dealing with cancer diagnosis, treatment, and prevention.

The high cost of clinical trials and lack of third-party insurance coverage for any treatment considered experimental in nature has made this critical bedside research arduous and difficult. The Committee encourages NCI to place greater emphasis on funding clinical trials, and to continue its efforts to establish mechanisms to ensure that the basic research conducted through NCI is translated to clinical benefit when appropriate.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The bill includes \$1,513,004,000 for the National Heart, Lung and Blood Institute (NHLBI), an increase of \$45,815,000 over the amount requested and \$81,174,000 over the comparable 1997 appropriation.

Mission.—The National Heart, Lung, and Blood Institute provides leadership for a national research program in diseases of the heart, blood vessels, lungs, and blood, in transfusion medicine, and in sleep disorders through support of basic, clinical, and population-based and health education research.

Cardiovascular diseases.—The Committee recognizes the seriousness of heart attack, stroke and other cardiovascular diseases and is concerned that cardiovascular diseases have remained America's leading killer of men and women since 1919 and a major cause of disability. More than 57 million Americans of all ages suffer from cardiovascular diseases at an enormous cost in both medical expenses and lost productivity. The Committee encourages the Institute to place a high priority on cardiovascular research and the extramural heart program to support existing programs and to invest in promising new research initiatives.

Atherosclerosis.—Atherosclerosis causing blockage of blood vessels underlies much of heart disease and stroke. The Committee encourages NHLBI to enhance research using techniques of vascular biology, gene therapy and non-invasive, non-radioactive imaging that could lead to the identification and treatment of high risk individuals before heart attack and stroke strike. The Committee also encourages NHLBI to support research on the role of inflammation of the walls of blood vessels in the development of cardiovascular disease.

Congestive heart failure.—The result of a damaged heart muscle from diseases such as heart attack, high blood pressure and congenital heart defects, congestive heart failure affects about 5 million Americans at an estimated cost of nearly \$19 billion in medical expenses and lost productivity. Hospital discharges have risen almost 132 percent in the last 16 years, and heart failure is now the leading cause of hospitalization for Americans ages 65 and older. The Committee encourages the Institute to test promising treatments to restore heart function, such as removal of ineffective heart muscle, mechanical assist devices, use of animal hearts for transplantation and grafting healthy cells into failing hearts, and to study heart muscle cells that may lead to muscle regeneration and transformation of heart scar tissue into functioning cells. The Committee also encourages NHLBI to study the genetic causes of cardiomyopathy.

Congenital heart defects.—Heart deformities remain America's most common birth defect. They are the major cause of birth defect-related infant deaths and an important cause of childhood disability that progresses into adulthood. These defects affect 32,000 newborns in the U.S. each year, killing more than 2,500 before age one. More than 960,000 Americans live with the effects of heart defects. The Committee encourages NHLBI to use new genetic tools to identify genes that control heart development and are responsible for these defects. Such genetic research may ultimately lead to effective prevention and/or treatment of these defects.

Healthful lifestyles.—Success in translating awareness of heart attack, stroke and other cardiovascular disease risk factors into behavior modification has been limited. Millions of Americans still smoke, are physically inactive and have unhealthful diets, high cholesterol and elevated blood pressure. The Committee encourages the Institute to enhance its research into behavior modification and long-term compliance to create effective programs that change people's behavior. Learning how to ensure adherence to programs known to be effective can greatly reduce the occurrence of heart disease and stroke.

Sickle cell disease.—The Committee recognizes the terrible toll that sickle cell disease continues to take on African Americans and strongly encourages NIH to accelerate the search for a cure for this devastating disease. The Committee urges NHLBI to capitalize on the breakthroughs that are shortly anticipated in sickle cell disease research.

Hemophilia.—The Committee fully supports the hemophilia research program at NHLBI, especially the efforts to find a cure for this severe bleeding disorder. The Committee remains concerned that little progress has been made in addressing the vulnerability of the hemophilia community to blood contaminants including Creutzfeldt-Jakob disease in the blood supply. The Committee requests NHLBI to present to the Committee by the end of the year its research program, in collaboration with the Centers for Disease Control and Prevention, to ensure maximum safety and integrity of the U.S. blood supply.

Transfusion medicine.—The Committee is pleased that NHLBI has created a network of umbilical cord blood banks and transplant centers. This multi-center study will help determine the extent to which transplants of stem and progenitor cells from umbilical cord blood are a clinically acceptable therapy for reconstituting bone marrow. The Committee urges NHLBI to sponsor additional hematopoietic progenitor cell research in the areas of ex vivo expansion and gene therapy.

A recent report of the NHLBI Retrovirus Epidemiology Study suggests that a small minority of blood donors retrospectively report risk factors for infectious disease that if reported during the donation process would have resulted in their deferral. The Committee encourages NHLBI support for research to assess current blood donor screening techniques and to develop methods of expanding the base of low risk blood donors.

The Committee also encourages NHLBI to support research initiatives to improve the viability and function of transfused platelets.

Asthma.—NHLBI continues to provide leadership in asthma through a comprehensive program that spans from basic research to health education and prevention initiatives. Significant contributions in basic research are certain to result in new understanding about the underlying processes that lead to this chronic lung disease and should continue to receive as much support as possible. The Committee is particularly pleased to learn about the implementation of special projects on the role of infection in the development of asthma in very young children and the plans to continue research on the genetics of asthma. While important efforts are underway at NHLBI to understand the causes of asthma and possible means for prevention, clinical research programs to study the best approach to asthma management and design of new, more effective medications, are also important priorities. The Committee commends NHLBI for its support of the Childhood Asthma Management Program which follows over 1,000 children with asthma, with over one-third of the participants being Hispanic or African-American. The Committee also encourages the Institute to continue the Asthma Clinical Research Network, a project designed to conduct

high quality clinical trials. This multi-center program has already contributed significantly to knowledge on treatment of asthma.

The Committee commends NHLBI on its coordination of asthma research and education programs throughout the United States under its National Asthma Education and Prevention Program (NAEPP), as well as its international efforts through the Global Initiative for Asthma project conducted in collaboration with the World Health Organization. The Committee urges NHLBI to enhance the NAEPP with a campaign to highlight for health care providers and the public the new treatment guidelines announced by NHLBI and to disseminate information about model self-management approaches to asthma.

Prevalence and mortality from asthma are particularly high in both African-American and Hispanic children compared to Caucasian children. Lack of access to medical care, poverty, delay in seeking medical help, and language barriers are among the possible reasons for these disturbing trends. The Committee urges NHLBI to enhance its focus on asthma in at risk populations. NHLBI awarded five projects in a special program, "Interventions for the Control of Asthma among Black and Hispanic Children" in an effort to help reduce morbidity and mortality from asthma in minority populations. Efforts are underway through the NAEPP to disseminate the results from these five-year demonstration projects to provide approaches that might be used in other communities to design educational and management programs for asthma. The Committee urges NHLBI to continue its efforts through the NAEPP to make community education a priority, especially directed at special populations that experience high morbidity and mortality from asthma.

National Center on Sleep Disorders Research.—The Committee is pleased with the progress by the National Center on Sleep Disorders Research in collaborating with other NIH Institutes to implement recommendations from the National Sleep Disorders Research Plan. The Committee urges NHLBI to follow up on recent scientific publications highlighting the public health significance of sleep apnea and to develop a program to address this important problem. Growing concern has been expressed about breathing disorders during sleep in children. The Committee recommends that special attention be given to this area of sleep research. The Committee is pleased with the materials produced in the sleep education program and urges NHLBI to enhance its public and professional sleep education activities, with special attention to targeting messages at youth, high school and college students.

Pulmonary centers of research.—An impressive array of scientific opportunities in the areas of fibrotic lung disease, asthma, and lung development can be expected to lead to translation of basic science into clinical applications. The Committee recognizes that NHLBI has made significant contributions to clinical research through its pulmonary-related specialized centers of research programs.

Sarcoidosis.—Sarcoidosis is an inflammatory disease that can lead to fibrosis, or scarring, of the lung. It occurs worldwide, affecting all races, both sexes, and all ages, although African-American women have a notably high incidence of the disease. Although the

disease has been recognized for over 100 years, information on its incidence, prevalence, risk factors, and natural history remains limited. Geographic and racial variations in the occurrence of sarcoidosis suggest that it may be caused by environmental factors or a combination of environmental factors and a susceptible host. The Committee encourages the Institute to explore environmental and genetic causes of sarcoidosis as an essential step toward identifying risk factors and improving treatment and prevention of the disease.

Primary pulmonary hypertension.—Primary pulmonary hypertension (PPH) is a rare, progressive and fatal disease affecting predominantly women of all ages and races and involves deadly deterioration of the heart and lungs. The Committee views research into this area as a high priority due to its deadly impact and its likely relevance to many fields, including other forms of hypertension, heart and lung disease and organ transplants. The Committee recognizes and is pleased with NHLBI's work in the 1980s to promote PPH research and is encouraged by the recent program announcement issued by the Institute indicating current interest in PPH. The Committee encourages the Institute to enhance its PPH basic research, gene therapy research and clinical trials of promising pharmaceuticals, and to take steps to strengthen the research base in the extramural community to ensure the submission of high quality proposals.

NATIONAL INSTITUTE OF DENTAL RESEARCH

The bill includes \$209,403,000 for the National Institute of Dental Research (NIDR), an increase of \$6,572,000 over the amount requested and \$12,340,000 over the comparable 1997 appropriation.

Mission.—The NIDR conducts and supports research and research training to improve craniofacial, oral and dental health. The Institute's programs reflect the genetic, behavioral and environmental factors that result in complex human disease and are clustered into the following areas: inherited disorders; infection and immunity; oral, pharyngeal and laryngeal cancers; chronic and disabling conditions such as bone and joint diseases and chronic pain; behavioral science, epidemiology and health promotion; and tissue engineering and biomimetics research to improve diagnostics and tissue repair and regeneration.

Temporomandibular disorders.—Temporomandibular disorders refer to a collection of medical and dental conditions affecting the joint between the lower jaw and the skull, and/or the muscles used for chewing, as well as adjacent tissues. Over ten million Americans, ninety percent being women of child-bearing age, are afflicted. The Committee encourages NIDR to carry out the research recommendations of the technology assessment conference on the management of temporomandibular disorders issued in 1996. The Committee encourages NIDR to consider forming a committee of representatives of Institutes with scientific resources which can be applied to study the many facets of these disorders, as well as the Office of Research on Women's Health, the Agency for Health Care Policy and Research, and the Centers for Disease Control and Prevention in order to develop a research plan. The Committee also encourages NIDR to study patients who have been implant recipients and are now suffering craniofacial and systemic problems.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY
DISEASES

The bill includes \$874,337,000 for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), an increase of \$40,535,000 over the amount requested and \$61,188,000 over the comparable FY 1997 appropriation.

Mission.—The NIDDK supports research in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. The NIDDK supports a coordinated program of fundamental and clinical research and demonstration projects relating to the causes, prevention, diagnosis, and treatment of diseases within these categories. The Institute also supports efforts to transfer the knowledge gained from its research program to health professionals, patients, and the general public.

Diabetes.—Diabetes affects 16 million Americans and is a leading cause of blindness, kidney disease, heart disease, and amputations. According to recent estimates, diabetes costs society over \$130 billion per year. Given the enormous human and economic costs of diabetes, the Committee urges the Director of the Institute to work closely with the Director of NIH in establishing a Diabetes Research Working Group to develop a comprehensive plan for all NIH-funded diabetes research efforts. This plan should recommend future diabetes research initiatives and directions. The Working Group should submit its plan to Congress within twelve months of the enactment of this appropriations bill. The Director of NIH is urged to appoint a non-NIH member of the Working Group as its chairman. Members of the Working Group should include high-level representatives from the NIH Institutes that have substantial diabetes research portfolios. Other members should include leading diabetes researchers, representatives from industry, and leaders of organizations that represent people with diabetes. The Director of NIDDK and the Diabetes Mellitus Interagency Coordinating Committee should work closely with the Working Group in the development and implementation of the diabetes research plan.

The Committee commends NIDDK and the Centers for Disease Control and Prevention for their joint establishment of a National Diabetes Education Program (NDEP). Approximately 90 percent of people with diabetes have Type 2 (adult-onset) diabetes. Recent scientific research has determined that the key pathology underlying Type 2 diabetes is insulin resistance. Accordingly, the Committee encourages the NDEP to fully reflect the latest scientific data regarding the importance of intensive management of blood glucose levels.

Nutrition science.—Diet and nutrition are factors in the prevention of diabetes, heart disease, certain cancers, hypertension and birth defects. The Committee received testimony about the dramatic progress in basic science related to nutrition and disease prevention and the need to more fully integrate basic and clinical science in nutrition. The Committee believes that the utilization of clinical nutrition research units and obesity research centers and similar programs are appropriate methods through which to integrate basic and clinical research in nutrition and thereby improve

health care and prevent disease. The Committee encourages NIDDK to place a high priority on the clinical nutrition research centers programs in order to strengthen clinical research and ensure the translation of research results into practice through training of professionals. The Committee is particularly interested in a focus on nutrition, obesity and diabetes, as well as preventive nutrition research.

The Committee encourages NIDDK to coordinate with the United States Department of Agriculture Human Nutrition Division regarding their recent research on diabetes and its nutritional prevention and mitigation. The Committee is also interested in cellular glucose metabolism and the factors that influence that metabolism, including the influence of chromium-containing compounds on glucose receptors.

Cystic fibrosis.—The 30,000 patients with cystic fibrosis (CF) represent a population of individuals who are clearly benefiting from the investment by NIH and cystic fibrosis patient groups in biomedical research. Despite the fact that individuals with this disease die every day, patients are living longer than ever before, and the quality of their life has improved significantly. As a result of the research NIH has supported, the future looks even more promising. For example, scientists who are developing gene therapy technology for CF are leading an entire biomedical revolution. Importantly, research currently underway for CF may later translate into lifesaving therapies for other diseases as well. To capitalize on the current momentum building in CF science, the Committee encourages NIDDK to enhance its support of research in gene therapy for cystic fibrosis.

End stage renal disease.—The Committee encourages NIDDK to develop and implement an action plan for adult and pediatric kidney disease research in coordination with other NIH institutes and other agencies within the Department such as the Health Care Financing Administration, the Centers for Disease Control and Prevention, and the Agency for Health Care Policy and Research.

Polycystic kidney disease.—Polycystic kidney disease (PKD) is the most common life-threatening genetic disease, affecting 600,000 Americans and 12.5 million people worldwide. PKD is the cause of approximately 10 percent of kidney failure in the U.S., making it the third leading cause of end stage renal disease. Important recent scientific progress in PKD research has been reported, including the discovery of the two principal PKD genes and their protein products, polycystin 1 and 2. The Committee is pleased to learn that NIDDK will conduct an international PKD scientific meeting in late 1997. The Committee encourages NIDDK to take advantage of this scientific momentum by redoubling its efforts to find a treatment and cure for PKD.

Analgesic nephropathy.—The Committee is concerned about analgesic nephropathy, a type of kidney disease that is largely preventable. Unfortunately, it is not known how many people suffer from acute or chronic kidney failure in the United States as a result of the use of pain killers. The Committee encourages the Institute to support research on the prevalence, causes, and patterns of analgesic nephropathy, which could lead to the development of preventive strategies.

Urological diseases.—Tens of millions of Americans suffer from urological diseases and conditions such as urinary tract infections, bladder disorders, prostate disease and kidney, bladder and testicular cancers. The economic impact of these and other urologic diseases and conditions exceeds \$50 billion annually. The Committee encourages the NIDDK to enhance its research on the prevention, diagnosis, and treatment of urologic disease. The Committee would be interested in NIDDK's views of the desirability of developing a urological disease database. Such a database could be a valuable tool in establishing research priorities in the field, and could give realistic estimates of the extent of these diseases, the variations in treatment, and the effect that these diseases have on minority populations.

Prostatitis.—The Committee is pleased that NIDDK has begun to address the serious problem of prostatitis. The Committee urges NIDDK to take steps to develop a cadre of investigators to address the multiple complexities of this disease. The Committee requests that NIDDK provide a report of its current research endeavors and a strategic plan for future research activities in prostatitis.

Urinary diseases in women.—Women are disproportionately affected by three urologic conditions: urinary tract infection, urinary incontinence and interstitial cystitis. These embarrassing and painful disorders of the bladder are common medical problems contributing substantially to health care expenditures in the United States. The Committee urges NIDDK to strengthen its research in these areas. Urinary tract infections (UTI) account for at least eight million visits to physicians; one in five women will develop a UTI during her lifetime. Urinary incontinence affects 24 million Americans, predominantly women. The estimated cost of treatments is \$12 billion, with most of that spent on adult diapers and custodial care. This is a significant cost to nursing homes, with an estimated 48 percent of residents suffering from some form of incontinence. Although incontinence in women is an important gynecologic and urologic health issue, it is rarely discussed. Very little research regarding the interface between gynecology and urology in women has been performed. The Committee urges the NIDDK to collaborate with the National Institute of Child Health and Human Development to enhance fundamental basic and clinical research to identify the causes of and cures for incontinence in women.

Liver disease.—The Committee is aware that 25 million Americans are or have been afflicted with liver, bile duct or gallbladder diseases and that these diseases are the seventh leading cause of death in the United States. Many of these diseases lead to chronic or end-stage liver disease where liver transplantation becomes the only therapeutic option. With regard to hepatitis C alone, recent estimates indicate that there are nearly four million people infected and that deaths will triple by the year 2010. The Committee encourages NIDDK to place a high priority on research to prevent, cure and better treat liver disease, with a special focus on the needs for pediatric liver disease. The Committee is pleased that NIDDK has formed an advisory group to the Division of Digestive Diseases and Nutrition, which met in June, 1997 to develop an action plan for liver disease research. The Committee requests that

this plan be completed in time to be submitted to the Committee along with the fiscal year 1999 budget request.

