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105TH CONGRESS, 2d Session | SENATE | REPORT 105–300

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATION BILL, 1999

SEPTEMBER 8 (legislative day, AUGUST 31), 1998.—Ordered to be printed

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

REPORT

[To accompany S. 2440]

The Committee on Appropriations reports the bill (S. 2440) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 1999, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amount of budget authority

Total bill as reported to Senate	$287,592,472,000
Amount of adjusted appropriations, 1998	262,257,417,000
Budget estimates, 1999	286,606,839,000
The bill as reported to the Senate:	
Over the adjusted appropriations for 1998	25,335,055,000
Over the budget estimates for 1999	985,633,000

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 1999, the Committee recommends total budget authority of $287,597,472,000 for the Department of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, which includes subsequent year advances, $82,744,000,000 is current year discretionary funding.

ALLOCATION CEILING

Consistent with Congressional Budget Office scorekeeping, the recommendations result in full use of the $82,319,000,000 in general purpose discretionary budget authority pursuant to section 302(b) of the Congressional Budget Act of 1974, as amended. In addition, the recommendations include $405,000,000 in budget authority for the Social Security Administration to conduct continuing disability reviews provided consistent with Public Law 104–124 and Public Law 104–193 and $20,000,000 for adoption incentive programs conducted by the Administration on Children and Families, provided consistent with Public Law 95–266.

HIGHLIGHTS OF THE BILL

Youth employment and training.—The Committee bill provides $1,750,965,000 for programs to provide training and work experience to youths. This amount includes $871,000,000 for summer youth employment and training, $375,000,000 for youth opportunities for fiscal years 1999 and 2000, $129,965,000 for youth training, and $250,000,000 for school-to-work.

Job Corps.—The Committee recommendation includes $1,300,572,000 for the Job Corps, an increase of $54,355,000 over the 1998 level.

Worker protection.—The Committee bill includes $1,249,000,000 to ensure the health and safety of workers, including $348,983,000 for the Occupational Safety and Health Administration and $211,165,000 for the Mine Safety Administration.

National Institutes of Health.—A total of $15,622,386,000 is recommended to fund biomedical research at the 24 Institutes, centers, and divisions that comprise the NIH. This represents an increase of $2,000,000,000 over the fiscal year 1998 level.

AIDS.—The Committee bill includes an estimated $3,959,579,000 for AIDS research, prevention, and services. This includes $1,217,800,000 for Ryan White programs, an increase of $68,288,000, and $631,779,000 for AIDS prevention programs at the Centers for Disease Control and Prevention.

Women's health.—The Committee bill provides $15,495,000 for programs focused on the advancement of women's health initiatives, an increase of $3,000,000 from the 1998 funding level. The

Committee recommends an additional $145,000,000 for breast and cervical cancer screening, an increase of $2,221,000 over the 1998 level.

Infectious diseases.—The Committee bill provides $115,215,000 within the Centers for Disease Control and Prevention to combat the growing threat of infectious disease. The amount recommended is an increase of $2,358,000 over the fiscal year 1998 amount.

Bioterrorism initiative.—The Committee bill recommends $158,750,000 to fund efforts to address the troubling threat of bioterrorism. These funds will be made available if the President declares an emergency.

Family planning.—The Committee bill recommends $215,000,000 for the family planning program, an increase of $12,097,000 over last year's appropriation. These funds support primary health care services at over 4,000 clinics nationwide.

Child care and development block grant.—The Committee recommendation provides $1,182,672,000 for child care services, $182,672,000 more than last year's level. This is in addition to the $2,167,000,000 appropriated in welfare reform legislation for child care.

Community services block grant.—The Committee bill includes $490,600,000, an increase of almost $1,000,000 over the 1998 level.

Head Start.—The Committee recommendation includes $4,660,000,000 for the Head Start Program. This represents an increase of $312,567,000 over the 1998 enacted level.

Low-income home energy assistance.—The Committee recommends $1,100,000,000 for heating and cooling assistance for low-income individuals and families as an advance appropriation for fiscal year 2000. Also included is bill language permitting up to $300,000,000 in funding to provide additional energy assistance during weather emergencies.

Crime reduction.—The bill recommends $148,000,000 for violent crime reduction activities, including $88,800,000 for battered women's shelters.

Drug abuse.—A total of $3,394,664,000 is included for drug abuse prevention, treatment, and research activities, including $381,000,000 for safe and drug free schools and communities.

Grants for disadvantaged children.—The Committee bill provides $7,676,020,000 for grants to disadvantaged children, $300,788,000 more than the 1998 level.

School violence initiative.—The Committee bill recommendation includes $151,000,000 for programs to combat the increasing instances of school violence. An additional $16,723,000 is provided for youth offender education grants, and $7,000,000 for at-risk youth substance abuse prevention grants.

Student financial aid.—The Committee recommends $10,214,551,000 for student financial assistance, including $900,000,000 for the Federal Work Study Program. The amount provided for the Pell Grant Program will allow the maximum grant to be raised to $3,100, an increase of $100 over the 1998 amount.

Higher education initiatives.—The Committee bill provides $1,138,944,000 for initiatives to provide greater opportunities for higher education, including $75,000,000 for Connections grants,

$10,000,000 for Learning Anytime Anywhere partnership grants, and $75,000,000 to improve teacher quality training.

Education for individuals with disabilities.—The Committee bill provides $5,112,946,000 to ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of $512,300,000 over the 1998 level.

Rehabilitation services.—The bill recommends $2,645,266,000 for rehabilitation services, an increase of $54,071,000 above the amount provided in 1998. These funds are essential for families with disabilities seeking employment.

Services for older Americans.—For programs serving older Americans, the Committee recommendation totals $2,108,181,000 including $440,200,000 for community service employment for older Americans, $300,319,000 for supportive services and centers, and $486,412,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends $596,521,000, an increase of 15.1 percent. The Committee recommendation includes $15,5000,000 for the Medicare insurance counseling program, and $6,000,000 for the Alzheimer's demonstration grants program.

Public broadcasting.—The Committee bill provides $340,000,000 to support public radio and television, an increase of $40,000,000 over the previous year's appropriation. In addition, $15,000,000 is provided, contingent upon authorization, for public broadcasting's digitalization program.

Social Security Administration.—The Committee bill recommends $6,462,000,000, an increase of $52,960,000 over the 1998 level.