Hepatitis C (HCV).—The Committee is pleased with the leadership of NIDDK in sponsoring the Hepatitis C consensus conference in March, 1997 and is aware of the significant new NIDDK research recommendations made by the consensus conference to conduct large scale, long-term prospective studies to better define the natural history of HCV; to study the pathogens and mechanisms of liver cell injury by HCV; and to study the interaction between alcohol ingestion and hepatitis. The Committee encourages NIDDK to initiate the research suggested by the consensus conference and to work with other relevant NIH Institutes to achieve a fully coordinated effort.

Digestive diseases.—Diseases of the digestive system affect more than one-half of all Americans at some time in their lives, resulting in approximately \$88 billion annually in health care costs, lost wages, and reduced productivity. Serious disorders such as colon cancer, inflammatory bowel disease, irritable bowel syndrome, and viral hepatitis take a significant toll in terms of human suffering and mortality. Therefore, the Committee encourages NIDDK to continue its efforts to strike an appropriate balance between conducting basic studies on digestive diseases and bringing those research findings to the bedside in the form of improved patient care.

The Committee continues to be concerned about the prevalence of inflammatory bowel disease (IBD), including Crohn's disease and ulcerative colitis. These extremely complex disorders represent the major cause of morbidity from intestinal illness. The Committee encourages NIDDK to continue its investigations into the genetic structure of IBD as well as the roles played by environmental factors and the immune system in the development of the disease.

The Committee is also concerned about the increasing frequency of irritable bowel syndrome (IBS), a chronic complex of disorders that malign the digestive system. These common dysfunctions strike people from all walks of life and result in great human suffering and disability. The Committee encourages NIDDK to support irritable bowel syndrome/functional bowel disorders research and to give consideration to funding IBS scientific symposia.

Pediatric digestion and motility disorders.—The Committee is concerned by the incidence of digestion and motility disorders in children, which often go unrecognized and misdiagnosed by health care professionals and lead in some cases to extreme debilitation and death. The Committee urges NIDDK to focus on research to prevent, treat and cure digestion and motility disorders in children and suggests that the Institute convene a meeting to develop a well focused and comprehensive research program. The Committee recommends that this session include outside organizations involved in responding to the needs of this disorder.

Foodborne illness.—In May 1997, the Department of Health and Human Services, the Department of Agriculture, and the Environmental Protection Agency submitted a report to the President detailing a national food safety initiative. The report notes that many of the new foodborne pathogens that have emerged over the past decade are not easily detected and are increasingly resistant to time-tested controls. Biomedical research is needed to enhance our

ability to prevent, detect, and treat foodborne illness in humans. The report noted that relevant agencies "need to better coordinate their research efforts on the highest-priority issues and work together more effectively to leverage each others' resources." Toward that end, the Committee encourages NIDDK to work with the National Institute of Allergy and Infectious Diseases, the Centers for Disease Control and Prevention, and the Agricultural Research Service to develop a biomedical research agenda on food safety to be collaboratively funded by the three agencies.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

The bill includes \$763,325,000 for the National Institute of Neurological Disorders and Stroke (NINDS), an increase of \$15,497,000 over the amount requested and \$34,066,000 over the comparable 1997 appropriation.

Mission.—The NINDS supports and conducts basic and clinical neurological research and research training to increase understanding of the brain and improve the prevention and treatment of neurological and neuromuscular disorders. The NINDS mission encompasses over 600 disorders, including stroke; head and spinal cord injury; epilepsy; multiple sclerosis; and neurodegenerative disorders such as Parkinson's disease.

Stroke.—Stroke remains America's third ranking killer, the leading cause of serious disability and a major contributor to late-life dementia. Striking about 500,000 Americans each year, stroke kills more than 154,000 of its victims and leaves most survivors permanently disabled. National Center for Health Statistics data show that stroke deaths began to rise in 1992. Stroke survivors, numbering about four million, often face years of debilitating physical and mental impairment, emotional distress and enormous medical costs. Opportunities to improve prevention and acute treatment of stroke have never been greater. The Committee encourages the Institute to place a high priority on stroke research, to enhance the stroke education program and to initiate innovative approaches to improve stroke diagnosis, treatment, rehabilitation and prevention of strokes.

Parkinson's disease.—The Committee recognizes the personal and economic costs resulting from Parkinson's disease, amounting to nearly \$25 billion a year, and also notes the promising research in this field. The Committee was pleased to receive very moving and compelling testimony from Muhammad and Lonnie Ali about the need for more funding for Parkinson's research. Mr. Ali serves as a national spokesperson and in that capacity has raised the public's awareness about Parkinson's disease and the need for more research funding for this devastating condition that affects more than a million persons in the United States. Accordingly, the Committee urges the Institute to intensify its efforts to identify the factors contributing to the development of Parkinson's disease, to develop new methods of treating, delaying, or preventing this devastating illness, and to strengthen its research portfolio on Parkinson's. The Committee recommends that NINDS utilize all available mechanisms, as appropriate, including centers, requests for applications, program announcements, and extended funding of selected investigators now working in the field. The Committee also encour-

ages the Institute to explore areas of promising research identified in the 1995 international workshop, to assist in developing new ideas in Parkinson's research, and to stimulate investigators in different, but related, fields to focus on this disease.

Neurodegenerative disorders.—The Committee encourages the Institute to continue research to determine the role of neurotransmitters in neurodegenerative disorders.

Lou Gehrig's disease.—Amyotrophic Lateral Sclerosis (ALS), commonly referred to as Lou Gehrig's disease, is a progressive, fatal neurological disease for which no cure exists. The first real clue to a cause of the disease recently occurred with the identification of a gene defect linked to some cases of familial ALS. Recent clinical research resulted in the first compound to alter the course of the disease. Additional research is needed to capitalize on these recent developments, which may also lead to breakthroughs in other neurological disorders. To sustain this momentum, the Committee encourages NINDS to enhance its support of research relevant to ALS.

Neurofibromatosis.—The research advances in neurofibromatosis (NF) have been remarkable during the past decade. The cloning of the NF1 and NF2 genes and the development of animal models of NF have led to the development of a body of knowledge about the functioning of the proteins which the two genes encode in both their normal and mutated states; the genetic pathways contributing to tumor development; and the natural history of neurofibromas. Since the NF genes have been implicated in the signaling process that determines cell growth and cell differentiation, and because learning disabilities occur in NF patients at about five to six times the frequency found in the general population, NF research has significant potential for advances in other diseases and disorders such as cancer and learning disabilities. Accordingly, the Committee encourages NINDS to continue to pursue basic and clinical research in NF; to employ novel approaches in the development of NF clinical research, including development of natural history studies and clinical trials and, as appropriate, use of requests for applications, program announcements, the national cooperative drug discovery group program, and small business innovation research grants; and to continue to work with the NF research community, including patient advocacy groups, in identifying and pursuing scientific opportunities that will ultimately allow for the development of effective treatments for this devastating disorder.

Batten's disease.—Exciting research continues to be reported with regard to both the infantile and juvenile forms of Batten's disease. The Committee encourages NINDS to focus on Batten's disease research and to take advantage of promising opportunities in this area.

Post-polio syndrome.—The Committee encourages NINDS to continue research into post-polio syndrome. The study of post-polio syndrome provides a useful model by which weakness-overuse-injury cycles can be studied and applied to tendinitis, carpal tunnel syndrome, and other strain/sprain injuries.

Autism.—The Committee urges NINDS to explore the link between epilepsy seizure activity and autism. Additionally, the Com-

mittee encourages NINDS to explore more effective neural imaging strategies for young children.

Dystonia.—The Committee continues to be pleased with NINDS efforts to encourage extramural initiatives in dystonia-specific research, including a recent NINDS-sponsored workshop on dystonia research opportunities. The Committee encourages NINDS to work closely with other organizations having an interest in dystonia research to collaborate on joint research programs encouraging investigators to study dystonia.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The bill includes \$1,339,459,000 for the National Institute of Allergy and Infectious Diseases (NIAID), an increase of \$26,957,000 over the amount requested and \$81,665,000 over the comparable 1997 appropriation.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases caused by, or associated with, disorders of the immune system. NIAID supported research includes research on acquired immunodeficiency syndrome (AIDS), asthma and allergies, tuberculosis, sexually transmitted diseases, tropical diseases, and emerging microbes. The goals of NIAID research are to better understand disease pathogenesis, to improve disease diagnosis, to develop new and improved drugs to treat diseases, and to develop new and improved vaccines to prevent disease, many of which significantly affect public health.

New and reemerging infections.—The Committee believes that it is essential that a national strategy to address the threat of new and reemerging diseases be broad-based, incorporating research as well as surveillance activities. Biomedical research supported by NIAID forms the foundation upon which surveillance and response are ultimately based, providing the basic research tools (diagnostics, vaccines and therapies) necessary to detect and limit the impact of new and reemerging infections. Ongoing research support also contributes to the scientific training and infrastructure required to maintain the capability to identify and control new diseases, both nationally and internationally.

Tuberculosis.—NIAID's support for tuberculosis research is important in developing improved diagnostic tests and treatments in response to the reemergence of TB in the United States. NIAID-supported researchers have begun to understand multi-drug resistant tuberculosis and hope to develop methods to quickly determine which drug therapy is appropriate for particular strains, so that a patient can begin appropriate treatment therapy immediately, thus reducing the risk of transmitting the disease to others.

Respiratory diseases and asthma.—Many infectious and allergic diseases, such as pneumonia, influenza and asthma, attack the body's respiratory system causing serious illness and, sometimes, death. Respiratory diseases affect a significant portion of the United States population each year and they have a sizable economic impact in treatment and hospitalization costs, lost wages and productivity. The Committee commends NIAID for its research efforts in respiratory diseases. NIAID-supported research ranges from understanding the pathogenesis of respiratory diseases to prevention

through vaccine development and other innovative strategies. In the area of asthma research, NIAID supports research that through such programs as the National Cooperative Inner-City Asthma study has shed light on the contributing role of indoor allergens in causing or exacerbating asthma attacks. NIAID researchers have determined that ridding households of these allergens, particularly cockroaches, is an effective and low-cost approach to reducing asthma attacks among disadvantaged children.

The number of asthma patients and the number of asthma-related deaths have increased dramatically in the past decade. The morbidity and mortality among minority populations continue to be disproportionately high. For example, the prevalence rate of asthma is 24 percent higher in African American children than in white children. Inner city residents in particular suffer disproportionately high rates of asthma. The Committee urges NIAID to strengthen its efforts in this area.

Allergic diseases.—As many as 50 million Americans suffer from allergic diseases. Allergic reactions can be debilitating or even fatal, and they can often lead to such chronic conditions as sinusitis and asthma. Researchers do not fully understand how the immune system recognizes an allergen or why reactions are more severe in certain individuals. With further research on the immune system, researchers are optimistic that they can develop new therapies to treat these disorders. The Committee encourages NIAID to support research in this area to help determine risk factors for developing allergic disorders and to determine the role of infectious agents including viruses, bacteria, and fungi in the pathogenesis of such disorders.

Hepatitis C (HCV).—The Committee is aware that significant new NIAID research recommendations were made by the Hepatitis C consensus conference in March, 1997 to develop an HCV vaccine and to conduct clinical trials research to better determine optimum treatment regimes, including better treatment for those co-infected with HIV. The Committee encourages NIAID to initiate this research in collaboration work with other relevant NIH Institutes.

Microbicides/STDs.—The Committee appreciates the leadership role that NIAID has taken in the development of topical microbicides to prevent sexually transmitted diseases (STDs) and HIV infection. The Committee encourages the Institute to give high priority to the development of the microbicides research program. Based on the recent recommendations of the Institute of Medicine, the Committee urges NIAID to continue efforts to develop rapid, inexpensive, easy-to-use STD diagnostic tests. These are critical tools to prevent and control STDs and will have a significant impact in STD control programs aimed at preventing HIV infection. Other research areas of high priority are human papillomavirus infection, STDs and adverse outcomes, and STDs in adolescent populations.

Women's Interagency HIV Study.—The Committee is pleased with NIAID's recent commitment to fund the Women's Interagency HIV Study for an additional five years so that women can be followed prospectively to obtain the information critical to treatment and prevention efforts. The Committee believes that it is important to maintain geographical representation and to continue the

study's broad scope in addressing a variety of women's health issues.

Hemophilia.—The Committee is pleased with NIAID's continuing commitment to maximize clinical funding support to ensure access to the newly available HIV/AIDS drugs for people with hemophilia. The Committee encourages NIAID to work with the national hemophilia leadership to determine what further research steps should be taken to address the complications associated with hemophilia, including treatment for viral hepatitis.

Foodborne illness.—In May 1997, the Department of Health and Human Services, the Department of Agriculture, and the Environmental Protection Agency submitted a report to the President detailing a national food safety initiative. The report notes that many of the new foodborne pathogens that have emerged over the past decade are not easily detected and are increasingly resistant to time-tested controls. Biomedical research is needed to enhance our ability to prevent, detect, and treat foodborne illness in humans. The report noted that relevant agencies "need to better coordinate their research efforts on the highest-priority issues and work together more effectively to leverage each others' resources." Toward that end, the Committee encourages NIAID to work with the National Institute of Diabetes and Digestive and Kidney Diseases, the Centers for Disease Control and Prevention and the Agricultural Research Service to develop a biomedical research agenda on food safety to be collaboratively funded by the three agencies.

Primary immune deficiency diseases.—Primary immune deficiency diseases consist of more than 70 genetic diseases in which the body is unable to fight off infections and which strike most severely at children, many of whom do not survive beyond their teens or early 20s. Approximately 500,000 cases have been diagnosed, but it is estimated that another 500,000 remain undiagnosed. Last year, the Committee encouraged NIAID to move forward with collaborative, peer-reviewed research projects. The Committee is pleased that three such awards have been made with funding supplied jointly by NIAID and private sector organizations. Similarly, the Committee is pleased to note that a collaborative professional and public education campaign has begun, involving NIAID as well as the National Institute of Child Health and Human Development, targeting pediatric and primary care physicians, as well as parents whose children show warning signs of primary immune deficiency. The Committee encourages NIAID to support this campaign and to be prepared to report to the Committee at next year's hearing on the success and future plans for this public awareness and education campaign. The Committee also encourages NIAID to maintain its support of primary immune deficiency disease registries.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

The bill includes \$1,047,963,000 for the National Institute of General Medical Sciences (NIGMS), an increase of \$27,771,000 over the amount requested and \$52,492,000 over the comparable 1997 appropriation.

Mission.—The NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biol-



ogy, pharmacology, physiology, and biological chemistry, study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supports the new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia and have a special focus on increasing the number of minority scientists through programs such as Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS). The Committee expects NIGMS to continue to support these training programs at levels reflecting their great importance.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

The bill includes \$666,682,000 for the National Institute of Child Health and Human Development (NICHD), an increase of \$19,403,000 over the amount requested and \$35,054,000 over the comparable 1997 appropriation.

Mission.—The NICHD conducts and supports laboratory and clinical research on the reproductive, developmental, and behavioral processes that determine and maintain the health and well-being of children, adults, families and populations. In addition, research in medical rehabilitation is supported.

Reading development.—The Committee is impressed with the important accomplishments reported from the NICHD research program on reading development and disability and is eager to have this information brought to the attention of educators, policy makers and parents. However, additional questions remain in the area of learning disabilities. The Committee encourages NICHD to study and compare the effectiveness of intensified learning in a specialized school for students with learning disabilities with remedial learning in a mainstream setting. In addition, noting its ongoing collaboration with the Department of Education, the Committee urges NICHD to work with the Secretary of Education in convening a national panel to assess the current status of research-based knowledge, including the effectiveness of various approaches to teaching children to read. Based on its finding, the panel should present a report to the Secretary of Health and Human Services, the Secretary of Education, the House and Senate Labor, Health and Human Services and Education Appropriations Subcommittees, and the appropriate Senate and House authorizing committees. The report should present the panel's conclusions, indicating the readiness for application in the classroom of the results of this research and, if appropriate, a strategy for rapidly disseminating the information to facilitate reading instruction in the schools.

The Committee commends NICHD for its outreach and public education efforts, which have had a significant impact on the health and well-being of the nation's children. The Committee encourages NICHD to strengthen this effort to include the Institute's research on reading development and disability, and to use the expertise of writers, teachers, producers, artists and academics to bring this information directly through television. The Committee

encourages the NICHD to use the small business innovation research (SBIR) grant mechanism in this area.

Childhood development.—The Committee commends NICHD for supporting research to better understand how genes and the environment interact to cause extraordinary changes of the brain during the first years of life. More behavioral research is needed to increase knowledge about the developing brain, basic processes of learning, and how changes in these processes occur as a result of exposure to a variety of experiences. In particular, further research is needed to better understand the central nervous system of children with learning disabilities and the instructional conditions that must be in place in order to help all children and adults develop competent academic and social skills.

Autism.—Autism is a serious neurological disorder affecting over 400,000 people in the United States and inflicting a terrible emotional and financial toll. It is a developmental disability that typically appears during the first three years of life. Autism knows no racial, ethnic or social boundaries. Family income, lifestyle, and educational levels do not affect the chance of autism's occurrence. At the present time, there is no prevention, treatment, or cure for autism. The estimated health care costs associated with autism are greater than \$13 billion a year.

The Committee is aware that historically there has been little biological research into autism. The Committee is encouraged by NIH's recent announcement of its five-year research effort focusing on the neurobiology and genetics of autism. The Committee is pleased that NICHD has taken the lead in coordinating this research effort with the National Institute on Deafness and other Communication Diseases. However, the Committee urges NICHD and the National Institute of Mental Health as co-chairs of the NIH autism coordinating committee to more aggressively pursue NIH's autism research efforts and to make finding a cure for autism a high priority in the NIH budget. The Committee encourages the autism coordinating committee to meet regularly, to open its meetings to the public and to report to Congress on goals set and progress made. In addition, the Committee encourages NICHD to develop standardized and universal diagnostic criteria in autism to aid in earlier diagnosis, and to promote clinical trials. The Committee would be interested in learning NICHD's view of whether autism research would be aided by a center-based approach.

Fragile X.—The Committee encourages NICHD to support basic and applied research on Fragile X, which is a leading genetic cause of mental retardation in children.

Microbicides.—The Committee appreciates the leadership role that NICHD has taken in the evaluation and development of physical and chemical contraceptive methods that are also effective in preventing sexually transmitted diseases (STDs) and HIV infection. The Committee encourages further efforts in this area, as well as research on hormonal methods of contraception that may influence susceptibility to HIV infection as well as other STDs.

Incontinence in women.—Urinary incontinence is a serious health problem disproportionately affecting women. It is both gynecologic and urologic in nature. While there has been research in gynecology as it relates to reproduction and research in urology as it re-

lates to the prostate, there has been very little research regarding the interface of these two disciplines in women. Therefore, the Committee urges NICHD to collaborate with the National Institute of Diabetes and Digestive and Kidney Diseases to enhance fundamental basic and clinical research that will find the causes as well as new solutions for the problem of incontinence in women.

Rett Syndrome.—The Committee continues to be concerned about Rett syndrome, a crippling brain disorder that strikes baby girls after early normal development. Exciting recent research has shown that brain cells are not dying, as previously thought, but are inactive. It is important that NICHD maintain the momentum of this new discovery, which may soon lead to knowledge of the cause, treatment and cure for Rett syndrome. Research in this area also holds promise for progress in other disorders such as autism, and Alzheimer's and Parkinson's diseases. The Committee urges the Institute to continue to support further research on the causes of, biological markers for and treatment and cure for Rett syndrome.

Sudden infant death syndrome.—Committee commends NICHD for its aggressive efforts to reduce sudden infant death syndrome (SIDS) deaths through the national "Back to Sleep Campaign". This campaign has been responsible for a 30 percent reduction in SIDS rates, the highest reduction in infant mortality rates in 20 years. To continue this progress, the Committee has included funding for the fourth year of the second SIDS five-year research plan. This plan, developed in collaboration with the SIDS scientific and advocacy community, has provided guidance, structure and support to the NICHD SIDS research program.

Primary immune deficiency diseases.—The Committee understands that NICHD is moving forward with peer-reviewed collaborative research projects into these diseases, designed to leverage funds from the nonprofit sector. The Committee supports these efforts and encourages further emphasis on them. In addition, because of the importance of early diagnosis and proper treatment, the Committee is pleased to learn that NICHD will be involved in a live satellite television broadcast to the annual meeting of the American Academy of Pediatrics, as well as teaching and children's hospitals and American Red Cross centers around the country. This effort will educate primary care physicians, school nurses and other providers in the earliest possible diagnosis and treatment. The Committee encourages NICHD to strengthen its educational efforts and to be prepared to report to the Committee at next year's hearing about the success of these efforts and future plans for public awareness and education.

Child care.—The Committee supports the ongoing developmental studies examining the effects of non-maternal care on a child's psychological and cognitive development and physical health. The Committee encourages NICHD to pursue further research in this area, particularly about the psychological and social effects of non-parental care and the elements that make up high-quality child care.

Eating disorders.—The Committee is concerned about the large number of young people who are engaged in ongoing restrictive dieting and the consequences of this behavior on their health and development. The Committee encourages NICHD, in coordination

with the National Institute of Mental Health, to investigate behavioral, social, and cultural factors that affect adolescents' eating habits, with the goal of learning how to prevent and treat eating disorders.

Health and behavior.—The Committee emphasizes its support for health and behavioral research at NICHD. Seven of the ten leading causes of death in the United States have large behavioral components, and most of these behaviors start during adolescence. The Committee looks forward to learning the results of the first national longitudinal study about behaviors that promote good health as well as behaviors that place teens at risk. The data will yield a wealth of information that will be helpful to parents, policy makers, health care providers, and educators in helping to understand how best to protect the health of our young people.

Obstetrics and gynecology research training.—The Committee notes the major role played by NICHD in women's health research and is concerned that progress in this area has been hampered by a relative lack of trained investigators in the field of obstetrics and gynecology. The Committee encourages NICHD to work with the Office of Research on Women's Health to support research training initiatives centered in departments of obstetrics and gynecology, including the use of the center mechanism if appropriate, for newly trained obstetrician-gynecologists in research addressing women's health concerns. This assistance would provide a bridge between their early training and their launching careers as independent investigators.

National Center for Medical Rehabilitation Research (NCMRR).—NCMRR is taking advantage of remarkable advances in bioengineering and applying them to the development of new, improved orthotic and prosthetic devices. These and other assistive devices enhance the mobility, independence, and quality of life of persons with physical disabilities. Because medical rehabilitation is a relatively new, rapidly expanding field, many of its therapeutic practices have never been evaluated for their effectiveness and cost justification. At the same time, a variety of promising treatments are the subject of ongoing research and development, including assistive devices that enable persons with physical disabilities to be functional and independent. Although outcomes research is an expressed emphasis of the Center, it has not yet supported full-scale clinical trials to assess the outcomes of significant rehabilitation practices. The Committee encourages NCMRR to initiate such research in view of its importance for assuring the quality and affordability of medical rehabilitation services and devices.

NATIONAL EYE INSTITUTE

The bill includes \$354,032,000 for the National Eye Institute (NEI), an increase of \$13,601,000 over the amount requested and \$22,426,000 over the comparable 1997 appropriation.

Mission.—The NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually-impaired or blind. In addition, the NEI is responsible for the dissemination of information,

specifically public and professional education programs aimed at the prevention of blindness.

Macular degeneration.—Age-related macular degeneration (AMD) is the most common cause of severe visual impairment in older persons in the United States. Approximately 1.7 million Americans have decreased vision from AMD, and 100,000 are blind from the disease. The Committee is pleased that NEI has made AMD a research priority and is interested in the clinical trial presently underway to determine whether antioxidants and zinc can prevent the development or retard the progression of AMD. The Committee encourages NEI to consider supplementing this trial or conducting other trials to test whether the antioxidant lutein confers a protective effect against the onset of AMD, as some research suggests.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

The bill includes \$328,583,000 for the National Institute of Environmental Health Science (NIEHS), an increase of \$8,676,000 over the amount requested and \$21,021,000 over the comparable 1997 appropriation.

Mission.—The NIEHS mission is to reduce the burden of environmentally related illness and dysfunction by understanding how environmental exposures affect health, how individuals differ in their susceptibility to these effects, and how these susceptibilities change over time. This mission is achieved through multidisciplinary biomedical research programs, prevention and intervention efforts, and communication strategies that encompass training, education, technology transfer, and community outreach.

Asthma.—The Committee recognizes the collaborative effort between NIEHS and the National Institute of Allergy and Infectious Diseases (NIAID) that led to the identification of cockroach allergens as a major cause of asthma in inner city children. The Committee urges NIEHS and NIAID to continue this excellent example of cooperation by supporting the prevention/intervention phase of the project designed to reduce exposure to these allergens. The study will determine how reducing exposure to cockroaches, dustmites and animal dander will decrease morbidity associated with this chronic inflammatory disease.

There has been an increased recognition in the scientific and public health communities that minority and disadvantaged populations are disproportionately exposed to a variety of health hazards, including air pollution. Its relationship to asthma and other pulmonary disorders is beginning to be documented. To help examine these problems, NIEHS convened a national scientific summit on air quality issues faced by the nation's urban communities, working closely with the public health and scientific communities. The Committee encourages research in this field of inquiry.

Women's health.—The Committee encourages NIEHS to continue its support of research on the effects of environmental exposures on women's health and to begin to implement the research recommendations outlined in its recent report to Congress. This report indicates that there is evidence suggesting an environmental component in the etiology and/or exacerbation of many diseases. Understanding the role of environmental exposures on women's health requires a better understanding of the physiology and health status

at each stage of a woman's life and the various genetic susceptibilities that affect a woman's vulnerability to specific diseases. Research recommendations in this report include the need to define further the effects of the environment on reproductive function and development, asthma, autoimmune diseases, osteoporosis, stroke, and hypertension, Alzheimer's disease, and neurodegenerative diseases.

The Committee is pleased with current collaborations with the Office of Research on Women's Health to understand the effects of environmental factors on women's health and encourages continued collaboration with this Office in the implementation of the aspects of the women's health research agenda that are related to environmental factors.

Human health and oceans.—Ocean systems and processes have a variety of impacts on human health ranging from an increasing number of localized harmful algal blooms causing seafood poisoning, respiratory distress, and other severe illness to large-scale physical processes such as malaria outbreaks associated with El Nino events. The Committee encourages NIEHS to cooperate with the National Oceanic and Atmospheric Administration in developing a coordinated effort to identify and address areas where improved understanding of marine processes and systems has the potential to reduce public health risks and improve our ability to provide and react to early warnings of public health threats.

The Committee is pleased with the research conducted by NIEHS on ocean environment-related diseases. NIEHS centers have developed alternative models for toxicologic research and have promoted the study of human health problems from seafood-borne toxins. These centers make significant contributions to the overall goals of NIEHS by providing core support for projects that utilize marine models for studies relating to environmental health, specifically in the areas of cancer, antibiotics, the HIV virus, and pain management. The Committee urges NIEHS to lend its expertise and provide technical assistance in this area to the United States' exhibit at World Expo '98 in Lisbon, which relates to the ocean environment. Given the increase provided to NIEHS above the President's request, the Committee urges the Institute to allocate resources to this project.

Chronic beryllium disease.—Beryllium has been shown to be a potential health hazard to some workers occupationally exposed to the metal and its compounds. Chronic beryllium disease (CBD) is a lung disease with clinical findings similar to those of other granulomatous diseases such as sarcoidosis, schistosomiasis, and tuberculosis. At a recent conference on CBD sponsored by NIEHS, five general areas of needed research were identified, including the continuing development of animal models for CBD; the development of the beryllium lymphocyte proliferation test from an experimental test to a clinical tool as well as continued research to identify additional CBD biomarkers; research into primary prevention techniques and a better understanding of the chemical properties of beryllium oxides and the physical properties of their respirable aerosols; medical monitoring and the collection of data on sensitized individuals and their medical history; and additional clinical and epidemiological studies of the natural history of CBD. The

Committee stresses to NIEHS the importance of CBD research and encourages the Institute to move its CBD research agenda forward.

Brownfields.—While communities are poised to capitalize on the employment and commercial development opportunities presented by Brownfields redevelopment, the public's health must continue to be broadly considered. The Committee encourages NIEHS, in conjunction with the National Cancer Institute, the National Child Health and Human Development Institute, the National Aging Institute, the Office of Research on Minority Health, the Office of Research on Women's Health, the National Institute for Occupational Safety and Health, and the Agency for Toxic Substances and Disease Registry, to coordinate their brownfields, environmental justice, and related activities. Unless these agencies closely coordinate their efforts, public health activities at the State, local and community level will be ineffective. Additionally, the Committee encourages these agencies to collaborate with the Environmental Protection Agency, the Department of Housing and Urban Development and other Federal departments to ensure that the President's executive order on environmental justice is accomplished.

Collaborations with CDC.—The Committee is pleased to learn that NIEHS is developing additional collaborations with the Centers for Disease Control and Prevention (CDC). The Committee understands that a memorandum of understanding between CDC and NIEHS is being developed to evaluate human exposure to toxic substances. This effort will focus on identifying and measuring toxic substances or their metabolites in human blood, urine and other biological specimens from various epidemiologic studies of the U.S. population. This collaborative effort will generate data to determine priorities for further study and to reduce uncertainty in risk assessment. The Committee urges the NIEHS and CDC to continue these efforts.

NATIONAL INSTITUTE ON AGING

The bill includes \$509,811,000 for the National Institute on Aging (NIA), an increase of \$12,735,000 over the amount requested and \$25,485,000 over the comparable 1997 appropriation.

Mission.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans.

Alzheimer's disease.—The prevalence of Alzheimer's disease among women is roughly twice that of men. The Committee is aware of recent research suggesting that estrogen positively impacts concentrations of the Alzheimer's amyloid molecule and that estrogen replacement therapy may protect against the onset of Alzheimer's disease. The Committee strongly encourages the Institute to support additional research opportunities in these promising areas of research.

Cardiovascular aging research.—Heart attack, congestive heart failure, stroke, and other cardiovascular diseases remain America's leading killer of older men and women and a main cause of disability. Cardiovascular diseases cost Medicare more than \$14 billion in hospital expenses each year. The number of deaths from cardiovascular diseases rise significantly with increasing age. The Com-

mittee encourages NIA to make cardiovascular research a high priority.

Animal models.—The Committee has learned of the potential of using primates in research on aging issues. These animal models may be useful in the study of Alzheimer's and Parkinson's disease and vaccines for aging people. The Committee encourages NIA to consider supporting research utilizing primate models through various mechanisms, including centers, if that is deemed to be appropriate.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

The bill includes \$269,807,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), an increase of \$6,565,000 over the amount requested and \$13,579,000 over the comparable 1997 appropriation.

Mission.—The NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopaedic disorders, such as back pain and sports injuries; and numerous skin diseases.

Musculoskeletal growth.—The Committee is pleased that NIAMS is focusing attention on conditions that prevent normal musculoskeletal growth and development in children. Testimony presented before the Committee described work in the field of orthopaedics that has led to new discoveries in the area of childhood musculoskeletal diseases and disorders. The Committee encourages NIAMS, in coordination with the National Institute on Child Health and Human Development, to continue its efforts to find cures and treatments for conditions involving damage to the muscles, nerves, and bones.

Low back pain.—The Committee is concerned that the research findings regarding the treatments for chronic low back pain are equivocal. The Committee encourages NIAMS to coordinate with the National Institute of Neurological Disorders and Stroke and the Agency for Health Care Policy and Research to provide comprehensive scientific data to address the treatment of chronic low back pain.

Lupus.—Lupus is a serious autoimmune disease that mainly affects women of child bearing age. Lupus can lead to severe organ injury and often the treatment is as devastating as the disease itself. African American women are three times more likely to have the disease than Caucasian women. The Committee is encouraged by recent NIAMS research success in identifying genes and mechanisms which lead to the onset of lupus and urges enhanced research to continue this work, recognizing that lupus is a prototype for autoimmune diseases and for chronic disease management. Gaining understanding of the factors associated with the high prevalence of lupus in women and minorities and development of new and innovative treatments is a priority for the Committee.

Osteoporosis.—Osteoporosis is the leading cause of bone fractures in postmenopausal women and older people in general. One out of every two women and one in eight men will have an osteoporosis-

related fracture during his or her lifetime. The Committee encourages NIAMS to enhance its research into the mechanism of estrogen action and to devise alternative therapies for those who are not suitable candidates for estrogen replacement. The Committee is pleased with the recent program announcement on the study of the treatment of osteoporosis and related fractures in men. The Committee encourages NIAMS to strengthen its osteoporosis public education programs, with particular targeting of populations which may not realize they are at risk for the disease.

Fibromyalgia.—Fibromyalgia syndrome is a clinically diagnosed disorder which is poorly understood and difficult to treat. The Committee urges NIAMS to consider additional appropriate steps, including the use of a request for applications, to strengthen the NIH research effort in this disease area.

Alopecia areata.—Alopecia areata is a disease which occurs in more than two million Americans of all ethnic groups and ages, but most frequently in children. The Committee notes that NIAMS has recently issued an announcement for research grants for this disease and will be interested in the results of new NIAMS research in this area.

Epidermolysis bullosa (EB).—EB is one of the most devastating diseases that afflict our children. The Committee is aware of the significant research advances in identifying the genes associated with EB and urges the Institute to accelerate research on EB with a focus on gene therapy.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

The bill includes \$198,373,000 for the National Institute on Deafness and Other Communication Disorders (NIDCD), an increase of \$4,152,000 over the amount requested and \$10,100,000 over the comparable 1997 appropriation.

Mission.—The NIDCD funds and conducts research in human communication. Included in its program areas are research and research training in the normal and disordered mechanisms of hearing, balance, smell, taste, voice, speech and language. The Institute addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders. In addition, the NIDCD is actively involved in health promotion and disease prevention, dissemination of research results, and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

Dysphonia.—Spasmodic dysphonia is a voice disorder that affects women predominantly, and usually renders a person difficult to understand because of uncontrolled voice and pitch breaks. The Committee is pleased with continued NIDCD intramural and extramural study into spasmodic dysphonia and encourages continued aggressive effort in this promising scientific area.

NATIONAL INSTITUTE OF NURSING RESEARCH

The bill includes \$62,451,000 for the National Institute of Nursing Research (NINR), an increase of \$1,399,000 over the amount requested and \$2,897,000 over the comparable 1997 appropriation.

Mission.—The NINR supports and conducts scientific research and research training to reduce the burden of illness and disability; improve health-related quality of life; and establish better approaches to promote health and prevent disease.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

The bill includes \$226,205,000 for the National Institute on Alcohol Abuse and Alcoholism (NIAAA), an increase of \$6,859,000 over the amount requested and \$14,951,000 over the comparable 1997 appropriation.

Mission.—The NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship of genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol misuse and associated damage and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, and moderate drinking.

Fetal alcohol syndrome.—Fetal alcohol syndrome (FAS) is the most common, preventable cause of mental retardation in the United States. It is a permanent condition characterized by mental retardation, growth deficits, and behavioral and learning problems. The Committee commends NIAAA for creating an interagency coordinating committee of all the relevant agencies within the Department to exchange information and begin to develop research, prevention, and treatment proposals relating to FAS. The Committee understands that NIAAA has issued a program announcement on education, prevention, and intervention strategies to reduce alcohol consumption by women of child-bearing age in high risk populations. This initiative is very important in view of the recent and alarming findings that alcohol consumption by pregnant women is increasing.