REPROGRAMMING AND INITIATION OF NEW PROGRAMS

Reprogramming is the utilization of funds for purposes other than those contemplated at the time of appropriation enactment. Reprogramming actions do not represent requests for additional funds from the Congress, rather, the reapplication of resources already available.

The Committee has a particular interest in approving reprogrammings which, although they may not change either the total amount available in an account or any of the purposes for which the appropriation is legally available, represent a significant departure from budget plans presented to the Committee in an agency's budget justification.

Consequently, the Committee directs that the Departments and agencies funded through this bill make a written request to the chairman of the Committee prior to reprogramming of funds in excess of 10 percent, or $250,000, whichever is less, between programs, activities, or elements. The Committee desires to have the requests for reprogramming actions which involve less than the above-mentioned amounts if such actions would have the effect of changing an agency's funding requirements in future years, if programs or projects specifically cited in the Committee's reports are affected or if the action can be considered to be the initiation of a new program.

The Committee directs that it be notified regarding reorganization of offices, programs, or activities prior to the planned implementation of such reorganizations.

The Committee further directs that each agency under its jurisdiction submit to the Committee statements on the effect of this appropriation act within 60 days of final enactment of this act.

TRANSFER AUTHORITY

The Committee has included bill language permitting transfers up to 1 percent between discretionary appropriations accounts, as long as no such appropriation is increased by more than 3 percent by such transfer; however, the Appropriations Committees of both Houses of Congress must be notified at least 15 days in advance of any transfer. Similar bill language was carried in last year's bill for all three Departments.

Prior Committee notification is also required for actions requiring the use of general transfer authority unless otherwise provided for in this act. Such transfers specifically include taps, or other assessments made between agencies, or between offices within agencies. Funds have been appropriated for each office funded by this Committee; it is not the intention of this Committee to augment those funding levels through the use of special assessments. This directive does not apply to working capital funds or other fee-for-service activities.

ADDRESSING THE YEAR 2000 COMPUTER PROBLEM

The Committee is concerned about the ability of the Federal Government to deliver uninterrupted program services into the 21st century. To do so, each Department and Agency must ensure that its information technology systems are year 2000 compliant. This means that at the beginning of the new millenium, computers and telecommunication systems that are date sensitive will correctly interpret 01/01/00 as January 1, 2000, not January 1, 1900. The Committee is devoting sufficient resources so that all mission critical computer systems that are not year 2000 compliant will be repaired or replaced, and subsequently tested to demonstrate their readiness. The Committee notes that a Governmentwide year 2000 fund is being established to provide emergency resources should there be a need for additional funding.

GOVERNMENT PERFORMANCE AND RESULTS ACT

Department of Labor

The Committee received the Labor Department's performance plans in a timely manner—at the same time as the fiscal year 1999 budget justification. In general, the Labor Department's work is organized around three strategic goals: (1) A prepared work force—enhance opportunities for America's work force; (2) a secure work force—promote the economic security of workers and families; and (3) quality workplaces—foster quality workplaces that are safe, healthy, and fair.

For each of the three strategic goals there are supporting outcome goals in the fiscal year 1999 performance plan that refine and further focus the strategic goals. For each outcome goal, there are

supporting performance goals that set specific and measurable target levels of performance for the Labor Department's agency programs for the fiscal year. Linkage to the budget is provided in the Labor Department annual performance plan by cross-referencing Labor Department budget activities to the Department's three strategic goals. Specific linkages between individual agency performance measures and budget activities are provided in the individual agency performance plans.

With regard to the means for measuring performance, the Committee believes that the Labor Department has made significant progress by including measures in their performance plans for key program activities in the budget. The Department will still need to analyze programs for representative measures of core work, test the measures, and establish reporting systems that capture the data in a timely and accurate manner. Once reporting systems are in place, the Committee expects that the Labor Department's plans will be valuable instruments for decisions on resource allocation.

Department of Health and Human Services

The fiscal year 1999 annual performance plan for the Department of Health and Human Services contains valuable information about how HHS intends to accomplish its mission. However, many parts of the plan could better fulfill the Results Act's purpose of ensuring that Congress has the necessary information to assess whether HHS programs are achieving intended results. In particular, more HHS agencies could consistently set measurable performance goals, provide information about how they will coordinate with each other and other performance partners to achieve related goals, identify the resources they need to accomplish their goals, and discuss how they intend to address problems with their performance data.

The HHS plan could better discuss how HHS will accomplish its performance goals. Only some of the agencies indicate what strategies they intend to use. Furthermore, HHS has missed the opportunity to address the HHS-wide management challenges that it acknowledged in its strategic plan. For example, the performance plan discusses neither HHS-wide information technology resources needed to improve performance, nor a comprehensive strategy for addressing the year 2000 problem.

The plan could provide more assurance that the information used to measure HHS's performance will be credible. For example, both the strategic and performance plans point out that the absence of reliable data from HHS's performance partners is a critical problem. HHS's agencies vary in the extent to which they include required information on data verification and validation. Additionally, while HHS and many of its agencies include thoughtful discussions of data limitations, they often do not say how they will address data limitation problems.

Department of Education

Overall, the Department of Education's GPRA fiscal year 1999 annual performance plan is a useful document and includes the elements required by the Results Act. The plan could benefit from more information, clarity, and content in some of its components.

Specifically, the plan should include an explanation of the relationship between the Department's long-term goals and objectives and its annual performance goals. It should also contain a complete description and schedule of program evaluations. The plan could better address the Department's major statutory requirements, such as responsibilities for the Civil Rights Act.

The Department's performance plan contains 4 strategic goals and 22 crosscutting strategic objectives with strategies and measures, plus objectives related to the individual agency program plans. However, the plan does not provide a complete picture of intended performance across the agencies, nor does it discuss the strategies and resources to be used to achieve the Department's annual performance goals. Although the plan adequately discusses how it plans to validate and verify performance information, the Committee is not confident that all the performance information is credible to accurately measure program outcomes.

SOCIAL SECURITY ADMINISTRATION

The Social Security Administration's fiscal year 1999 annual performance plan establishes performance goals for each of the agency's five strategic goals. However, the plan provides an incomplete picture of intended performance across the agency. The quality and clarity of the 67 performance goals vary widely. Some are objective and measurable, while others are not. As a result, in some cases it is difficult to see how SSA will assess its progress. Also, SSA does not show how its performance goals relate to the program activities in its budget structure.