Genetic vulnerability.—The Committee is pleased with NIAAA's leadership in the area of genes and alcoholism. The Committee understands that NIAAA conducted a two day conference at NIH on how genes and the environment affect complex diseases, including alcoholism. The genetic research conducted by NIAAA researchers has identified several genetic loci associated with alcohol dependence on several human chromosomes. The Committee encourages NIAAA to continue to pursue collaborative discussions with the National Institute of Mental Health to strengthen and increase the power of current data bases and to gain information on the genetics of psychiatric disorders which may coexist with alcoholism.

Neuroscience.—The Committee understands that NIAAA investigators are using cutting-edge techniques in cell biology, molecular biology, and physiology to explore the mechanisms underlying alcohol dependence and alcohol-associated brain damage. The recent identification of genes that govern the development of alcohol withdrawal convulsions is one example of how molecular genetic and

behavioral methods can be combined to learn how alcohol affects the brain. The Committee encourages NIAAA to continue to bring together neuroscientists from around the country to present their findings and map out new directions for research on alcohol and the brain.

Medications development.—The development of medications for alcoholism requires an improved understanding of how alcohol changes brain function to produce craving, loss of control, tolerance, and the alcohol withdrawal syndrome. The Committee understands that NIAAA has identified at least two other potentially effective medications besides naltrexone and is pursuing clinical trials to determine which patients are most responsive to these medications and the benefits and side effects of long-term use. The Committee encourages NIAAA to continue its work to develop new medications that prevent alcohol-induced liver damage, cardiomyopathy and damage to other tissues.

Moderate drinking.—Excessive alcohol consumption is linked to higher risk of high blood pressure and hemorrhagic stroke as well as cirrhosis and early death. However, there is also evidence from epidemiological studies suggesting that moderate alcohol consumption may be positively associated with cardiovascular health and confer other health benefits. In addition to alcohol, wine contains antioxidants that may offer an additional protective element. The Committee encourages NIAAA to continue to support research efforts in these areas, especially the impact of alcohol on cardiovascular health and longevity and on the dietary role of antioxidants and moderate alcohol consumption.

Behavioral science.—The Committee is pleased to learn that NIAAA is exploring ways to expand and strengthen its behavioral science portfolio and in particular that it is investigating the potential contributions of research in such areas as behavioral genetics, responses to stress, developmental psychology, cognitive science, organizational behavior, evaluation and methodology, and motivation and craving.

NATIONAL INSTITUTE ON DRUG ABUSE

The bill includes \$525,641,000 for the National Institute on Drug Abuse (NIDA), an increase of \$3,726,000 over the amount requested and \$35,528,000 over the comparable 1997 appropriation.

Mission.—NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies; the Institute works to ensure the transfer of scientific data to policy makers, practitioners, and the public.

Behavioral and cognitive science.—The Committee commends NIDA for its pursuit of a behavioral science research portfolio to investigate such important questions as why people initiate drug use and why some become dependent on drugs. The Committee commends NIDA's recent efforts to increase the number of cognitive scientists studying issues relating to drug abuse, including the impact of drugs on learning and memory.

The Committee is pleased with NIDA's child and adolescent research initiative and encourages additional research on the basic behavioral factors in processes such as peer pressure and decision-making at these age levels. The Committee also encourages NIDA to investigate the impact of drugs of abuse on the brains of young people. The effects of long-term drug use on development and behavior as well as the increased risk for HIV infection have a devastating impact on our youth.

Social work research.—The Committee commends NIDA's support for research on families and drug abuse, behavioral and psychosocial treatment research and health services research. The Committee also supports NIDA's efforts to increase the number of social work researchers conducting drug research and encourages NIDA to explore possibilities to fund social work services research within graduate schools of social work.

NATIONAL INSTITUTE OF MENTAL HEALTH

The bill includes \$744,235,000 for the National Institute of Mental Health (NIMH), an increase of \$15,986,000 over the amount requested and \$43,534,000 over the comparable 1997 appropriation.

Mission.—The NIMH is responsible for research activities that seek to improve diagnosis, treatments, and overall quality of care for persons with mental illnesses. Disorders of high priority to NIMH include schizophrenia, depression and manic depressive illness, obsessive-compulsive disorder, anxiety disorders and other mental and behavioral disorders that occur across the lifespan; these include childhood mental disorders such as autism and attention-deficit/hyperactivity disorder; eating disorders; Alzheimer's disease; and other illnesses. NIMH supports and conducts fundamental research in neuroscience, genetics, and behavioral science. In addition to laboratory and controlled clinical studies, NIMH supports research on the mental health needs of special populations and health services research.

Children and adolescents.—The Committee is pleased that NIMH is placing a high priority on research to better understand childhood and adolescent mental disorders. Too little is known about the emotional development of children and adolescents, and even less is known about preventive interventions and treatments for mental disorders at these early ages. The Committee encourages NIMH to strengthen its research about all childhood mental disorders, including autism, to establish a full range of preventive interventions and treatments based on behavioral approaches as well as medications.

Autism.—The Committee recognizes that research into the genetics of autism is being funded by several NIH Institutes. Given the difficulty of recruiting multiple families as study subjects, the Committee encourages researchers to collaborate and share resources.

Eating disorders.—The Committee requests a report on NIMH eating disorders research in fiscal years 1992 through 1997, including the amounts expended in those years, defined as research on anorexia nervosa, bulimia, and binge eating disorder. The Committee would be interested in NIMH's plans for future research on eating disorders.



Prevention.—The Committee is pleased that a working group of the NIMH Advisory Council is examining the current state of NIMH prevention research. The Committee places a high priority on prevention research, particularly with respect to mental disorders among children and adolescents, on identifying protective factors against the negative impacts of stress among young adults, and on developing strategies to strengthen the family. In addition, the Committee encourages NIMH to magnify its efforts to address the shortage of researchers in the area of prevention.

Institute reorganization.—The Committee is aware that NIMH is undergoing a reorganization to improve connections between basic and clinical research and links between disciplines, and to reflect promising new directions in mental health research. The Committee applauds this approach and views it as consistent with past Committee efforts to encourage NIMH to implement its national advisory council's report on behavioral research, and to encourage new mechanisms to develop basic behavioral researchers who are sensitive both to clinical and biological issues. The Committee looks forward to the NIMH Director's update of these issues for the Committee.

Gambling addictions.—The Committee is aware of the growth of gambling addictions in the United States and encourages NIMH to study the behavioral aspects of gambling addictions on individuals.

Rural mental health.—The Committee notes that the "stigma" associated with seeking behavioral and mental health services is particularly strong in rural areas and encourages NIMH to continue to conduct research on effective clinical approaches and service delivery models that are appropriate for the needs of rural areas.

Social work research.—The Committee commends NIMH for funding an additional social work research development center and encourages NIMH to give consideration to expanding the number of centers, if that is deemed an appropriate mechanism.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

The bill includes \$211,772,000 for the National Human Genome Research Institute (NHGRI), an increase of \$6,585,000 over the amount requested and \$22,815,000 over the comparable 1997 appropriation.

Mission.—The NHGRI coordinates extramural research and research training for the NIH component of the Human Genome Project, an effort to determine the location and sequence of the estimated 100,000 genes which constitute the human genome. The Division of Extramural Research supports research in genetic and physical mapping, DNA sequencing and technology development, database management and analysis, and studies of the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the Human Genome Project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene therapies.

Primary immune deficiency diseases.—Of the 70 diseases that are categorized as primary immune deficiencies, scientists have identified the genetic basis of about one-third. Continued emphasis on

these diseases is important because of the role they play in understanding many other diseases. In addition, the Committee notes that the only successful gene therapy experiments to date have involved children with primary immune deficiencies, suggesting that these diseases might teach researchers a great deal about this evolving area of medicine. The Committee urges NHGRI to maintain its focus on this important category of diseases and to continue to seek the genetic causes of each as a means to further its mission of the identification of disease-related gene mutations.

NATIONAL CENTER FOR RESEARCH RESOURCES

The bill includes \$436,961,000 for the National Center for Research Resources (NCRR), an increase of \$26,040,000 over the amount requested and \$22,912,000 over the comparable 1997 appropriation.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin biomedical research. The NCRR programs develop a variety of research resources; provide resources for complex biotechnologies, clinical research and specialized primate research; develop research capacity in minority institutions; and enhance the science education of pre-college students and the general public. The Committee places a special emphasis on programs such as the Research Centers in Minority Institutions and urges their continued support at levels commensurate with the importance of their mission.

Extramural facilities.—The Committee has included bill language identifying \$20,000,000 in extramural biomedical facility renovation and construction, the same level as in 1997. These funds are to be awarded competitively, consistent with the requirements of section 481A of the Public Health Service Act which allocates 25 percent of total funding to institutions of emerging excellence. The Committee recommends that NCRR take a more aggressive approach in fulfilling the institutions of emerging excellence requirement.

Institutional development awards.—The Institutional Development Awards program (IDeA) provides capacity building assistance for biomedical research efforts in States which have not previously participated fully in the research programs of NIH. The Committee encourages NCRR to enhance the IDeA program to co-fund high quality applications for shared instrumentation and investigator-initiated proposals from eligible States that would otherwise not receive support under the normal review cycle. The Committee believes that the existing Shannon awards program can serve as the model for determining which grants should be selected by NCRR for funding under the IDeA program.

General clinical research centers.—In its 1994 report on clinical research, the Institute of Medicine of the National Academy of Sciences described the general clinical research centers (GCRCs) as “a nationwide resource that could be used to increase the number of scientific advances that are translated to the bedside.” As such, the GCRCs are important to NIH’s ability to fulfill its mission and should be a high priority within the budget for NCRR. The Committee is concerned about the reductions made in GCRC grants below advisory council-approved budgets. The Committee requests

a report from NCRH by January 1, 1998 regarding the funding that would be necessary to support the current number of GCRCs at levels approved by the advisory council. The Committee also requests information as to whether grants have been received and favorably reviewed for the establishment of additional GCRCs.

Primate centers.—The Committee confirms its understanding that primate center grants are competitively awarded. The Committee urges NCRH to make clear to any institutions not currently receiving primate center grants that they are permitted and encouraged to apply for center funding as current grants expire. The Committee intends that NCRH will announce the opportunity to apply for primate center funding in the NIH Guide for Grants and Contracts as the current grants come up for renewal.

Biomedical research support grants.—The Biomedical Research Support Grant (BRSG) program was designed to provide flexible funds to strengthen and stabilize NIH-supported research programs. Although the program remains authorized, NIH has not requested funding for the BRSG program since 1992. The Committee has heard testimony from the extramural research community that the transformation of the health care system to a market-driven, managed care system has greatly stressed the medical schools and teaching hospitals where much NIH-supported research is performed. Prompt and flexible BRSG funding would be useful for pilot and feasibility studies, initial funding for new investigators, bridge funding for established investigators, and shared research resources. The Committee urges NIH to address the feasibility of re-establishing a BRSG program that provides for direct cost funding only, is rigorously peer-reviewed at the institutional level, and is administered with full accountability.

Minority research infrastructure.—The Research Infrastructure in Minority Institutions program is designed to enhance the biomedical research and research training capabilities of minority institutions. It requires collaborative research projects among scientists at the applicant minority institutions and scientists at Ph.D. degree-granting majority or minority institutions as a mechanism to increase research productivity at the applicant institution. The Committee encourages NCRH to continue and strengthen this exemplary program.

Biological materials.—The Committee requests NCRH to give consideration to research into the possible benefits of shark cartilage in its biological models and materials program. The molecular components of shark cartilage have been found to possess anti-vascular activity and may provide benefits to the cancer patient community while promoting the utilization of an additional marine model.

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

The bill includes \$27,620,000 for the Fogarty International Center (FIC), an increase of \$452,000 over the amount requested and \$1,116,000 over the comparable 1997 appropriation.

Mission.—The FIC was established to improve the health of the people of the United States and other nations through international cooperation in the biomedical sciences. In support of this

mission, the FIC pursues the following four goals: mobilize international research efforts against global health threats; advance science through international cooperation; develop human resources to meet global research challenges; and provide leadership in international science policy and research strategies.

Minority training.—The Minority International Research Training (MIRT) program supports biomedical research training at premier institutions in 57 countries for talented college students who are members of ethnic groups that are underrepresented in the biomedical arena. The students may be enrolled at majority or minority domestic institutions. MIRT is one of several programs administered by FIC strongly endorsed in the December, 1996 report to the Director of NIH by one of his advisory groups. The Committee urges FIC to continue and strengthen this exemplary program.

NATIONAL LIBRARY OF MEDICINE

This bill includes \$161,171,000 for the National Library of Medicine (NLM), an increase of \$5,203,000 over the amount requested and \$10,795,000 over the comparable 1997 appropriation.

Mission.—The National Library of Medicine collects, organizes, disseminates, and preserves biomedical literature in all forms, regardless of country of origin, language, or historical period. The Library's collection is widely available; it may be consulted at the NLM facility on the NIH campus; items may be requested on inter-library loan; and the extensive NOM bibliographic databases may be searched online by health professionals around the world. NLM has a program of outreach to acquaint health professions with available NLM services. The Library also is mandated to conduct research into biomedical communications and biotechnology; to award grants in support of health science libraries and medical informatics research and training; and to create specialized information services in such areas as health services research, environmental health, AIDS, hazardous substances, and toxicology.

Next generation Internet.—The Committee has been impressed with NLM's efforts in the High Performance Computing and Communications (HPCC) program. The recent series of awards to develop and evaluate telemedicine test-bed networks will provide much valuable data for future health care efforts. The Committee believes that the Library should continue to have a major role in HPCC-related projects, including those connected with the "Next Generation Internet (NGI)" initiative. The Committee is pleased that NLM is one of six government agencies involved in the NGI initiative and encourages it to undertake new health applications for this initiative.

The Committee also encourages NLM to continue its outreach program to the nation's health professionals and to the public. Enlarging the scope of the NLM outreach program is now feasible because of the increasing use of the Internet and World Wide Web by the public to find health-related information. The Committee supports NLM's decision to extend free MEDLINE access within the United States via the World Wide Web. The resulting access to high-quality health information will be an important step to improving public health and will build upon the national investment already made in telecommunications connectivity.

Outreach.—The Committee encourages NLM to continue its special outreach efforts to bring the benefits of its information systems to all American health professionals. Providing information access to health professionals in remote rural and inner city areas is a high priority. To help achieve these important goals, the Committee urges NLM to coordinate its outreach activities through the use of medical librarians and other health information specialists. In addition, the Committee commends NLM for its development of numerous telemedicine projects around the country and encourages the Library to assist other underserved rural and urban communities in developing telemedicine programs.

OFFICE OF THE DIRECTOR

The bill includes \$298,339,000 for the Office of the Director (OD), an increase of \$28,180,000 over the amount requested and \$12,258,000 over the comparable 1997 appropriation. The bill includes language proposed by the Administration and included in the 1997 appropriations bill authorizing the collection of third party payments for the cost of clinical services.

Mission.—The Office of the Director provides leadership to the NIH research enterprise and coordinates and directs initiatives which cross-cut the NIH. The OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to operations of the NIH.

The Committee has included traditional bill language permitting the Director of NIH to transfer up to one percent of the total NIH appropriation in order to capitalize on newly identified scientific opportunities that cannot be accommodated within the regular Institute allocations. The traditional limitation on the amount that can be transferred from an Institute remains one percent. However, the language has been modified slightly to permit the receiving Institute to be allocated funding in amounts of any percentage of its appropriation. This modification will give the Director greater flexibility to respond to new opportunities, such as the research proposals that may be identified in the NIH diabetes research workshop this fall.

The Committee has designated \$500,000 in bill language for the National Foundation for Biomedical Research (NFBR) as authorized by section 499 of the Public Health Service Act. The purpose of the Foundation is to raise private funds to support NIH activities and to advance collaborations with biomedical researchers from universities, industry, and nonprofit organizations. \$200,000 was provided for the NFBR in 1997; these additional funds will allow the NFBR to hire staff and begin projects in support of the NIH mission. It is the intention of the Committee that the NFBR become self-sufficient as quickly as possible.

The Committee has included bill language permitting NIH to expand its use of the Transshare transit subsidy program to employees with non-FTE bearing positions, including trainees, visiting fellows, and volunteers. Funding for the subsidies is supported through the regular Institute appropriations. This expansion of the

current Transshare program will further encourage the use of public transportation and mitigate parking and traffic congestion in the surrounding area.

Minority health initiative.—The Minority Health Initiative (MHI) is a coordinated set of programs designed to address the health needs of minorities across the lifespan and to expand the participation of minorities in all phases of biomedical and biobehavioral research. The MHI comprises a portfolio of multi-year research projects as collaborative efforts with NIH Institutes, centers and divisions (ICDs) as well as new components developed to confront emerging and unaddressed health research areas.

Women's health initiative.—This research is a large cross-Institute initiative to study prevention of conditions responsible for deaths, disability and frailty in older women—breast and colorectal cancer, heart disease, and osteoporosis. There are three components of the study: a randomized clinical trial; an observational study; and a community prevention study. The clinical trial is being conducted at 40 centers with 46,000 women participating. It is scheduled for completion in 2004.

Office of Research on Minority Health.—The Office of Research on Minority Health (ORMH) serves as the coordinating office for minority health research and research training activities at NIH. Through partnerships with the ICDs, and other federal agencies and outside organizations, the ORMH strives to improve the health status of all minorities and increase the numbers of minority scientists. The ORMH provides supplemental support to ICD projects, develops programs to increase minority participation in clinical trials, and initiates and develops programs to increase the competitiveness of grant applications submitted by minority researchers.

The Committee is pleased with the collaborative efforts that the ORMH has pursued with the National Institute on Diabetes and Digestive and Kidney Diseases on research to promote the health of minorities, particularly on the understanding, treatment and prevention of diabetes in minority populations. The Committee urges the ORMH to enhance its cooperative efforts with NIDDK through the Minority Health Initiative, and to continue to focus specifically on the understanding, treatment and prevention of diabetes.

The Committee urges the ORMH to enhance its support of research activities in environmental justice by continuing to fund the NIEHS mechanisms it has previously supported to address the issues of environmental health effects in minority and underserved populations, including the areas of environmental endocrinology, lung research, and women's health.

The poor health outcomes of minority populations, particularly those who are low-income, is well documented. To improve the health outcomes of all minorities, the Committee urges the ORMH to work collaboratively with individual NIH Institutes and outside organizations to advance research on psychosocial care and intervention among lower socioeconomic minority groups and to support research training opportunities for minority researchers, including those in the field of social work.

Office of Research on Women's Health.—The Office of Research on Women's Health (ORWH) works in collaboration with the ICDs

of the NIH to foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and/or the initiation of new investigative studies. The ORWH is responsible for ensuring the inclusion of women in clinical research funded by the ICDs, including the development of a computerized tracking system and the implementation of new guidelines on such inclusion. The Office is also involved in promoting programs to increase the number of women in biomedical science, and in the development of women's health as a focus of medical scientific research. The Committee encourages the Director of NIH to support the Office at the highest possible level so that it can continue to provide support for these and other critical women's health research needs as it updates its women's health agenda.

The Committee commends the ORWH for sponsoring a series of regional hearings and scientific workshops that will help to redefine the women's health research agenda into the next century. These meetings are bringing forward numerous recommendations for future women's health research and will be the basis for updating the agenda for women's health research at NIH.

The Committee is pleased with the collaborative efforts underway between the ORWH and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to jointly fund research focusing on cardiovascular disease in women with diabetes. The Committee encourages the ORWH to continue to work with NIDDK to develop and pursue projects that could lead to the prevention and control of diabetes and its potentially devastating consequences in women.

The Committee is encouraged by the collaboration of the ORWH with the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) to jointly fund research on lupus, an autoimmune disease more prevalent in young women, especially African-American women.

The Committee encourages the ORWH to work with the National Institute of Child Health and Human Development to increase support for obstetrician/gynecological research by providing basic support for research laboratories and career development for newly-trained OB/GYN researchers.

Office of AIDS Research.—The Office of AIDS Research (OAR) is responsible for coordination of the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. OAR develops a comprehensive plan for NIH AIDS-related research activities which is updated annually. The plan is the basis for the President's budget distribution of AIDS-related funds to the Institutes, centers and divisions within NIH. The Committee expects the Director of NIH to use this plan and the budget developed by OAR to guide his decisions on the allocation of AIDS funding among the Institutes. The Director of NIH should also use the full authority of his office to ensure that the ICDs spend their AIDS research dollars in a manner consistent with the plan. In addition, OAR allocates an emergency AIDS discretionary fund to support research that was not anticipated when budget allocations were made.

The Committee has included the same general provisions bill language as contained in the 1997 appropriations bill permitting the Director of OAR, jointly with the Director of NIH, to transfer



between ICDs up to three percent of the funding determined by NIH to be related to AIDS research. This authority could be exercised throughout the fiscal year subject to normal reprogramming procedures, and is intended to give NIH flexibility to adjust the AIDS allocations among Institutes if research opportunities and needs should change. The Committee also repeats language from last year's bill making the research funds identified by NIH as being AIDS-related available to the OAR account for transfer to the Institutes. This provision permits the flow of funds through the OAR in the spirit of the authorization legislation without requiring the Congress to earmark a specific dollar amount for AIDS research.

The Committee commends NIH for making the development of a preventive AIDS vaccine a top priority and for the appointment of a distinguished committee of experts to provide leadership to the AIDS vaccine program. Since HIV was first identified, the epidemic has shifted, spread, become a full global pandemic and decimated populations in many parts of the world. A safe, effective and affordable vaccine is the best hope to bring the AIDS epidemic under control.

The Committee further commends NIH for establishing the intramural Vaccine Research Center (VRC) dedicated to the discovery and development of an AIDS vaccine. The immunological methodologies required in this effort have the potential to advance the development of vaccines against other new or re-emerging infectious diseases. The Committee looks forward to hearing of progress made in this area. Should additional funds be required for the VRC in fiscal year 1998, the Committee encourages OAR to identify funds for this purpose, either through the OAR Discretionary Fund or through the use of the three percent transfer authority.

The Committee commends OAR for its leadership in convening the NIH Panel to Define Principles of Therapy of HIV Infection. The panel reviewed studies of new therapies and developed science-based principles of therapy that define the fundamental HIV pathogenic-based rationale for guiding therapeutic decisions. These findings have led to treatment guidelines that have the potential to greatly improve the health and quality of life of people with HIV disease.

Office of Alternative Medicine (OAM).—The Office of Alternative Medicine (OAM) provides a central NIH focus for a research area germane to all NIH components. Alternative medicine is becoming increasingly popular in the industrialized world and research may help in identifying new effective approaches to the prevention and cure of disease. In the U.S., one out of every three Americans saw alternative health care practitioners in 1990, paying over \$13 billion for these services. The OAM is charged with evaluating alternative medical treatment modalities; investigating and evaluating the efficacy of alternative treatments; establishing an information clearinghouse for the public; and supporting research training in alternative and complementary medical practices.

Office of Behavioral and Social Sciences Research.—The OBSSR provides leadership and direction for the development of a trans-NIH plan to increase the scope of and support for behavioral and social science research and in defining an overall strategy for the

integration of these disciplines across NIH institutes and centers; develops initiatives to stimulate research in the behavioral and social sciences arena and integrate a biobehavioral perspective across the research areas of NIH; and promotes studies to evaluate the contributions of behavioral, social and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems.

Office of Rare Disease Research.—This office was established in recognition of the need to provide a focal point of attention and coordination at NIH for research on rare diseases. The Office works with Federal and non-Federal national and international organizations concerned with rare disease research and orphan products development; develops a centralized database on rare diseases research; and stimulates rare diseases research by supporting scientific workshops and symposia to identify research opportunities.

Regulatory burdens.—The Committee applauds NIH's efforts to streamline and rationalize its intramural and administrative operations, and believes that a similar effort should be applied to duplicative and unnecessary Federal regulations which govern the conduct of extramural scientific research. The Committee readily acknowledges the necessity of Federal regulations in the oversight and conduct of Federally-sponsored research, but urges NIH to contract with a private sector firm for a study of these regulations, similar to the research management and support study that is currently being carried out under contract at NIH. Such a study might focus on cost-accounting standards, regulations governing the use of animals and human subjects in research, and regulations covering the use and disposal of hazardous and radioactive materials. The study should provide an inventory of these regulations and mandates, an estimate of their costs, and suggestions about rationalizing and reducing this regulatory burden. The Committee encourages NIH to use a portion of the funding it sets aside for evaluations under the one percent authority to fund this study.

Diabetes.—In light of the enormous human and economic costs of diabetes, and the fact that diabetes research is funded in many of the Institutes, the Committee urges the Director of NIH, in collaboration with the Director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), to establish a Diabetes Research Working Group to develop a comprehensive plan for NIH-funded diabetes research. The NIDDK section of this report describes in more detail the composition of the Working Group and its mission.

Neurodegenerative diseases.—The Committee recognizes the enormous personal and economic costs resulting from neurodegenerative diseases such as Parkinson's disease and Alzheimer's disease. The financial cost of Parkinson's disease alone is estimated to be nearly \$25 billion per year. The Committee has received compelling testimony on the promise of intensified and expanded basic and clinical research on these diseases. The Committee is aware that "the biology of brain disorders" is one of six cross-cutting areas of special emphasis within the NIH budget. The funds provided in the bill for fiscal year 1998 will permit a substantial increase in this special emphasis area, and the Committee expects that this will generate an expanded portfolio of research

exploiting the many scientific opportunities that exist in this field and which hold promise for developing treatments and even cures for these terrible diseases. The Committee encourages the Director of NIH to ensure that the numerous Institutes involved in neurodegenerative diseases research closely coordinate their efforts to maximize the impact of the funding allocated to this research area.

Nutrition science.—The Committee encourages NIH to support nutrition science as an important cross-cutting research priority, which enables understanding of the relationship of diet to cancer, diabetes, child development, heart disease and hypertension. The Committee is particularly concerned with the integration of basic science, such as molecular genetics, and clinical science, and believes that clinical nutrition research units, obesity centers and similar programs are an important method of advancing nutrition science through the integration of basic and clinical science.

Urological diseases.—The Committee is concerned with the incidence of urological diseases and conditions in the United States. Tens of millions of Americans suffer from urological diseases and conditions, such as urinary tract infections, bladder disorders, prostate disease and kidney, bladder and testicular cancers. The economic impact of these and other urological diseases and conditions exceed \$50 billion annually. The Committee encourages NIH to strengthen its efforts in the field of urological research.

Pediatric research.—The Committee recognizes that, over time, a specific focus has been needed to ensure that biomedical research addresses illnesses and conditions affecting children. The Committee understands that the cross-cutting areas of special emphasis which form the foundation of the NIH budget provide significant resources for pediatric research. The funds provided in the bill for fiscal year 1998 will permit a substantial increase for these activities throughout the NIH portfolio of basic, behavioral, and clinical pediatric research beyond those anticipated in the Administration budget. The Committee expects that this will generate new investments in promising areas of discovery and make important contributions toward ensuring that children benefit fully from the rapidity and volume of new discoveries occurring in biomedical research. The Committee encourages the Director of NIH to ensure that the numerous Institutes involved in pediatric research closely coordinate their efforts to maximize the impact of the funding allocated to this research area. The Committee suggests that the National Institute of Child Health and Human Development take the lead role in this coordination effort.

The Committee also encourages NIH to continue its progress toward increasing the participation of children in NIH-supported clinical research trials, including the expeditious implementation of its new 1997 policy. The Committee encourages NIH to develop a comprehensive plan to enhance the participation of children in clinical trials and to provide better coordination of trials between NIH and pharmaceutical companies. The Committee expects NIH to maintain and report information on the level of NIH support for pediatric research, including the allocation of areas of special emphasis funds that are allocated to pediatric research.

The Committee recognizes that children are uniquely vulnerable in their biology and their behavior to environmental health threats. Research indicates that children face significant, long-term and unique threats from environmental pollution. As a component of the areas of special emphasis funding allocated to pediatric research, the Committee encourages NIH to conduct a program of research with respect to factors in the environment that affect the health of children differently than the factors that affect adults. The Committee suggests that the National Institute of Child Health and Human Development and the National Institute of Environmental Health Sciences coordinate these activities in consultation with the Environmental Protection Agency and the Centers for Disease Control and Prevention. The Committee requests a report on status of this effort prior to the fiscal year 1999 appropriations hearings.

Hepatitis C.—The Committee notes that the March 1997 Hepatitis C (HCV) consensus conference made significant new research recommendations that affect several NIH Institutes and, therefore, requests that the Office of the Director play a role in coordinating this research in order to most effectively respond to the HCV epidemic.

Autoimmune disease research.—Autoimmunity is at the root of a family of over 80 interrelated major diseases affecting some 50 million Americans. The Committee suggests that the Director convene some type of coordinating body for autoimmune disease research at NIH, comprised of the various Institutes supporting research in this area, for the purpose of synergizing research among the Institutes on autoimmune-related disorders. The resulting coordinated and improved use of existing research funds will facilitate and accelerate the application of important findings among the many research programs dealing with autoimmune diseases.

Child abuse and neglect research.—The Committee recognizes the magnitude and significance of the problem of child abuse and neglect. A 1993 National Research Council report entitled "Understanding Child Abuse and Neglect" examined the current state of research in this area and recommended a research agenda designed to address the problems and gaps that currently exist. The Committee applauds NIH, under the leadership of the National Institute of Mental Health (NIMH), for convening a working group of its component organizations to facilitate collaborative and cooperative efforts on child abuse and neglect research and urges the continuation of the working group. In addition, the Committee encourages the working group under the continued leadership of NIMH to hold a conference on child abuse and neglect research to assess the state-of-the-art science, and make recommendations for a research agenda in this field, and include in this conference other Federal agencies, relevant outside organizations and experts in the field. The Committee requests that NIH be prepared to report on current and proposed NIH efforts in this area at the fiscal year 1999 hearings.

Chronic fatigue.—The Committee encourages NIH to support extramural grants focused on promising areas of chronic fatigue and immune dysfunction syndrome (CFIDS) biomedical research, particularly those investigations which will define the pathophysiology

of the illness and identify diagnostic markers. The Committee urges NIH officials to identify appropriate NIH advisory committees for CFIDS representation and to ensure appointment of appropriate persons thereon. The Committee is pleased that the CFIDS program announcement issued by NIH last year demonstrated a cross-Institute commitment to funding promising CFIDS research, but is concerned that it did not include participation by the National Institute on Child Health and Human Development. The commitment made by NIH to hold a workshop on pediatric CFIDS is a positive step, and the Committee encourages NIH to involve other relevant agencies, such as the Centers for Disease Control and Prevention and the Health Resources and Services Administration, in the planning and execution of that workshop.

Sleep disorders.—The Committee encourages the NIH Director to continue leadership activities in facilitating the implementation of the National Sleep Disorders Research Plan and collaboration between NIH Institutes in this area.

Trace metals exposure.—The Committee notes that the exposure of humans to trace metals through water, air, and food is increasing in terms of both the environmental levels and the variety of metals. However, there has been little research into the potential negative physiological and/or behavioral consequences of these exposures except in the case of lead. This is particularly true in the case of non-occupational exposures of adults and in the case of infants and children. The impact of exposure to metals such as manganese, cadmium, copper, chromium, and zinc on the development of infants and children has received relatively little attention. Considering that metals such as these have been shown to have neurotoxic and behavioral effects in some circumstances, a better understanding of the developmental impacts of these exposures for infants and children might explain some cases of behavioral abnormalities such as attention deficit disorder, violence, and learning disabilities. Some infant formulas contain significant amounts of trace metals such as manganese, zinc, and copper. In light of the link between infant nutrition and neurological development, the Committee believes this research area also needs attention. Research on the possible impacts of trace metal exposure is conducted among several NIH Institutes, including the National Institute of Mental Health, the National Institute of Environmental Health Sciences, the National Institute of Child Health and Human Development, and the National Institute of Neurological Disorders and Stroke. Development of a collaborating and coordinating mechanism among these Institutes would be beneficial in understanding the potential effects of these exposures and in informing researchers working in this area of the full range of opportunities for which to apply for funding.

Fascioscapulohumeral disease.—The Committee has heard compelling testimony about fascioscapulohumeral (FSH) disease, which causes a progressive and severe loss of skeletal muscle. FSH research includes aspects such as molecular genetics, neurological function and muscle dystrophy involving multiple NIH Institutes. The Committee encourages NIH to take steps to stimulate research in this area and requests NIH to develop a plan for enhancing NIH

research into FSH disease, including an assessment of whether an intramural research program in this area would be beneficial.

Imaging.—The Committee supports NIH's emphasis on imaging research. The Committee urges the Director of NIH to develop plans to coordinate imaging research activities within NIH and among all Federal agencies to exchange information concerning imaging research activities.

National High Magnetic Field Laboratory.—The Committee commends NIH for responding to previous recommendations that NIH participate in the work of the Federal National High Magnetic Field Laboratory. The Committee encourages NIH to explore more fully an appropriate interagency agreement with the Laboratory so that the benefits of this important research may be more fully shared and applied to the biomedical research needs of NIH, particularly in the application of magnetic resonance facilities and related technologies and applied research capabilities.

Minority programs.—The Committee has provided adequate funding for the continuation of a variety of competitive programs at NIH that emphasize improving the health status of disadvantaged populations, including racial and ethnic minorities. The Committee places a special emphasis on the Minority Access to Research Careers (MARC), the Minority Biomedical Research Support (MBRS), the Research Centers in Minority Institutions (RCMI), the Research Infrastructure in Minority Institutions (RIMI), and the Office of Research on Minority Health (ORMH) programs, and expects these programs to be supported at a level commensurate with their importance.

Training.—The Committee understands that the Office of Behavioral and Social Sciences Research is providing support to individual Institutes to supplement their National Research Service Awards (NRSAs) for behavioral science researchers. The Committee is encouraged by this initiative, and sees it as a step in a broader, NIH-wide strategy for implementing the recommendations of the National Academy of Sciences.

Young investigators.—The Committee is pleased that three institutes—the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Aging—have established small grant mechanisms for young investigators in behavioral science research. The Committee continues to encourage other Institutes to develop mechanisms similar to these Behavioral Science Track Award for Rapid Transition (B/START) programs.

Clinical research.—In 1995 and again last year, the Committee urged the NIH Director to move forward with implementation of the recommendations of the Institute of Medicine report on careers in clinical research. While NIH has made some progress with regard to strengthening its support for clinical research, the Committee believes that more needs to be done to support the clinical research programs of academic medical centers across the country. The Committee believes that efforts to train and provide stable funding for extramural clinical/translational researchers must be a very high priority for the Director and encourages him to use funds available from his discretionary fund toward this end. The Committee requests a report from the Director by October 31 detailing specific initiatives undertaken to enhance extramural clinical research

programs, including the funding that has been dedicated to these efforts.

Personnel practices.—The Committee notes that NIH has had a continuing discrimination problem with regard to minorities and women, ranging from hiring to participation in research. The Committee expects NIH to continue to address this problem and to provide the Committee with a progress report at the time of next year's appropriations hearing.

BUILDINGS AND FACILITIES

The bill includes \$223,100,000 for buildings and facilities, an increase of \$33,100,000 over the amount requested and \$23,100,000 above the comparable 1997 appropriation. Of the amount provided, \$90,000,000 is designated in bill language for construction of the clinical research center. The Committee understands that NIH intends to use \$26,100,000 of the funds provided for the full cost of constructing a vaccine research facility on the NIH campus.