SSA's plan does not provide enough detail on how the agency's strategies and resources will help achieve its goals. As a result, it is difficult to tell whether SSA has adequately planned how it will achieve results, or whether its performance goals are reasonable given its resources. SSA's plan does not provide sufficient confidence that its performance information will be credible. The plan states that the agency will rely on its inspector general to review the data systems underlying its performance measures, but the plan does not provide information about the key steps the agency is taking to ensure data integrity.

SSA's performance plan would be more useful if the performance goals noted key management challenges facing the agency. For example, for several years SSA's Supplemental Security Income Program has not received sufficient oversight. However, SSA's plan does not contain a set of comprehensive measures to improve the management of the program. In addition, SSA is uniquely positioned to inform Congress and the public about long-term Social Security financing issues; however, the plan's set of goals related to conducting effective policy development and research provides little insight into how the agency will meet the information needs of Congress.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 1998	$5,232,737,000
Budget estimate, 1999	5,323,373,000
Committee recommendation	5,159,375,000

The Committee recommends $5,159,375,000 for this account in 1999 which provides funding authorized primarily by the Job Training Partnership Act [JTPA]. This is $73,362,000 less than the 1998 level. In addition, $250,000,000 is appropriated for fiscal year 2000 for youth opportunity grants, available April 1, 2000, to June 30, 2001.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. This appropriation is generally forward-funded on a July-to-June cycle. Funds provided for fiscal year 1999 will support the program from July 1, 1999, through June 30, 2000.

The Committee recognizes that the enactment of the Workforce Investment Act of 1998 will significantly change how job training and employment programs are operated in the future, and will work closely with the administration to ensure that the new work force system function as intended—to consolidate, coordinate, and improve employment and training programs, utilizing a local level one-step delivery system. The Committee also recognizes that the new act is authorized for the program year starting July 1, 1999, the period covered by the fiscal year 1999 appropriations bill for the "Training and Employment Services" appropriation account. Although JTPA is not repealed until July 1, 2000, there may be several States which elect to implement and operate their job training and employment programs under the Workforce Investment Act. The Committee encourages the Secretary to help those States which are able to implement their programs under the new legislation effective July 1, 1999.

The Committee expects the Secretary to allocate funds appropriate for titles II–A, II–B, II–C, and III to States in accordance with the provisions of the Job Training Partnership Act.

The Workforce Investment Act will require the Department of Labor and States and localities to expend much time and energy to transition to the new system, and will also require the Department to recognize and align functions within the Department of Labor and within the Employment and Training Administration in order to carry out the duties and responsibilities required by the act. The Committee cannot provide additional funds for these pur-

poses, but it has included reprogramming and transfer authority in the bill. The Committee will give serious consideration to reprogramming and transfer requests from the Department for these purposes.

Adult training—title II–A.—For the Adult Training Program under title II–A of the JTPA, the Committee recommends $950,000,000. This is $5,000,000 less than the 1998 comparable level. The Adult Training Program is designed to prepare economically disadvantaged 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 Governor. 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 the Youth Training Program under title II–C of the act, the Committee recommends $129,965,000. This is the same as the budget request and the 1998 comparable level. The title II–C Youth Training Program is designed for youth to improve their long-term employability, enhance their educational, occupational, and citizenship skills, encourage their school completion, increase their employment and earnings, and reduce welfare dependency. Like adult training, the program is administered by local service delivery areas, as directed by private industry councils.

Summer youth employment and training—title II–B.—For the Summer Youth Program under title II–B of the act, the Committee recommends $871,000,000. This is the same as the budget request and the 1998 comparable level. The Summer Youth Program offers work experience, supportive services, and academic enrichment to economically disadvantaged youth, aged 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 worker assistance.—The Committee recommends $1,405,510,000 for dislocated worker programs. This is $45,000,000 below the budget request and $55,000,000 over the 1998 comparable level. The title III system provides for early identification of dislocated workers, the rapid provision of services to such workers, and quality 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.

To promote greater flexibility in local decisionmaking, the Committee has once again included bill language that allows service delivery areas to transfer funds provided between the title II–A Adult Training Program and title III Dislocated Worker Assistance Pro-

gram, if such transfer is approved by the Governor. The Committee is aware of concerns that work participation requirements under welfare reform could foster such transfers to the detriment of services available to dislocated workers. The Committee is also aware of concerns that national reserve account funds may be used to provide services that could have been provided with funds that had been transferred from title III to II–A. Because of these concerns, the Committee has chosen to limit the transfer authority to 20 percent.

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 I program.

The Committee is aware of the severe worker dislocation brought on by the closure of one of three sugarcane plantations on the Hawaiian Island of Kauai, and the likely closure of a second plantation. To provide assistance to this rural community, the Committee encourages full and fair consideration of a $200,000 proposal from the Hawaii Department of Labor and the Kauai Cooperative Extension Service to use community-based expertise to provide agricultural and business training to dislocated sugarcane workers.

The Committee recommends $3,000,000 to initiate the development of an industry-led consortium in Pennsylvania. This industry-led regional organization will assist Pennsylvania companies' efficiency and efforts to provide the highest levels of quality in meeting the training needs of their workers in order to enhance productivity and national competitiveness within Pennsylvania industry. The funds will support the cost associated with developing the consortium and on a targeted, matching and demonstration basis will in some instances cover the actual training costs of incumbent workers. The vast majority of the cost associated with training incumbent workers by companies involved in the consortium would be fully paid for by the companies themselves.

The Committee recommends $1,000,000 to continue the JOBLINKS Program administered by the Community Transportation Association of America. The JOBLINKS Program provides technical assistance to local communities in developing and implementing strategies to get low-income people living in economically distressed communities to centers of employment. In light of the new work requirements for individuals receiving public assistance and the obstacle that the lack of transportation is to gaining a job, the Committee believes that continuation of this important program is warranted. As originally intended, the Committee directs the Department of Labor to expand the activities of the JOBLINKS Program to include up to 10 demonstration sites, including an evaluation component, and to establish a center for technical assistance on employment and transportation issues.