The President's budget requests \$90,000,000 in fiscal year 1998 for the second installment of the construction of the clinical center and advance appropriations for fiscal years 1999 and 2000 for the remainder of the funding. The Committee has provided \$90 million in fiscal year 1998, but does not feel it is prudent to provide the advance appropriations in the 1998 bill, preferring to conduct oversight of the project on an annual basis as construction proceeds. The Committee has every intention of providing the full cost of the project over the next several years in a way that does not disrupt its construction timetable or unnecessarily add to its total costs. The \$90,000,000 in 1998 funding will be allocated for the second phase of the clinical center project which comprises the construction of the building envelope and the central mechanical penthouses. The Committee has again included bill language permitting NIH to contract for the entire scope of the project, subject to the availability of appropriations, so that NIH will not incur the delays and added costs associated with the need to let separate contracts for each annual appropriation of funds.

Mission.—The Buildings and Facilities appropriation provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the National Institutes of Health. The funds in this appropriation support the 77 buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the United States.

Essential safety and health improvements.—This account supports continued essential safety and health improvements to maintain the clinical center; the continuation of the campus infrastructure modernization program as well as programs for power plant safety, asbestos abatement, fire protection and life safety, the elimination of barriers to persons with disabilities, safety and reliability upgrades at the Rocky Mountain Laboratory, and indoor air quality improvement.

Repairs and improvements.—Support is also provided for the continuing program of repairs and improvements required to maintain existing buildings and facilities.

Clinical research center.—The Committee concurs with the judgment of the NIH that construction of a new clinical research center to replace the current 44-year-old structure is vitally important to the future of clinical research, not only that conducted on campus but nationwide. With dramatic changes underway in the organization and financing of medical care and research supported at the nation's academic health centers, it is not clear that resources will continue to be available to conduct clinical research at those sites. The network of clinical research centers supported by the National Center for Research Resources cannot by itself fill this gap. The new hospital will have 250 beds, as recommended by the Marks-Cassell intramural research review panel, and will have flexibility to convert space from ambulatory to in-patient care and vice versa as clinical research practices change over the 50 year projected lifespan of the facility.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The bill provides a program level of \$2,201,943,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), an increase of \$30,431,000 above the comparable fiscal year 1997 program level and \$4,000,000 below the budget request. These figures include \$50,000,000 appropriated in P.L. 104-121, the Contract with America Advancement Act of 1996. Programs funded in this account are not authorized for fiscal year 1998.

SAMHSA is responsible for supporting mental health, alcoholism, and other drug abuse prevention and treatment services nationwide through discretionary knowledge development and applied research grants and formula block grants to the States. The agency consists of three principal centers: the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. The Office of the Administrator is responsible for overall agency management.

In general, the Committee commends SAMHSA for implementing the Knowledge Development and Application (KDA) programs at each of the three operating centers. However, the Committee remains concerned that the KDAs be structured so that the results of these grants are readily integrated into the practice of mental health treatment and substance abuse treatment and prevention on a nationwide basis including services funded through the substance abuse and mental health performance partnerships. The Committee encourages SAMHSA to ensure that KDAs are relevant to the current practice of treatment and prevention and to ensure that results are disseminated and adopted on the widest possible scale.

The Committee recommends that in awarding KDA grants to eligible grantees the Secretary give priority to the development of knowledge and specific interventions that improve the quality and access to services in areas where there is a high incidence of substance abuse and mental illness coupled with other contributing

conditions such as high rates of co-morbidities, particularly HIV infection, long waiting lists for treatment, or homelessness. The Committee is aware that some local governments are attempting to develop models of substance abuse treatment on demand and urges CSAT to work with these entities to provide appropriate technical assistance so that they may collect data sufficient to demonstrate the effectiveness of such models and replicate them where they have been successful.

The Committee is disappointed with SAMHSA's efforts to enforce the Synar Amendment to monitor youth access to tobacco. The Committee finds it unacceptable that, five years after the enactment of the Synar Amendment, seven States still have not established milestones and interim targets to demonstrate their compliance with the law. The Committee is disappointed that SAMHSA has failed to implement the law in a timely and aggressive fashion and directs the Agency to do so. The Committee further directs the Agency to report to this Committee within 90 days on the steps taken and results achieved by SAMHSA since the hearings last spring. This report should include information, provided on a State-by-State basis, regarding State compliance, enforcement efforts and success rates, and compliance strategies.

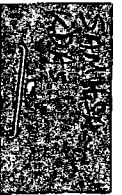
Mental Health

Knowledge development and application

The bill provides \$58,032,000 for the mental health knowledge development and application (KDA) program, the same as the budget request and an increase of \$68,000 above the comparable fiscal year 1997 appropriation. SAMHSA has identified five priority areas for KDA research and application, and the funding provided in the bill supports the continuing transition to the new KDAs. In fiscal year 1998, the Center for Mental Health Statistics (CMHS) will participate in each of the five designated areas of KDA research. These activities are not authorized in law for fiscal year 1998.

The Committee is aware of the need for more trained health providers, including social workers, to work with people suffering from HIV/AIDS. The Committee encourages SAMHSA to consider continued funding for existing grants and contracts previously approved under the current AIDS training program.

The Committee is concerned about the impact of managed care on the availability of mental health services to underserved communities. The Committee urges the Secretary to develop standards and guidelines for the delivery of mental health services in managed care entities, including guidelines for cultural competencies, workforce diversity, and collaboration among primary care disciplines. In addition, the Committee believes that the design of curricula and training models to prepare mental health professionals for managed care and other interdisciplinary health care settings merits consideration for standards and guidelines funding. Finally, the Committee encourages CMHS to collaborate with the Health Resources Services Administration on the development of training protocols for mental health professionals in primary care settings including the linking of health-related agencies with graduate



schools for pre-service and continuing education. The Committee requests that SAMHSA report on the status of such efforts during the fiscal year 1999 budget hearings.

The AIDS mental health demonstration program provides 4-year grants to public and non-profit private organizations to provide innovative mental health services to individuals who are experiencing severe psychological distress and other psychological problems as a result of infection with HIV. The Committee encourages the Agency to support a coordinating center to independently evaluate the quality and effectiveness of these services. The Committee commends CMHS for leadership in working cooperatively with HRSA and NIH to fund these cooperative agreements and encourages the Agency to maintain support for this program. Finally, the Committee strongly encourages CMHS to use the findings of the AIDS mental health demonstration program to develop a new KDA that will lead to new knowledge about the provision of mental health services to people living with HIV. The Committee urges CMHS to work with other agencies in the Department to develop and implement this new KDA and to make currently funded projects within the demonstration program aware of this new effort.

The Committee commends CMHS for its participation in the recent conference "Survivors of Torture: Improving Our Understanding" and encourages the Agency to consider methods for increasing its support for individuals who have been victims of torture.

Mental health performance partnerships

The bill includes \$275,420,000 for the mental health performance partnership grants, the same as the comparable fiscal year 1997 appropriation and the budget request. The performance partnerships provide funds to States to support mental health prevention, treatment, and rehabilitation services. Funds are allocated according to statutory formula among the States that have submitted approved annual plans. The Committee notes that the mental health performance partnerships grant funding represents less than 2 percent of total State mental health funding and less than 5 percent of State community-based mental health services. The mental health performance partnerships are not authorized in law for fiscal year 1998.

Children's mental health

The bill provides \$72,927,000 for the sixth year of funding for the grant program for comprehensive community mental health services for children with serious emotional disturbance, an increase of \$3,031,000 above the comparable fiscal year 1997 appropriation and \$3,000,000 above the budget request. The children's mental health program is not authorized in law for fiscal year 1998.

Funding for this program supports grants and technical assistance for community-based services for children and adolescents up to age 22 with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care. Each individual served receives an individual service plan developed with the participation of the family and the child. Grantees are required to provide increasing levels of matching funds over the five year grant period.

Grants to States for the homeless (PATH)

The bill provides \$23,000,000 for the grants to States for the homeless (PATH) program, an increase of \$3,000,000 above the comparable fiscal year 1997 appropriation and the budget request. PATH grants to States provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services. This program is not authorized in law for fiscal year 1998.

Protection and Advocacy

The bill provides \$21,957,000 for the protection and advocacy program, the same as the request and the comparable fiscal year 1997 appropriation. This funding is distributed to States according to a formula based on population and income to assist State-designated independent advocates to provide legal assistance to mentally ill individuals during their residence in State-operated facilities and for 90 days following their discharge. This program is not authorized in law for fiscal year 1998.

*Substance abuse treatment**Knowledge development and application*

The bill provides \$159,000,000 for the substance abuse treatment knowledge development and application (KDA) program, an increase of \$3,132,000 above the comparable fiscal year 1997 appropriation and \$3,000,000 above the budget request. The Committee concurs with the Administration's proposal to expand the Marijuana Treatment Initiative for Adolescents, but has provided an increase over the request to minimize the funding impact of this expansion on base program activities. In fiscal year 1998, the Center for Substance Abuse Treatment (CSAT) will participate in each of the five designated areas of KDA research. These activities are not authorized in law for fiscal year 1998.

The Committee is aware that some organizations administering Pregnant and Postpartum Women (PPW) grants are experiencing difficulty in complying with the increased non-Federal match requirement and the cross-site evaluation required by CSAT. The Committee urges CSAT to work with these organizations to resolve these difficulties.

The Committee encourages CSAT to continue the supplemental demonstration and evaluation of enhanced children's services as part of the Residential Women and Children and Pregnant and Postpartum Women programs.

Substance abuse performance partnerships

The bill provides a program level of \$1,370,107,000 for the substance abuse performance partnership grants, an increase of \$10,000,000 above the comparable fiscal year 1997 appropriation and the same as the budget request. These figures include

\$50,000,000 appropriated by P.L. 104-121, the Contract with America Advancement Act of 1996. The substance abuse performance partnerships provide funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated among the States according to a statutory formula. State applications including comprehensive state plans must be approved annually by SAMHSA as a condition of receiving funds. This program is not authorized in law for fiscal year 1998.

Substance abuse prevention

Substance abuse prevention knowledge development and application

The bill provides \$151,000,000 for the substance abuse prevention knowledge development and application (KDA) program, the same as the budget request and a decrease of \$4,869,000 below the comparable fiscal year 1997 appropriation. In fiscal year 1998, the Center for Substance Abuse Prevention (CSAP) will participate in each of the five designated areas of KDA research. These activities are not authorized in law for fiscal year 1998.

Within the amount appropriated, the Committee has provided sufficient funding to support a contract with the National Academy of Sciences Institute of Medicine or an appropriate Federal agency that conducts research on alcohol abuse or alcoholism for a study of the effects of televised alcohol advertising on youth alcohol consumption.

Program management

The bill provides \$55,500,000 for program management activities, the same as the budget request and \$1,069,000 above the comparable fiscal year 1997 appropriation. The appropriation provides funding to coordinate, direct and manage the agency's programs. Funds are used for salaries, benefits, space, supplies, equipment, travel and overhead. The bill does not provide funding as requested for activities related to the mothballing of St. Elizabeth's Hospital. The Department has not provided adequate information regarding the cost or duration of this initiative, and the Committee directs that no SAMHSA funds be used for these activities. The Department may expend funds from the appropriation for the Office of the Secretary for these activities if they are deemed to be a sufficiently high priority. The program management activities are not authorized in law for fiscal year 1998.

Data initiative

The bill provides \$15,000,000 for the proposed data initiative to collect state-level estimates of youth alcohol and drug use and the impact of youth prevention programs. At the request of the Secretary of HHS, the Committee reluctantly provides funds, which could otherwise be dedicated to substance abuse treatment and prevention, for this data collection initiative. The budget request for this activity is \$28,000,000 for fiscal year 1998, and no funds have been previously appropriated by Congress. This activity is not authorized in law for fiscal year 1998.

The budget request indicates that this data collection initiative is necessary to obtain data sufficient to make statistically reliable comparisons of drug and alcohol use among individual states. The Committee therefore directs that SAMHSA require States with relatively high rates of youth alcohol and drug use to submit assurances as part of their State performance partnership plans indicating that subgrantees will universally adopt models of prevention and treatment that have been demonstrated to be most effective in States with relatively low incidence of youth alcohol and drug use. These assurances should be required as a condition of approval of state plans. The Committee does not believe that comparative State data has intrinsic value; it must be employed to change practice to achieve lower rates of youth alcohol and drug use.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

The bill provides an estimated \$190,739,000 for retirement pay and medical benefits for commissioned officers, the same as the budget estimate and an increase of \$12,104,000 over the estimated payments for fiscal year 1997. This activity provides mandatory payments to Public Health Service commissioned officers who have retired for age, disability, or specified period of service. This appropriation also provides for the cost of medical care in non-Public Health Service facilities to dependents of the Public Health Service Commissioned Corps and for payments to the Social Security trust funds for the costs to them of granting credits for military service.

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

HEALTH CARE POLICY AND RESEARCH

The bill includes \$101,588,000 in general funds for the Agency for Health Care Policy and Research (AHCPR), which is \$5,521,000 above the 1997 level and \$14,588,000 above the President's request. In addition, the bill makes available \$47,412,000 in one percent evaluation funding, compared to the request of \$62,000,000, for a total resource level of \$149,000,000. This total resource level is \$5,521,000 above the 1997 level and the same as the Administration request. The Committee has historically attempted to limit the use of the one percent evaluation set-aside to AHCPR activities that are of cross-cutting benefit to the entire Public Health Service. The Committee is reluctant to exceed these levels because the set-aside effectively reduces funding for other important agencies like the National Institutes of Health and the Centers for Disease Control and Prevention.

The mission of the Agency for Health Care Policy and Research is to generate and disseminate information that improves the delivery of health care. AHCPR's research goals are to determine what works best in clinical practice; improve the cost-effective use of health care resources; help consumers make more informed choices; and measure and improve the quality of care.

The bill includes \$46,685,000 for Research on Health Care Systems Cost and Access, which is the same as the President's request and \$2,285,000 above the 1997 level. The Research on Health Care Systems Cost and Access program identifies the most effective and

efficient approaches to organize, deliver, finance, and reimburse health care services; determines how the structure of the delivery system, financial incentives, market forces, and better information affects the use, quality, and cost of health services; and facilitates the translation of research findings for providers, patients/consumers, plans, purchasers, and policymakers.

The Committee notes that congestive heart failure (CHF) is a chronic and long-term condition associated with high cost and lengthy hospital stays. CHF has been identified as the leading condition requiring readmission within thirty days, with seventy percent of those readmissions through emergency rooms. The Committee is aware that this problem is particularly acute in the region known as the "stroke belt", which encompasses several southern and midwestern states. Currently there are very few hospitals or outpatient care centers that offer alternative approaches to the escalating cost of CHF inpatient care. The Committee encourages AHCPR to support research in this region to demonstrate the effectiveness of alternative approaches, including establishing a CHF clinic, in reducing hospital admissions and improving compliance and quality of life.

The bill includes \$36,300,000 for Health Insurance and Expenditure Surveys, which is the same as the President's request and \$2,586,000 below the 1997 level. All of these funds are derived through the one percent evaluation set-aside. The Health Insurance and Expenditure Surveys provide timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs, and scope of private health insurance benefits. This activity also provides analysis of changes in behavior as a result of market forces or policy changes on health care use, expenditures, and insurance coverage; develops cost/savings estimates of proposed changes in policy; and identifies the impact of changes in policy for subgroups of the population. These objectives are accomplished through the fielding of the Medical Expenditure Panel Surveys (MEPS), an interrelated series of surveys that have replaced the National Medical Expenditure Survey (NMES).

The bill includes \$63,785,000 for Research on Health Care Outcomes and Quality which is the same as the President's request and \$5,822,000 above the 1997 level. The Research on Health Care Outcomes and Quality program funds research that determines what works best in medical care by increasing the cost effectiveness and appropriateness of clinical practice; supports the development of tools to measure and evaluate health outcomes, quality of care, and consumer satisfaction with health care system performance; and facilitates the translation of information into practical uses through the development and dissemination of research databases.

The Committee is aware that some State and local governments have developed innovative financial and organizational mechanisms to expand health care coverage to uninsured residents. In some instances, localities have developed plans with providers, businesses, insurers and community-based organizations to develop local models for extending health care coverage to the uninsured. AHCPR is encouraged to provide these localities with planning and

evaluation assistance to determine: (a) How the application of these modalities will improve access; (b) the effect on quality of care; (c) costs associated with providing care; and (d) whether these mechanisms can be implemented in other localities.

The bill includes \$2,230,000 for program support, which is the same as both the 1997 level and the President's request. This activity supports the overall direction and management of AHCPR. Consistent with the policy followed throughout the bill, the Committee intends that total administrative costs as defined on page 11 of the AHCPR budget justification increase from fiscal year 1997 to 1998 by no more than one percent.

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

The bill includes \$71,530,429,000 for the Federal share of current law State Medicaid costs in fiscal year 1998. This amount does not include \$27,988,993,000 which was advance funded in the 1997 appropriation. The amount recommended in the bill for fiscal year 1998 is the same as the amount requested by the Administration under current law and \$3,526,189,000 less than the amount appropriated for fiscal year 1997. \$4.864 billion of unobligated balances are expected to be available to the program in 1998, reducing budget authority needs.

Federal Medicaid grants reimburse States for 50 to 83 percent (depending on per capita income) of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States have broad authority within the law to set eligibility, coverage and payment levels. It is estimated that 37.7 million low income individuals will receive health care services in 1998 under the Medicaid program. State costs of administering the program are matched at rates which generally range from 50 to 90 percent, depending upon the type of cost. Total 1998 funding for Medicaid includes an estimated \$365 million for the entitlement Vaccines for Children program. These funds, which are transferred to the Centers for Disease Control and Prevention for administration, support the costs of immunization for children who are on Medicaid, uninsured or underinsured and receiving immunizations at Federally qualified health centers or rural health clinics. Indefinite authority is provided by statute for the Vaccines for Children program in the event that the current estimate is inadequate.

PAYMENTS TO HEALTH CARE TRUST FUNDS

The bill includes \$63,581,000,000 for the Payments to the Health Care Trust Funds account. This is \$3,502,000,000 above the 1997 level and the same as the Administration request.