The Committee is aware of the severe problem facing the manufacturing industry in preparing skilled workers such as machinists and engineers to replace those workers who have retired or will be retiring from the industry in the next several years. Expanding this manufacturing base is key in moving people from poverty into skilled professions where an increase in the standards of living will directly impact regional economies. With a shortfall of approxi-

mately 2,000 skilled machinists in the greater southeastern Pennsylvania region, Philadelphia Interfaith Action and Philadelphia Area Accelerated Manufacturing Education, Inc. [PHAME], a not-for-profit educational initiative, have partnered to provide a year-long intensive training program (60 hours per week) and an interim living stipend to take unemployed and unskilled minimum wage employees and produce skilled employees for area manufacturers. The Committee expects the Department to review this partnership process and to support efforts to provide funding to enhance the skilled labor market by moving people from poverty into the labor force.

The Committee recognizes the past efforts of Lehigh University's Iacocca Institute. Because manufacturing remains a cornerstone of the economy, real wages and productivity are on the decline, and the need to improve skills is essential, the Committee recommends $1,000,000 based on demonstrated performance for the institute so it may continue its national manufacturing work force demonstration that provides job training to dislocated and at-risk youth workers. The program's curriculum has been developed by Lehigh University researchers. The additional funding is necessary to continue the efforts with the Philadelphia Advanced Manufacturing Enterprise and to begin a replication of the program in the Bethlehem, PA, area. The program goals include activities that will facilitate national expansion of the program.

The Committee is aware that the York Skill Center, serving the Pennsylvania counties of York, Adams, and Cumberland, is seeking Federal assistance for a high-technology skill training center for workers in advanced manufacturing. The recommendation includes $1,000,000 for this effort, developed through local partnerships of industry, labor, education, community-based organizations, and economic development organizations, and designed to provide training for local skill shortage occupations, including welding, computerized numeric control metal machinery, printing, plastic assembly, and plastic injection.

The Committee understands that technology centers have been very successful and helpful at providing technical assistance to businesses in a variety of areas, including plastics, pollution prevention, hydraulics, electrical maintenance worker training, or printing.

The Committee strongly urges the Department to support with fiscal year 1998 funds the proposal to expand this program, using the existing infrastructure throughout the Midwest to train and retrain incumbent workers in such training programs as environmental standards/painting, printing and maintenance, and hydraulics and pneumatics.

A partnership of labor, unions, employers, technology centers, and Government would provide both the support and the expertise to train and retrain workers and will be a driving force in the retention of workers, increase job security, and in improving wage rates for today's manufacturing workers. This partnership will help achieve worker outreach and recruitment, outreach and recruitment of firms, joint training, models and mentors for workers, and recruitment of a highly qualified pool of trainers to achieve the necessary level of proficiency for these workers.

The Committee provides $5,000,000 from the JPTA dislocated worker program for use by the organizing committee for the 1999 Special Olympics World games to enhance employment opportunities for individuals with mental disabilities.

The Committee recommendation includes $1,000,000 for a high-technology training initiative on the Island of Maui with a focus on improving the representation of women in computer networking, telecommunications, and to develop training and curriculum models to meet the increasing need for workers in the telecommunications industry. The Committee expects the local business community, in conjunction with the community colleges, to develop an effective partnership with business and community colleges. The Committee expects that a similar effort will be developed in Alaska.

The recommendation includes $1,000,000 for a demonstration project at the University of Texas, Brownsville to develop a model worker retraining program for employees dislocated by the recent pending plant closures of Hagar, Levi Strauss, and others. This project will serve as a demonstration for successful techniques for retraining these moderately skilled workers along the economically volatile United States/Mexico border region, with its unique cultural, educational, and vocational needs.

Native Americans.—For native American programs, the bill provides $59,315,000. This is $5,500,000 more than the budget request and the 1998 comparable 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.

The Committees recommendation includes $5,000,000 for the State of Hawaii to colocate Federal and State funded work force investment activities as authorized by section 166(j) of the Workforce Investment Act of 1998. There are approximately 20,000 to 25,000 American Samoans residing in Hawaii. These indigenous people have a unique status as U.S. nationals and are the only Pacific islander people under the territorial protection of the United States possessing the right to travel freely throughout all U.S. States and territories.

American Samoans transition from a highly rural, community oriented society, and thus face numerous acculturation difficulties, including language and cultural barriers, leaving behind their matai system and extended families. Their unemployment rate at 12 percent, is estimated to be three times that of the State's average; 26 to 30 percent of recognized gangs in Hawaii are Samoan.

The center will be located in public housing at Kuhio Park Terrace/Kuhio Homes which has 706 living units; 94 percent of these homes are headed by females, 86 percent are single parents, and 69 percent are unemployed.

Migrant and seasonal farmworkers.—For migrant and seasonal farmworker programs, the bill provides $71,517,000. This is $500,000 more than the budget request and the 1998 comparable level. This program is aimed at alleviating chronic unemployment and underemployment being experienced by farmworker families. Training and employability development services prepare farmworkers for stable, year-round employment, both in and outside the

agricultural industry. Supportive services such as transportation, housing, health care, and day care are also provided.

The Committee is aware of the role the Association of Farmworker Opportunity Programs [AFOP], a trade association whose membership comprises JTPA section 402 grantees, has played in supporting an effective partnership between grantees and the Department of Labor. Through this partnership, the Committee believes that the issues related to child labor in agriculture and the needs of out-of-school farmworker youth can be most effectively addressed. The Committee has recommended sufficient funds to maintain support of technical assistance efforts through AFOP and others targeted at increasing the capability of section 402 grantees to deal with these critical issues. Through direct support of the grantee service delivery system, the Committee believes the greatest benefit is accrued to the farmworkers and their families.

The Committee is aware of the vocational needs of at-risk and out-of-school farmworker youth. The Committee believes the JTPA section 402 program is the logical vehicle for delivery of needed services to such farmworker youth and recommends the additional $5,000,000 the administration requested for this purpose in the "Pilots and demonstrations" account of JTPA. The Committee urges the Department to transfer these funds to the section 402 program, to be administered in conjunction with the adult program, for grants to section 402 grantees, requesting each grantee to design a vocational program to address the needs of local farmworker youth.

The Committee notes that the Workforce Investment Act authorizes a migrant and seasonal farmworker program administered by a single organizational unit within the Department's national office. The Committee supports this view. The Committee is aware that the Department is currently developing a new allocation formula for this program. The formula should assure that funds for the migrant and seasonal farmworker program are allocated in a fair and reasonable proportion to the number of eligible migrant and seasonal farmworkers.

The Committee again reminds the Department that applicants for funding under the JTPA section 402 program must demonstrate a prior existing capacity to specifically serve the employment and training needs of migrant and seasonal farmworkers, and further reminds the Department of applicable provisions of the current law that states that the Secretary shall provide services to farmworkers through public agencies and private nonprofit organizations with a previously demonstrated capability to administer effectively a diversified employability development program for migrant and seasonal farmworkers.

The Committee recommends that the Department of Labor continue to fund farmworker housing grants at a level not less than $3,000,000 for program year 1999. There funds should be used to enable housing organizations across the Nation to support the planning, development, and management of housing for agricultural workers.

Job Corps.—For the Job Corps, the Committee recommends $1,300,572,000 for program year 1999. This is a decrease of $7,047,000 below the budget request and an increase of

$54,355,000 above the 1998 comparable level. The amount in the bill includes $1,150,000,000 for operations and $150,572,000 for facility construction, rehabilitation, and maintenance.

The Committee acknowledges the efforts being made by the Department to expedite the review process used to address the facility construction and rehabilitation needs of Job Corps centers and to investigate options such as design-build to meet these requirements. The Department should continue to make every effort to streamline this process to ensure each center's construction and rehabilitation needs are met in the most cost effective and expeditious manner.

In order to help single parents enroll and succeed in Job Corps, the Committee urges the Department to pursue linkages and collaborative interagency agreements with the appropriate agencies with the Department of Health and Human Services, including Head Start. Through colocated child care services for Job Corps students and their children on Job Corps campuses, Job Corps can better serve single parents and agencies, such as Head Start, can reach a greater number of needy children.

The Committee encourages Job Corps to establish effective working relationships with work force development entities, including employers, that will enhance services to students and increase students' career opportunities. The Department is encouraged to intensify its efforts to meet industry standards in its occupational offerings by developing a multiyear 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 also encourages the Department of Labor's Employment and Training Administration to encourage Job Corps centers to coordinate with community-based organizations, such as substance abuse treatment centers, in innovative ways.

The United States will host the 1999 Women's World Cup Soccer Tournament, the largest women's sporting event in history. The Committee encourages the Department to provide for materials needed to allow Job Corps trainees to participate in the preparations for the World Cup games. This partnership would allow Job Corps trainees to apply their developing vocational skills in a professional setting as part of an international sporting event.

Veterans employment.—The Committee recommends $7,300,000 for special veterans employment programs. This is the same as the budget request and the 1998 comparable level. These funds provide special employment and training programs designed to meet the unique needs of disabled, Vietnam-era, and recently separated veterans.

The Committee urges that full and fair consideration be given to funding the employment and training demonstration proposal developed by Clayton College and State University relating to improving military-to-civilian employment transition. The project would allow members of the Armed Forces with a pay grade of E–6 or below to receive job-specific training during their spare time, using portable computers and Internet connections. The training for the project would be developed in coordination with the business community in order to provide a seamless transition from

military service to employment in existing jobs in the private sector.

School-to-work.—The Committee recommends $125,000,000 for school-to-work. This is the same as the budget request and a decrease of $75,000,000 below the 1998 comparable level. The school-to-work program is intended 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.

National activities.—For national activities $114,196,000 is provided. This is $57,049,000 more than the budget request and $16,283,000 more than the 1998 comparable level. The bill includes funding for research and evaluation, $8,196,000; pilots and demonstrations, $85,000,000; the National Occupational Information Coordinating Committee, $10,000,000; skill standards, $7,000,000; and women in apprenticeship, $1,000,000.

For homeless veterans, $3,000,000, is provided for the homeless veterans reintegration project, to be administered by the Assistant Secretary for Veterans Employment and Training Services. The Stewart B. McKinney Homeless Assistance Act authorization for this program was extended by the Veterans Benefits Improvement Act of 1996. It is anticipated that these funds will be awarded through a competitive grant process.

The Committee has included $4,000,000 to implement the Department's requested quality child care initiative. These funds will allow the Bureau of Apprenticeship and Training [BAT], to establish at least 10 individual State systems for education and certification of child care providers through the National Registered Apprenticeship System. This initiative builds on the highly successful model in operation in West Virginia since 1989.

The amount of $10,000,000 is provided to cover basic NOICC and SOICC activities including the development and delivery of occupational and career information to students, job seekers, employers, education and employment, and training programs (especially one-stop centers), school-to-work transition systems, military transition and staffing initiatives, and welfare to work efforts. At least 75 percent of this amount will pass through to State SOICC's. Of the total, up to $2,000,000 will support continuation of national and State career development and related capacity building programs which train personnel in assisting students and adults to understand themselves in the context of their career development and career transition, to be aware of the world of work, to understand the linkage between academic skills and work-related skills, to understand the linkages among related occupations and their skill requirements, and to make more informed, effective career decisions. In addition, the Committee included language which allows NOICC to charge fees for publications, training and technical assistance.

The Committee recommendation includes $3,000,000 for the continuation of the Samoan/Asian Pacific Island job training program in Hawaii. The funding will be used to conduct targeted outreach in the Samoan community through the Samoan Providers Association [SPA] and for two one-stop job help stores which will provide

access to bilingual and vocational education, job training and placement services, and outreach/distribution services in predominantly immigrant communities. The Committee appreciates the Department's support of this program, which has been very beneficial.

The Committee recommends $125,000,000 for 1999, and $250,000,000 in advance funding for 2000 for youth opportunity grants, under authority of the recently enacted Workforce Investment Act of 1998. However, the $250,000,000 for youth opportunity projects provided in fiscal year 1998 as an advance for fiscal year 1999 is rescinded, since authorizing legislation was not enacted by the July 1, 1998, deadline specified in Public Law 105–78.

The youth opportunity grants are critical to provide venture capital to high poverty urban neighborhoods and rural areas to help them increase employment among out-of-school young people to a level of 80 percent as an alternative to welfare and crime. It provides an important jobs and skill development component to the economic development activities of empowerment zone and enterprise communities, and administers funds through the same local work force development system that will be used to administer other Federal job training and employment resources. The current youth opportunity pilot sites are testing key features of the approach. These projects leverage other resources within the community to eventually sustain these services directed to out-of-school youth.