This entitlement account includes the general fund subsidy to the Medicare Part B trust fund as well as other reimbursements to the Part A trust fund for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions. The amount provided includes \$131 million for program management administrative expenditures, which is the 1998 estimate of the general fund share of HCFA program management

expenses. This general fund share will be transferred to the Federal Hospital Insurance Trust Fund to reimburse for the funds drawn down in 1998 from the trust fund to finance program management.

PROGRAM MANAGEMENT

The bill makes available \$1,679,435,000 in trust funds for Federal administration of the Medicare and Medicaid programs. This is \$55,006,000 less than the amount available for this purpose for fiscal year 1997 and \$95,065,000 less than the Administration request.

Research, demonstration, and evaluation

The bill includes \$49,000,000 for research and demonstrations. This total is \$4,000,000 more than the amount requested by the Administration and \$5,000,000 more than the amount provided in 1997. These funds support a variety of studies and demonstrations in such areas as monitoring and evaluating health system performance; improving health care financing and delivery mechanisms; modernization of the Medicare program; the needs of vulnerable populations in the areas of health care access, delivery systems, and financing; and information to improve consumer choice and health status. The Committee has included funds above the Administration request to support the costs of studies and demonstration projects that are expected to be mandated in the pending reconciliation bill.

The Committee has included funding to allow HCFA to establish a telemedicine communication network in the Midwest to link a rural medical research and health care facility with 30 geographically remote clinical sites to better serve the unique needs of rural populations. The Committee is aware that a facility which serves a rural population, the Melvin R. Laird Center, is uniquely qualified for this grant and the Committee urges HCFA to fund a \$750,000 application from the Center.

The Committee encourages HCFA to continue funding the Medicare Community Nursing Organization Demonstration Projects through fiscal year 1998. These projects operate in four States to test the efficacy of nursing organizations providing managed care for Medicare home care and non-physician services.

The Committee is aware of the need to provide vulnerable populations in low-income settings with the knowledge necessary to access appropriate, effective and cost-efficient primary health care through managed care. It is estimated that 11.6 million Medicaid beneficiaries are enrolled in Medicaid managed care plans. The Committee encourages HCFA to demonstrate and evaluate model programs developed and managed by non-profit community and family services organizations which help vulnerable populations in low-income settings to become better consumers of managed health care.

The Committee understands that elderly Americans are at a higher risk of malnutrition due to many social and physiological factors, that under-nourished seniors are more susceptible to costly illnesses and that medical nutrition therapy could improve seniors' nutritional status and potentially reduce Medicare program costs.

The Committee encourages HCFA to conduct a demonstration project on coverage of medical nutrition therapy by registered dietitians and other licensed or nationally certified medical practitioners under Part B of Medicare to investigate its impact on program costs and beneficiary health and quality of life.

Medicare contractors

The bill provides \$1,134,000,000 to support Medicare claims processing contracts. This is \$89,000,000 less than the amount requested by the Administration and \$73,200,000 less than the operating level provided in fiscal year 1997. The Health Insurance Portability and Accountability Act of 1996 directly appropriates \$500,000,000 in fiscal year 1998 for payment safeguard activities in addition to the funding provided in this bill.

Medicare contractors are responsible for paying Medicare providers promptly and accurately. In addition to processing claims, contractors also identify and recover Medicare overpayments, as well as review claims for questionable utilization patterns and medical necessity. In addition, contractors provide information and technical support both to providers and beneficiaries regarding the administration of the Medicare program. In 1998, contractors are expected to process 889 million claims.

The Committee has not included funding for the Medicare Transaction System (MTS). \$177 million has already been committed to this system, and the Committee is disturbed that a combination of HCFA management shortcomings and poor contractor performance have forced a major reevaluation of the project's design and operation. At the time of the Committee's action, a stop work order had been issued on a major portion of the MTS contract and no 1997 funds had been obligated. HCFA has not yet determined how to reconfigure the MTS project to address concerns raised by the Office of Management and Budget and the General Accounting Office. The Committee will reconsider this funding issue at the time of conference on the 1998 bill if it is clear that HCFA has a feasible plan for an improved design of the MTS system, for the selection and oversight of a highly competent contractor, and to ensure the accountability of the performance of agency personnel who are managing the MTS project.

The Committee believes that the permanent appropriation of \$500 million for payment safeguard activities provided through the Health Insurance Portability and Accountability Act of 1996 could be used to finance the development of MTS. The permanent appropriation is to be used for activities that promote the integrity of the Medicare program, such as the use of software technologies to review claims; determinations as to whether payments should have been made; and recovery of improper claims. A major objective of MTS is to reduce inaccurate and fraudulent Medicare payments with the use of these types of mechanisms. In fact, HCFA estimates substantial Medicare program savings upon implementation of MTS.

The Committee expects HCFA to continue the semi-annual reporting required in the 1997 House report related to documentation of additional savings achieved through the permanent appropriation

tion for Medicare payment safeguards provided in the Health Insurance Portability and Accountability Act of 1996.

State survey and certification

The bill provides \$148,000,000 for State inspection of facilities serving Medicare and Medicaid beneficiaries, which is \$10,000,000 less than the 1997 level and the same as the Administration request. The Administration request assumes that the authorizing committees will enact legislation to charge a fee for initial certification of facilities seeking to join the Medicare program and that receipts of \$10 million will be added to the amount appropriated for survey and certification, thereby maintaining the program at 1997 funding levels.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys. 23,600 facilities are expected to be reviewed in 1998.

Federal administration

The bill includes \$348,435,000 to support Federal administrative activities related to the Medicare and Medicaid programs. This is \$10,065,000 less than the Administration request and \$23,194,000 more than the amount available in 1997. The Committee has provided funding increases to support the costs of converting computer systems to accommodate the millenium date change and of developing an audit approach to meet the requirements of the Chief Financial Officer Act. Consistent with the policy followed throughout the bill, the Committee does not expect regular HCFA administrative costs to increase by more than one percent from 1997 administrative costs.

The Committee is concerned that HCFA has not modified its Medicare reimbursement policies to permit reimbursement of patient care in high quality clinical trials. The Committee encourages HCFA to work with the National Institutes of Health (NIH) to develop a plan for reimbursing patient care in clinical trials identified by NIH as being of high quality science.

The Committee understands that HHS is assessing the role of "safety-net hospitals," those medical facilities which are the sole providers of health care for large numbers of indigent patients. Recognizing the importance of these facilities to the nation's health care delivery system, the Committee urges the Department to formulate criteria to identify these institutions as well as suggestions for alternative methods of providing for their support.

ADMINISTRATION FOR CHILDREN AND FAMILIES

FAMILY SUPPORT PAYMENTS TO STATES

The bill provides indefinite appropriations for fiscal year 1998 to reimburse States for the costs of activities authorized under the Family Support Payments to States account prior to the effective date of P.L. 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. P.L. 104-193 terminated the

major programs funded in this account including Aid to Families with Dependent Children (AFDC), Emergency Assistance, State and local welfare administration, and related child care programs. These programs were replaced by the Temporary Assistance for Needy Families (TANF) programs which are entitlements and therefore not included in the bill.

The bill does not provide new funding for the Child Support Enforcement program. According to estimates provided by the Administration for Children and Families, previous appropriations in combination with advance funding for fiscal year 1998 which was provided in the fiscal year 1997 Appropriations Act are sufficient to cover the costs of the program for fiscal year 1998. The bill also provides \$660,000,000 in advance funding for the first quarter of fiscal year 1999 to ensure timely payments for the child support enforcement program.

The Administration did not submit a formal budget request for this account for fiscal year 1998. However, the budget justification submitted to the Committee by the Administration indicated a request for bill language which was later modified and is included in the bill.

The bill continues to provide estimated funding of \$26,741,000 for Payments to Territories, the same as the comparable amount for fiscal year 1997 and the Administration estimate. The bill provides \$1,000,000 for the repatriation program, the same as the request and the comparable amount provided for fiscal year 1997.

JOB OPPORTUNITIES AND BASIC SKILLS (JOBS)

The bill does not provide funding for the Job Opportunities and Basic Skills (JOBS) program which was repealed by the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (P.L. 104-193) effective July 1997. Similar services are now provided under the Temporary Assistance to Needy Families (TANF) entitlement program. The fiscal year 1997 bill provided \$1,000,000,000 for the JOBS program, of which an estimated \$700,000,000 in unused funding was rescinded by P.L. 105-18, the 1997 Emergency Supplemental Appropriations bill.

LOW INCOME HOME ENERGY ASSISTANCE

The bill provides \$1,000,000,000 for the Low Income Home Energy Assistance program (LIHEAP) for fiscal year 1999, the same as the request and the same amount provided for fiscal year 1998 in the fiscal year 1997 Appropriations Act. In addition, the bill provides \$300,000,000 for LIHEAP for fiscal year 1998 upon Presidential submission to Congress of a budget request designating the amount of the request as an emergency for the purposes of the Budget Act. Therefore, in combination with prior year appropriations, the bill makes available a total of \$1,300,000,000 for LIHEAP for fiscal year 1998.

The LIHEAP program provides assistance to low income households to help pay the costs of home energy. Funds are provided through grants to States, Indian Tribes and territories, and are used for summer cooling and winter heating/crisis assistance programs.

The Committee intends that up to \$25,000,000 of the amounts appropriated for LIHEAP for fiscal year 1999 be used for the leveraging incentive funds which will provide a percentage match to States for private or non-Federal public resources allocated to low-income energy benefits.

REFUGEE AND ENTRANT ASSISTANCE

The bill provides \$415,000,000 for refugee assistance programs, \$2,924,000 above the comparable fiscal year 1997 appropriation and \$22,668,000 above the President's request. In addition, the bill provides the Office of Refugee Resettlement (ORR) the authority to carry over unexpended funds from the fiscal year 1996 appropriation to reimburse the cost of services provided in fiscal years 1997 and 1998. The Committee anticipates this provision will make available to ORR an additional \$3,400,000.

The Committee concurs with the request to use funds appropriated pursuant to section 414(a) of the Immigration and Nationality Act (INA) to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of grantees as authorized under section 412(a)(7) of the INA.

Transitional and medical services

The bill provides \$230,698,000 for transitional and medical services, a decrease of \$15,804,000 below the comparable fiscal year 1997 appropriation and \$3,560,000 above the budget request. The bill continues the policy of providing eight months of assistance to new arrivals. The transitional and medical services activity provides funding for the state-administered cash and medical assistance program which assists refugees who are not categorically eligible for AFDC or Medicaid, the unaccompanied minors program which reimburses States for the cost of foster care, and the voluntary agency grant program in which participating national refugee resettlement agencies provide resettlement assistance with a combination of Federal and matched funds.

Social services

The bill provides \$129,990,000 for social services, an increase of \$19,108,000 over the comparable fiscal year 1997 appropriation and the budget request. Funds are distributed by formula as well as through the discretionary grant making process for special projects. The Committee agrees that \$19,000,000 is available for assistance to serve communities affected by the Cuban and Haitian entrants and refugees whose arrivals in recent years have increased. The Committee has set-aside \$16,000,000 for increased support to communities with large concentrations of refugees whose cultural differences make assimilation especially difficult justifying a more intense level and longer duration of Federal assistance. Finally, the Committee has set aside \$14,000,000 to address the needs of refugees and communities impacted by recent changes in Federal assistance programs relating to welfare reform. The Committee urges ORR to assist refugees at risk of losing, or who have lost, benefits including SSI, TANF and Medicaid, in obtaining citizenship. In ad-

dition, ORR may initiate planning grants to create alternative cash and medical assistance programs for refugees.

The Committee recommends that ORR give special consideration in allocating grant funding to applicants providing rehabilitation services for victims of physical and mental torture. The Committee requests that ORR be prepared to testify regarding its activities in support of victims of torture during the fiscal year 1999 budget hearings.

Preventive health

The bill provides \$4,835,000 for preventive health activities, the same as the comparable fiscal year 1997 appropriation and the budget request. The Committee commends the Department for its recent protocol on domestic preventive health activities for refugees.

Targeted assistance

The bill provides \$49,477,000 for the targeted assistance program, the same as the budget request and a decrease of \$380,000 below the comparable fiscal year 1997 appropriation. These grants provide assistance to areas with high concentrations of refugees.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

The bill includes \$1,000,000,000 for the Child Care and Development Block Grant program for fiscal year 1999, which is an increase of \$63,000,000 over the fiscal year 1998 appropriation and the same as the budget request. Appropriations for this program are now provided one year in advance. The Committee has not provided an additional \$63,000,000 requested by the Administration to supplement the fiscal year 1998 appropriation because its budgetary outlay allocation was not adequate to accommodate the request.

The bill provides that \$19,120,000 of the amount appropriated shall be for the purposes of supporting resource and referral programs and school age care. Child care resource and referral is uniquely positioned to gather accurate data essential to documenting the national shortage of child care, recruit new providers, collaborate with welfare-to-work entities to identify and understand the child care needs of public assistance recipients, provide training and technical assistance to programs and providers and implement strategies that promote quality in informal care and care provided by relatives. This funding will be in addition to the activities included in the four percent quality set-aside and shall not supplant other State funding activities in these categories.

The Child Care and Development Block Grant program was originally enacted in the Omnibus Budget Reconciliation Act of 1990 to increase the availability, affordability and quality of child care by providing funds to States, Territories and Indian Tribes for child care services for low-income families. In last year's Welfare Reform Act, the block grant was reauthorized through 2002 at a level of \$1 billion per year. In addition, that Act contained additional mandatory appropriations for child care in the amounts of \$2.067 billion for fiscal year 1998 and \$2.167 billion for fiscal year 1999 and increasing amounts for each year through 2002.

SOCIAL SERVICES BLOCK GRANT

The bill provides \$2,245,000,000 for the social services block grant (SSBG), a decrease of \$255,000,000 below the comparable fiscal year 1997 appropriation and \$135,000,000 below the budget request. The bill includes language which reduces the statutory limit on appropriations to the amount provided.

SSBGs are designed to encourage States to furnish a variety of social services to needy individuals to prevent and reduce dependency, help individuals achieve and maintain self-sufficiency, prevent or reduce inappropriate institutional care, secure admission or referral for institutional care when other forms of care are not appropriate, and prevent neglect, abuse and exploitation of children and adults.

Funds are distributed to the territories in the same ratio such funds were allocated in 1981. The remainder of the appropriation is distributed to the States and the District of Columbia according to population.

The Committee is concerned that the Administration on Children and Families was unable during the annual budget hearings to provide any information regarding the effectiveness of the SSBG program in achieving the goals articulated by the agency in its congressional budget justification. The Committee directs the agency to report in the fiscal year 1999 budget justification on the steps it is taking to measure the effectiveness of the program in achieving its stated goals and on how these measurements will be integrated into the Government Performance and Results Act process.

CHILDREN AND FAMILIES SERVICES PROGRAMS

The bill includes \$5,643,217,000, an increase of \$274,356,000 over the comparable fiscal year 1997 amount and \$45,317,000 over the budget request. This includes amounts provided under the Violent Crime Trust Fund. This account finances a number of programs aimed at enhancing the well-being of the Nation's children and families, particularly those who are disadvantaged or troubled.

Head Start

The bill includes \$4,305,000,000 for the Head Start program for fiscal year 1998, an increase of \$324,454,000 over the fiscal year 1997 amount and the same as the budget request. The Committee notes that this program has been increased by \$3.1 billion from fiscal year 1989 to fiscal year 1998, or three and a half times.

Head Start provides comprehensive development services for children and their families. Intended for preschoolers from low income families, the program seeks to foster the development of children and enable them to deal more effectively with both their present environment and later responsibilities in school and community life. Head Start programs emphasize cognitive and language development, emotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least ten percent of enrollment opportunities in each State are made available to handicapped children.

Grants to carry out Head Start programs are awarded to public and private non-profit agencies. Grantees must contribute 20 percent of the total cost of the program; this is usually an in-kind contribution. The Head Start Act does not include a formula for the allotment of funds to grantees; however, it does require minimum State allocations. The Act requires 87 percent of Head Start's appropriation to be distributed among States based on: (1) the relative number of poor children; and (2) the number of recipients of Aid to Families with Dependent Children in each State as compared to all States. In addition, grants, cooperative agreements and contracts are awarded in the areas of research, demonstration, technical assistance and evaluation from the remaining 13 percent.

Despite the fact that the program is over 30 years old, rigorous evaluation of it has been minimal. The Committee believes the Department should establish and maintain a rigorous evaluation component for Head Start. We need to have hard evidence that the program is doing what it is supposed to be doing. Further, solid performance standards have been lacking in Head Start, although the Department claims to be making progress. The Department must continue to give close attention to implementing and enforcing the new performance standards.

The Committee is pleased to learn of the Head Start Bureau's efforts to improve staff development by promoting and disseminating an early intervention teacher training program through the training and technical assistance program. The Committee urges the Bureau to continue this effort through additional dissemination, and to continue to collaborate with private organizations with proven track records in teacher training to ensure that the training tools are used effectively by grantees.

The Committee believes that as funding for the Head Start program is increased, the Technical Assistance Support Centers and other training components of the Head Start program should be strengthened to ensure that Head Start professionals are provided with quality training. The Committee is encouraged by the quality of Head Start training and technical assistance and support which are provided by centers within a university or other such academic settings, which use an interdisciplinary approach and allow broad-based resources to be brought to bear on the quality of training. Therefore, the Committee strongly encourages the Secretary to consider programs with an academic base when making awards for Technical Assistance Support Centers, so there can be a comprehensive range of talent and expertise applied to the training of Head Start professionals.

Head Start programs are uniquely suited to address the health, nutritional, social and educational needs of disadvantaged children while providing the parenting support so often needed by their families. Historically, economically disadvantaged single parents have been the most difficult population to serve in traditional Job Corps centers, partially because of parents' difficulties in finding and providing transportation to and from affordable child care. Locating Head Start programs on Job Corps campuses has enabled Job Corps to better serve Job Corps students and Head Start to reach a greater number of needy children and their families.