The Committee understands that the new work force investment authorizing legislation provides for establishing a role model academy for out-of-school youth. The Committee urges the Secretary to expedite funding of this entity.

The Committee notes the acute need in the city of Philadelphia to create job opportunities for youth who are out of school and at risk. The Committee is aware of efforts by the city to develop a comprehensive approach to this problem and urges the Department of Labor to lend appropriate support to these efforts.

Of the funding for youth opportunity area projects, the Committee recommends funding to expand the availability of juvenile day treatment centers in North Carolina. Two existing programs provide a cost-effective way to place restrictive sanctions on juveniles without removing them from their community and without using expensive residential programs. The Committee recognizes the problems facing out-of-school youth in communities with high poverty, juvenile crime, child abuse and neglect, school failure, and teen pregnancy, and believes that these programs can serve as an antidote to such problems.

Also of the funding for youth opportunity area projects, the Committee recommends $1,300,000 for Halifax County, NC, for the Phoenix Center, a facility that will operate as both a day treatment and a secure residential facility. Each juvenile will receive an individual assessment for behavioral, educational, and psychological needs. Each juvenile will have an individual plan and their progress will be monitored as they move through the program. Juveniles assigned to the Phoenix program will continue their education while receiving vocational training and mental health services in a safe drug-free environment. The Committee feels that such a program will facilitate a reduction in juvenile crime and in

the number of children committed to training schools. The Committee's recommended expansion will provide additional communities with the opportunity to improve the employment prospects of out-of-school youth.

The Committee recommends continued funding, based on demonstrated performance, for special native Hawaiian vocational education demonstration initiatives that provide basic education skills and preemployment tutoring for high-risk youth residing in rural communities, with an emphasis on vocations that benefit these communities, such as child care workers and teachers.

The Committee continues to recognize that, due to the geographical isolation associated with rural communities in the States of Alaska and Hawaii, disadvantaged populations residing in these areas lack access to skill training programs, education opportunities, and other self-development initiatives which has contributed to the high rates of poverty, unemployment, school dropouts, teen pregnancy, substance abuse, and mental illness.

Expanding on the direction prescribed in previous years, the Committee recommends that $5,000,000 be provided in pilot and demonstration funds to support training, education employment, and entrepreneurial opportunities to improve the economic and social health and welfare for adults on the neighbor islands of Hawaii and in Alaska. In Hawaii, the Committee urges that community colleges be the focal point of these programs. In Alaska, the Committee urges that, of the funds provided, $1,250,000 be provided to Ilisagvik College in Barrow, AK; $250,000 be provided to Koahnic Broadcasting, Inc., in Anchorage, AK; and $1,000,000 be provided to Kawerak, Inc., in Nome, AK, for continuation or initiation of vocational job training programs for Alaska Natives.

The Committee recommends $1,000,000 in pilot and demonstration funds for the Alaska Federation of Natives Foundation consistent with the goals of the AFN Foundation bylaws, section 13, to develop and train highly skilled Alaska native workers for year-round employment within the petroleum industry in Alaska. The Committee expects that the Department will make these funds available to match contributions under the 1995 Alaska Native Utilization Agreement and that such funds shall be expended with the advice and consent of the advisory board established under section 9 of the Alaska Native Utilization Agreement.

The Committee encourages full and fair consideration of a proposal to design and implement a 3-year project that will prepare students for the technological needs of the 21st century work force. The first phase would include a survey of the work force demands of the northeastern and southwestern Pennsylvania regions. The second phase would allow for information dissemination and the final phase would implement a skills development program. The State should use State resources to leverage any Federal resources.

The Committee encourage the full and fair consideration of a proposal by the Philadelphia High School Academies [PHSA] to expand curricula to establish a second academy for law, criminal justice, and public administration. The PHSA also would produce an academy start-up kit for schools wishing to open an academy. The Committee believes that this additional academy will meet the needs of the work force and fulfill its mission to enhance public

school students academic and occupational skills and options through its partnerships with business and educational institutions.

The Committee is aware that the Philadelphia Housing Authority is seeking funds to prepare public and assisted housing residents to pass State approved building trade skill apprenticeship program tests, and recommends $1,000,000 to assist with this effort. This preapprenticeship initiative will offer comprehensive services, including literacy skills, development of good work habits, on-the-job training augmented with classroom training, and placement services.

The Committee is aware of the success of the Women's Association for Women's Alternatives, Inc. [WAWA], of Swarthmore, PA, in bringing the concept of self-sufficiency into the implementation of welfare reform in Pennsylvania. The Committee recommends $90,000 for WAWA to train welfare caseworkers and facilities to use the Pennsylvania self-sufficiency standard so that households stay off welfare permanently and attain livable wages.

The Committee notes that the Department has launched a pilot project with Green Thumb, Inc., to train low-income seniors for good jobs in the growing information technology [IT] industry. This pilot and its modest expansion to include additional disadvantaged populations and sites is also receiving financial and in-kind support from major IT companies. The Committee urges the Department to consider expanding this pilot effort.

The Committee recognizes the Department of Labor's continued efforts to improve job training and employment services of homeless and other at-risk population groups. The Committee urges the Department to build on the experience of its job training demonstration program for the homeless and recommends expansion to help formerly homeless individuals who may be welfare recipients or drug addicted get and keep unsubsidized jobs in local or regional skill shortage areas. The Committee recommendation includes JTPA title IV pilot and demonstration funds and the Committee also encourages the Secretary to use some JTPA title III national reserve funds with these funds to test innovative ways to help these individuals join the existing work force. Thus, these formerly homeless individuals can acquire skills in occupational areas in local or regional demand. This innovation may include customized training and should include strong linkages to other public and private resources to ensure these individuals can access a comprehensive range of services so they can find and keep jobs that are in demand. Specifically, the Committee is aware that since the early 1990's the homeless population has tripled in the southwestern Pennsylvania area and that there is an immediate and urgent need to expand skills training and services. Therefore, the recommendation includes $675,000 for the Southwestern Pennsylvania Employment Plus Job Training Program, a training demonstration project which will give the formerly homeless and drug addicted population the necessary job skills and self-development initiatives to join the existing work force.

The Committee encourages full and fair consideration by the Department of Labor of a proposal by the Corporation for Supportive Housing for $2,000,000 to demonstrate effective approaches to in-

crease the employment of poor, primarily single adults living in supportive housing. The Committee is aware of the Corporation for Supportive Housing's interest in helping local groups implement effective employment interventions for unattached adults, building on a firm foundation of residential stability. Anticipated outcomes would include increased job placement, retention and earnings, and the documentation and dissemination of best practices. The Committee expects that any proposed effort would link local groups to local work force development systems and that Federal demonstration funds would be more than doubled by philanthropic funds and other public funds.

The Committee has included funds to provide for a model regional work force development center that will demonstrate the use of technology to train highly skilled employees for careers in machine technology, information technology, hospitality and travel, financial services and food services. The Committee is aware of the efforts of the Springfield Workforce Development Center and urges the Department to give full and fair consideration to the center when funds are awarded for such a demonstration.

The Committee encourages full and fair consideration of a proposal by the Doe Fund's Ready, Willing and Able, a residential work program for economically disadvantaged and homeless men and women in Harlem, NY. This program prepares economically disabled adults for participation in the labor force and increases their occupational skills, resulting in improved, long-term employability, increased earnings, and reduced welfare dependency.

The Committee recommends funding of a proposal to support a collaboration between the Department of Labor and the State of Vermont to establish a model regional work force development network. The purpose of this project would be to support regional economic development strategies including the establishment of an effective assessment system, disseminate best practices pertaining to training strategies, provide professional development activities for members of the regional work force investment boards and adapt comprehensive work force education and training system performance measures.

The Committee recommends $1,000,000 for a proposal from the State of Vermont for a high skills training consortia for the plastics and support tooling industries, including development of a statewide curriculum which will meet the training needs of Vermont companies and their future work force.

The Committee is aware that employment-related skills development is an essential component of sustained recovery from addiction. The Committee encourages full and fair consideration of a proposal for $1,000,000 for a program which will provide employment-related skills services into its recovery programs. The purpose of this grant is to design and evaluate a curriculum which will prepare addicts to make the transition from addiction to employment. The Committee is aware of the interest of the Center Point program in Marin County, CA, in such a grant.

The Committee is aware of the South Carolina work force development project undertaken by the nonprofit Economic Development Inc. This project will develop a replicable model for providing a comprehensive and indepth assessment of the gap between em-

ployer skill needs and current and prospective employee skills. This assessment will go beyond currently available assessments of the education and training credentials needed for specific jobs, and will lead to a strategy to address the identified training needs through an ongoing public-private partnership. The Committee urges full and fair consideration of funding in the amount of $500,000 for this project.

The Committee is aware of the services provided by the Guadalupe Center to the Latino community located in Kansas City, MO. The center is continuing its efforts to provide the services needed as well as working toward creating self-sustaining and revenue generating programs. To provide assistance and help the Guadalupe Center meet its goal of self-sufficiency the Committee recommends $2,000,000 for training, education, and acquisition of educational materials for its culinary and cultural arts expansion.

The Committee recommends that $250,000 be provided to fund a demonstration project to increase the capacity of Women Work! to recruit and train displaced homemakers for jobs in information technology, to work with the information technology industry employers, and improve the organization's technological capacity.

Recognizing the need to successfully reintegrate adult prisoners into society, the Committee recommends $500,000 for Project Horizons for New Opportunities. This program has been designed by the Berkshire County Office of the Sheriff, in collaboration with the Berkshire Training and Employment Program, to assist the 280 inmates at the Berkshire County House of Correction in Massachusetts. The program will teach prisoners life skills, assess individual career interest and aptitude assessment, provide basic occupational education through state-of-the-art technology, and will enable inmates to gain valuable work experience in community service projects that are closely linked to their occupational and educational goals. This innovative effort will help prisoners overcome barriers to employment and will enhance their reintegration into the community.

The Committee recommends $406,000 for Project Homeward Bound, headquartered at Eliada Homes in Asheville, NC. The project provides juveniles with vocational education, job training, and placement.

The Committee has again included language to authorize the Secretary of Labor to waive requirements (with limited exceptions) of the Job Training Partnership Act and the Wagner-Peyser Act to facilitate the implementation of State plans for improving work force development systems. This language allows the Secretary to waive requirements of JTPA and Wagner-Peyser that are determined to impede these efforts. In exchange for the greater flexibility provided by such waivers, the language requires that the State execute a memorandum of understanding with the Secretary of Labor identifying the outcomes the State intends to achieve and other measures that will ensure appropriate accountability for the use of Federal funds.

In addition, the Committee has retained language included in the fiscal year 1998 bill for the "Training and employment services" account which authorizes the Secretary to establish a work-flex partnership demonstration program with six States. This language

does not authorize an additional six States, but merely continues the authorization for the six States authorized in the fiscal year 1998 bill.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 1998	$440,200,000
Budget estimate, 1999	440,200,000
Committee recommendation	440,200,000

The Committee recommends $440,200,000, the same as the budget request for community service employment for older Americans. The Committee recommends 78 percent of the funds for national sponsors and 22 percent for State sponsors; this is the same percentage distribution as current law. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. It is forward-funded from July to June, and the 1999 appropriation will support the program from July 1, 1999, through June 30, 2000. These funds are to be distributed in the same manner as currently authorized under the Older Americans Act, unless this law is subsequently altered. Current law states that title V funds should be targeted to eligible individuals with the greatest economic need. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants. The Committee would expect the administration of this program would remain at the Department of Labor, unless subsequent authorizing legislation is enacted which transfers the program to the Department of Health and Human Services.

The Committee is concerned about the impact of welfare reform on indigent elderly legal immigrants who face the loss of Supplemental Security Income [SSI]. Current law states that title V funds should be targeted to eligible individuals with the greatest economic need. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for elderly legal immigrants where possible.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 1998	$349,000,000
Budget estimate, 1999	360,700,000
Committee recommendation	360,700,000

The Committee recommends $360,700,000, the same as the budget request and an increase of $11,700,000 above the 1998 enacted level for Federal unemployment benefits and allowances. These are entitlement funds.

The trade adjustment line item has two activities totaling $312,300,000 in fiscal year 1999.

The first activity, trade adjustment assistance benefits, provides for special unemployment benefit payments to workers as author-

ized by the Trade Act of 1974, as amended. For this activity the Committee recommends $218,000,000. This is the same as the budget request and an increase of $10,000,000 above the 1998 comparable level. These funds will permit payment of benefits, averaging $215 per week, to 35,200 workers for 1999. Of these workers, 26,000 will participate in training programs, receiving benefits for an average of 28.8 weeks. The remaining 9,200 workers receiving benefits will receive training waivers and collect benefits.