The Committee is encouraged by discussions that have occurred between the Department of Labor and the Department of Health and Human Services regarding an interagency collaboration in this area. The Committee urges the Departments to move forward to issue a joint RFP to Job Corps-Head Start partnership applicants to create demonstration Head Start programs on Job Corps sites.

Runaway and homeless youth

The bill includes \$58,602,000 for runaway and homeless youth activities, the same as the amount available for fiscal year 1997 and the budget request. The budget request proposed to consolidate these programs; the Committee has not done this because it is not authorized by law.

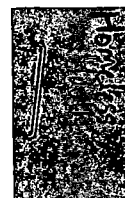
The basic program, for which the bill includes \$43,653,000, the same as the fiscal year 1997 amount, is intended to help address the needs of runaway and homeless youth and their families through support of activities sponsored by State and local governments and private nonprofit agencies. Grants are used to develop and strengthen community-based facilities which are outside the law enforcement structure and the juvenile justice system. The Runaway and Homeless Youth Act mandates that funds for this program be allocated to each State on the basis of its youth population under 18 years of age in proportion to the national total. Runaway Youth programs have been very successful in reuniting runaway children with their families and preventing runaways which, in turn, decreases the number of high school dropouts, incidents of juvenile drug abuse, crime and incarceration.

The Committee has provided \$14,949,000 for the transitional living program for homeless youth, the same as the fiscal year 1997 amount. The program was created to serve those young people who cannot return home. Funds are used to provide appropriate shelter and services for up to 18 months for youths ages 16-20 who have no safe available living arrangements. Services are designed to help youth move towards self-sufficient and independent living, and to prevent long-term dependency on social services. In addition to shelter, such services may include education, vocational training, basic life skills, interpersonal skills building, and mental and physical health care. Grants are available to public and private programs.

Child abuse

For child abuse prevention and treatment, the Committee recommends \$35,180,000, the same as the fiscal year 1997 level and the budget request. The total amount recommended includes \$21,026,000 for State grants and \$14,154,000 for discretionary projects; these amounts are the same as the fiscal year 1997 amounts. No funding is provided for the Advisory Board on Child Abuse and Neglect. The child abuse programs attempt to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

The Committee is concerned about child sexual abuse which affects so many children. While a child is harmed emotionally, so too



is the child's family. Many believe that treatment is needed for both the child who incurred this tragedy, as well as the family who goes through this traumatic experience. The Committee encourages the Administration for Children and Families to develop a demonstration program to evaluate the effectiveness of a family-centered model of treatment for child sexual abuse.

Abandoned infants assistance

The Committee recommends \$12,251,000 for the Abandoned Infants Assistance Act, the same as the fiscal year 1997 appropriation and the budget request. The purpose of this program is to provide financial support to public and non-profit private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children; identify and address their needs, especially those infected with HIV; assist such children to reside with their natural families or in foster care, as appropriate; provide respite care for families and caregivers; and recruit and train caregivers. Grantees must establish a care plan and case review system for each child.

Child welfare services

The bill includes \$291,989,000 for child welfare services, the same as the fiscal year 1997 amount and the budget request. This program authorized by title IV-B of the Social Security Act provides grants to States to assist public welfare agencies establish, extend, and strengthen child welfare services in order to enable children to remain in their homes under the care of their parents, or, where that is not possible, to provide alternative permanent homes for them.

The bill includes \$4,000,000 for child welfare training, the same as the fiscal year 1997 amount and the budget request. The Committee recognizes the need for trained, skilled and qualified child welfare protection personnel. This program provides teaching and traineeship grants to schools of social work to train social workers in the specialty of child welfare. The Committee strongly encourages the schools of social work to provide in-service training to those public child welfare staff not eligible for the graduate IV-E program.

Adoption opportunities

The Committee recommends \$13,000,000 for adoption opportunities, the same as the fiscal year 1997 amount and the budget request. This activity funds a national adoption data gathering and analysis system, including a national information exchange, and implements adoption training and technical assistance programs.

Adoption initiative

The bill does not include separate funding for a new adoption initiative requested by the Administration. This proposal is not presently authorized; the President's budget indicates that authorizing legislation will be proposed. This appears to be an effort to get the States to work harder on the problem of finding more adoptive families for children. It should not be necessary for the Federal government to provide financial assistance to the States to do what they



should be doing anyway. It also appears to contain a public relations component to make people more aware of the adoption problem. It is questionable whether it is a Federal responsibility to carry out a public relations effort in this area.

Social services and income maintenance research

The bill includes \$21,000,000 for social services research, a reduction of \$23,000,000 from fiscal year 1997 and \$18,043,000 below the budget request. These funds in the past have supported research, demonstration, evaluation and dissemination activities. This includes such things as welfare reform, youth services and child support enforcement.

Community-based resource centers

The bill includes no funding for this program for fiscal year 1998. The fiscal year 1997 amount was \$32,835,000. The President's budget requested the same amount for fiscal year 1998. According to the Department, the purpose of the program is "to assist each State in developing and operating a network of community-based, prevention-focused family resource and support programs that coordinate resources among a broad range of human service organizations * * *". It would seem that the States should be doing these things on their own without financial assistance from the Federal government. It would just be sound management on the part of the States to pull together and coordinate various social service programs for families.

Developmental disabilities

For programs authorized by the Developmental Disabilities Assistance Act, the Committee recommends \$108,982,000, a reduction of \$5,250,000 below the amount available for fiscal year 1997 and \$5,250,000 below the budget request. The total includes \$64,803,000 for allotments to the States to fund State Councils, the same as fiscal year 1997. These Councils engage in such activities as planning, policy analysis, demonstrations, training, outreach, interagency coordination, and public education. They do not provide direct services to the developmentally-disabled population.

In addition, \$26,718,000 will be available to the States to be used for operating an advocacy program to protect the rights of the developmentally disabled. This is the same as the fiscal year 1997 level.

The bill includes no funding for special discretionary projects for training, technical assistance and demonstration. The fiscal year 1997 funding level was \$5,250,000. These activities are clearly not a high priority in times of severe fiscal constraint.

The Committee approves a total of \$17,461,000 for grants to university affiliated facilities and satellite centers to support the cost of administering and operating demonstration facilities and interdisciplinary training programs. This is the same as the fiscal year 1997 level. These are discretionary grants to public and private non-profit agencies affiliated with a university. These grants provide basic operational and administrative core support for these agencies. In addition, these funds support interdisciplinary train-

ing, community services, technical assistance to State agencies and information dissemination.

Native American programs

The bill includes \$34,933,000, the same as the fiscal year 1997 level and the amount requested in the budget. The Administration for Native Americans assists Indian Tribes and Native American organizations in planning and implementing their own long-term strategies for social and economic development. In promoting social and economic self-sufficiency, this organization provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

Community Services Block Grant

The bill includes \$537,165,000 for Community Services activities, which is \$733,000 above the fiscal year 1997 level and \$122,445,000 over the budget request.

For the State Block Grant, the bill includes \$489,600,000, which is an increase of \$74,880,000 over the President's request and the same as the fiscal year 1997 level. This program provides grants to States for services to meet employment, housing, nutrition, energy, emergency services, and health needs of low-income people. By law, 90% of these funds are passed directly through to local community action agencies which have previously received block grant funds. The Committee has become convinced that this program provides the kind of flexibility at the local level necessary to assist people who are in temporary need of government assistance to get back on their feet. As a result, a substantial increase above the President's request has been provided.

The bill includes \$30,065,000 for community economic development grants, which is an increase of \$2,733,000 over the fiscal year 1997 level. The President proposed not to fund this. These activities provide assistance to private, locally-initiated community development corporations which sponsor enterprises providing employment, training and business development opportunities for low-income residents in poor communities. In certain instances, projects which have been awarded funding may not be able to go forward because of changed circumstances. The Secretary may approve the use of the funds for another project sponsored by the same community development corporation if the project meets the requirements of the law and the goals and objectives of the original project for which the grant was made. The bill also includes \$3,500,000 for rural community facilities, the same as the fiscal year 1997 level. The President proposed no funding for this. These grants are provided to multi-state, regional, private nonprofit organizations to provide training and technical assistance to small, rural communities in meeting their community facilities needs. The Committee believes that these two activities could not be done by local community action agencies.

The bill includes \$14,000,000 for the National Youth Sports Program, which is an increase of \$2,000,000 over the fiscal year 1997 level. The President proposed no funding for this program. These funds are made available to a private, non-profit organization to

provide recreational activities for low-income youth, primarily in the summer months. College and university athletic facilities are employed in the program. The Committee is aware of the many ways in which this program has had a positive impact on low-income youth. In addition to giving students a chance to spend time on a college campus, the program also provides them with math and science instruction, drug and substance abuse programs, and health and nutrition services. The Committee would encourage the program to continue its outstanding work in these areas and to provide direction to youth on educational and career opportunities and violence prevention.

The bill provides no funding for the Community Food and Nutrition program, which was funded at \$4,000,000 in fiscal year 1997. There is no budget request for it. The program does not provide any direct feeding services. It provides grants to public and private agencies to coordinate existing food assistance programs, to identify sponsors of child nutrition programs and attempt to initiate new programs and to do advocacy work at the State and local levels. These are activities that could just as easily and probably more appropriately be funded by the States and local governments.

Violent Crime Trust Fund

The bill includes \$99,000,000 for programs funded from the Violent Crime Trust Fund. That is the amount of the budget request and an increase of \$4,200,000 over the comparable amount for fiscal year 1997. Included is \$15,000,000 for a program which is designed to reduce the sexual abuse of runaway youth. The fiscal year 1997 amount was \$8,000,000. The Committee recommends \$82,800,000 for family violence prevention and services and battered women's shelters, which is an increase of \$10,000,000 over the fiscal year 1997 level and \$12,800,000 over the budget request. This program is designed to assist States in efforts to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents, and to provide for technical assistance and training relating to family violence programs to State and local public agencies (including law enforcement agencies), nonprofit private organizations, and persons seeking such assistance. The bill also includes \$1,200,000 to continue funding the National Domestic Violence Hotline.

The President has requested an additional \$12,800,000 to fund a community schools program under the Crime Bill; the Committee does not recommend separate funding for this. These activities can be funded under other Federal programs.

Program direction

The Committee has approved \$143,115,000 for program direction expenses of the Administration for Children and Families, an increase of \$54,000 over the fiscal year 1997 level and the same as the budget request.

The Committee was distressed to learn recently of several violations of the Antideficiency Act in this agency. The violations occurred in the Office of Community Services during fiscal year 1996. Some of these appear to be related to obligating funds at the very end of the fiscal year. The Committee expects the agency to take

whatever steps are necessary to straighten out its financial management problems.

FAMILY PRESERVATION AND SUPPORT

The bill provides \$255,000,000 for the family preservation and support account, an increase of \$15,000,000 over the comparable fiscal year 1997 appropriation and the same as the budget request. This capped entitlement program provides grants to States to develop and expand innovative child welfare services including family preservation, family reunification, and community-based family support services for families at-risk or in crisis. The fiscal year 1998 funding will provide the fourth year of funding to States and Indian Tribes to provide family preservation and support services based on State and Tribal plans developed with fiscal year 1994 funding.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

The bill provides \$3,200,000,000 for payments to States for foster care and adoption assistance, which in combination with \$1,111,000,000 in advance fiscal year 1998 appropriations provided in the fiscal year 1997 appropriations bill, makes available \$4,311,000,000 for foster care and adoption activities, the same as the budget request and a decrease of \$134,031,000 below the comparable amount available for fiscal year 1997. The bill also includes an advance appropriation of \$1,157,500,000 for the first quarter of fiscal year 1999 to ensure timely completion of first quarter grant awards.

Of the total appropriation, the bill provides \$3,540,300,000 for the foster care program which provides maintenance payments to States on behalf of children who must live outside their homes. This amount is the same as the budget request and represents a decrease of \$266,843,000 below the comparable fiscal year 1997 appropriation. The appropriation is sufficient to fund estimated costs under current law and is based on an estimated average of 291,600 children served per month, an increase of 6,600 over the estimated fiscal year 1997 monthly average.

Within the total appropriation the bill provides \$700,700,000 for adoption assistance, the same as the budget request and an increase of \$132,812,000 above the fiscal year 1997 appropriation. This program provides training for parents and State administrative staff as well as payments on behalf of categorically eligible children considered difficult to adopt. This annually appropriated entitlement is designed to provide alternatives to long, inappropriate stays in foster care by developing permanent placements with families. The budget request reflects an estimate of 152,900 children served per month, an increase of 15,300 over the monthly estimate for fiscal year 1997.

Within the total appropriation for this account, the bill provides \$70,000,000 for the independent living program, the same as the comparable fiscal year 1997 appropriation and the budget request. The program is designed to assist foster children age 16 or older to make successful transitions to independence. Funds assist children to earn high school diplomas, receive vocational training, and obtain training in daily living skills. Funds are awarded to States

on the basis of the number of children on behalf of whom Federal foster care payments are received.

ADMINISTRATION ON AGING

AGING SERVICES PROGRAMS

For programs administered by the Administration on Aging, the Committee recommends a total of \$810,545,000, which is \$19,586,000 below the fiscal year 1997 level and \$27,623,000 below the budget request. This account finances all programs under the Older Americans Act in this bill, with the exception of the Community Services Employment Program under title V, which is appropriated to the Department of Labor. However, in fiscal year 1998, title V funds will be transferred to, and the program administered by, the Administration on Aging. The President proposed this transfer, and the authorizing committees have indicated that they are in agreement with it. However, the transfer of funds is contingent upon enactment of the authorizing legislation. The Committee notes that the older Americans programs again this year lack an authorization for appropriations.

Supportive services and centers

The Committee has included \$309,819,000 for support services and centers. The amount provided is an increase of \$9,263,000 over the fiscal year 1997 level and an increase of \$18,444,000 over the budget request. The Committee has provided funding in this activity for two programs that were requested as separate line items in the budget but which can be carried out by the States and area agencies from this larger budget activity. Elderly in-home services funds are used to assist frail older persons in maintaining their independence and self-sufficiency. The States should continue current funding for the staffing of ombudsman services for older people. It is not necessary to also have a small separate appropriation for this purpose.

Funds for this program are awarded to each State with an approved State plan. The formula under title III of the Older Americans Act mandates that no State be allotted less than the total amount allotted to it in fiscal year 1987. The statute also requires that additional funds be distributed on the basis of each State's proportionate share of the total age 60 and over population, with no State receiving less than one-half of one percent of the funds awarded. The funds contained in the bill will support coordinated, comprehensive service delivery systems at the local level.

The States have the ability under the basic law to transfer up to 20% of funds appropriated between the senior centers program and the nutrition programs; this allows the State to concentrate its resources in the program it deems most critical. Many States do transfer funds into this program from the congregate meals program.

Ombudsman/elder abuse

The bill includes no separate funding for the State long-term care ombudsman activities or for the elder abuse prevention program authorized by title VII of the Older Americans Act. Funding for

this has been provided in the supportive services and centers activity. The Committee is trying to reduce the number of small categorical programs, all of which have separate grant applications, rules and regulations and Federal staff. This effort is especially pronounced where there are other funding sources available to accomplish the same purpose.

Preventive health

The bill includes no separate funding for preventive health services authorized under part F of title III of the Act. The fiscal year 1997 funding level was \$15,623,000. This activity should be carried out by the local area agencies on aging with funds provided under title III-B. Separate small categorical programs to provide certain preventive health services are expensive to administer and have little impact on the vast majority of seniors. Further, there are other Federal programs that provide similar kinds of services. These would include the preventive health services block grant, the breast cancer screening and control program and the chronic diseases program in the Centers for Disease Control and Prevention. In addition, the private sector does some health screening activities as well. This would include such groups as the American Heart Association and the American Cancer Society.

Nutrition programs

For congregate nutrition services, the Committee includes \$359,810,000, the same as the budget request and \$4,725,000 less than the fiscal year 1997 level. For home-delivered nutrition services, the Committee provides \$110,064,000, the same as the budget request and \$4,725,000 more than the fiscal year 1997 amount. These programs are intended to address some of the difficulties confronting older individuals, namely nutrition deficiencies due to inadequate income, lack of adequate facilities to prepare food, and social isolation. The Committee has approved the shift of \$4,725,000 from congregate meals to home-delivered meals as requested by the Administration.

The States have the ability under the basic law to transfer up to 20% of funds appropriated between the senior centers program and the nutrition programs; this allows the State to concentrate its resources in the program it deems most critical.

The nutrition programs also collect substantial sums each year in voluntary contributions from participants; private sector funds are also contributed. In fiscal year 1995, over \$98 million was collected for the congregate nutrition program and over \$70 million for the home-delivered program. Volunteers also make a significant contribution to these programs.

Frail elderly services

The bill includes no separate funding for frail elderly in-home services. The funds have been shifted to the supportive services and centers activity. The area agencies can certainly continue these types of services under their larger grant.

Grants to Indian tribes

The bill provides \$16,057,000 for grants to Indian tribes. This is the same as the fiscal year 1997 amount and the budget request. Funds under this program are awarded to tribal organizations to be used to promote opportunities for older Indians, to secure and maintain independence and self-sufficiency, and to provide transportation, nutrition, health screening and other services to help meet the needs of this population.

The bill provides no funding for research, training and special projects under title IV of the Older Americans Act. The fiscal year 1997 funding level was \$4,000,000. The President requested the same amount for fiscal year 1998. Funds under this program were used to support education and training activities for personnel working in the field of aging and to finance research, development, and demonstration projects. Although the Committee agrees that some of these activities are important to older Americans, it simply does not have the discretionary funding resources to fund them this year.

The bill includes \$14,795,000 for program administration expenses of the Administration on Aging. This is \$37,000 above the fiscal year 1997 amount and the same as the budget request. This activity provides administrative and management support for all Older Americans Act programs administered by the Department. No funding is provided for the Federal Council on Aging.

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