The second activity, trade adjustment assistance training, provides 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. The Committee recommends $94,300,000 for this activity. This is the same as the budget request and a decrease of $2,400,000 below the 1998 comparable level. These funds will provide services for an estimated 26,000 workers.

For NAFTA activities, $48,400,000 is provided, in two components.

The first component, 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 Committee recommends $26,000,000 for this activity. This is the same as the budget request and an increase of $4,000,000 over the 1998 comparable level. These funds will provide 3,900 eligible workers an average of 30 weeks of benefits each, at an average weekly amount of $223.

The second component, 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 Committee recommends $22,400,000 for this activity. This is the same as the budget request and an increase of $100,000 over the 1998 comparable level. These funds will provide training for an estimated 5,300 workers.

• STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 1998	$3,500,417,000
Budget estimate, 1999	3,368,173,000
Committee recommendation	3,279,573,000

The Committee recommends $3,279,573,000 for this account. This is $88,600,000 below the budget request and a decrease of $220,844,000 below the 1998 comparable level. Included in the total availability is $3,117,476,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $162,097,000 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.

For unemployment insurance [UI] services, the bill provides $2,311,458,000. This total includes a regular contingency amount of $186,333,000 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 2,629,000. This second contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,629,000 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 unemployment insurance service recommendation provides a decrease of $209,000,000 below the fiscal year 1998 level. The allowance includes $2,115,125,000 for State operations, a decrease of $99,000,000 below the budget request and $1,000,000 above the 1998 comparable level.

The Committee recommends rescission of the $40,000,000 provided in fiscal year 1998 as an advance for fiscal year 1999 for the purpose of assisting States to convert their automated State employment security agency systems to be year 2000 compliant. Instead, these resources will be provided through an emergency fund being provided on a Governmentwide basis.

For the employment service, the Committee recommends $821,615,000 which includes $23,452,000 in general funds together with an authorization to spend $798,163,000 from the "Employment security administration" account of the unemployment trust fund. These amounts are $5,000,000 above the budget request and the 1998 comparable level.

Included in the recommendation for the employment service [ES] is $761,735,000 for State grants, available for the program year of July 1, 1999, through June 30, 2000. This is the same as the budget request and the 1998 comparable level. Also included is $59,880,000 for national activities, an increase of $5,000,000 above the budget request and the 1998 comparable level. This increase above the 1998 and 1999 request level of $31,300,000 is for processing of labor certification workload.

The recommendation includes $146,500,000 for one-stop career centers, which is the same as the budget request and a decrease of $16,844,000 below the 1998 comparable level.

The Committee is concerned about the current state of the permanent labor certification program. This program, which provides access to needed workers in those cases where a shortage of American workers can be shown, is suffering from a lack of adequate funding and a significant increase in applications received, which has led to problems in administering the program.

A part of the labor certification process most affected by the lack of funding and the increased demand is the permanent labor certification program [PLC]. By law, the PLC is a necessary predicate for employers to sponsor would-be immigrants for permanent residence in the United States based on an offer of employment. The program requires employers to demonstrate, through Department of Labor [DOL] monitored processing, that no qualified U.S. worker is available to be employed in the occupation and geographic area

where the foreign worker is being offered a job. The program provides for a limited number of foreign-born employees each year to obtain permanent residence in the United States. In fiscal year 1997, the total number of applications received was 66,699. That number had already been surpassed by midyear of fiscal year 1998.

Significant reductions in funding for the labor certification program, however, combined with the significant increase in applications, have led to serious delays in the process. Employers in large volume States such as California and New York now have to wait up to 3 years before their applications for permanent labor certification can be processed. The Committee notes that although the Labor Department has attempted to address the issue of slow processing time with the publication of general administration letter [GAL] 1–97 in October 1996, the benefits received by the processing concepts put forth in that GAL have been overwhelmed by the reduction of staff and increased applications. Accordingly, the subcommittee recommends that the funding for the program be increased by $5,000,000.

The Committee urges the Department to fund a national performance measurement system for ES activities. Each State should not have to create a separate system funded with their operating funds. Rather, the Department should fund the development and implementation of a standard system that would help to maintain the national ES system. State ES agencies should be involved in the development of such a system.

The Committee also encourages the Department to coordinate, as appropriate, the development and implementation of a performance measurement system for ES with the development of the work force development performance measures.

The Committee recommends that the Department support needed changes in State ES automated hardware and systems to address the year 2000 [Y2K] problem. The Committee has included funds requested for the America Job and Talent Banks and its new component, America's Learning Exchange. This program is intended as an electronic marketplace that will link training providers and developers to individuals and companies needing to purchase training. This initiative will also help address the Nation's Y2K problem.

The Committee agrees that the work opportunity tax credit [WOTC], and the welfare-to-work tax credit provide important resources to create new jobs, particularly for those Americans who would otherwise be dependent on welfare. Therefore, the Committee recommendation includes $20,000,000 for these initiatives, subject to reauthorization the same as the request and fiscal 1998 enacted level.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 1998	$392,000,000
Budget estimate, 1999	357,000,000
Committee recommendation	357,000,000

The Committee recommends $357,000,000 the same as the budget request and a decrease of $35,000,000 below the 1998 comparable level, for this account. 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 1999 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 now repayable with interest to the general fund of the Treasury.

PROGRAM OPERATIONS

Appropriations, 1998	$131,382,000
Budget estimate, 1999	143,460,000
Committee recommendation	137,711,000

The Committee recommendation includes $93,995,000 in general funds for this account, as well as authority to expend $43,716,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $137,711,000. This is $5,749,000 less than the budget request and $6,329,000 more than the 1998 comparable level. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 1999.

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, as amended. Federal staff costs related to the Wagner-Peyser Act in this account are split 97 percent to 3 percent between unemployment trust funds and general revenue, respectively.

PENSION AND WELFARE BENEFITS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1998	$82,056,000
Budget estimate, 1999	90,974,000
Committee recommendation	88,076,000

The Committee recommendation provides $88,076,000 for this account, which is $2,898,000 less than the budget request and an increase of $6,020,000 over the 1998 comparable level. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 1999.

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. PWBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 [FERSA]. PWBA provides funding for the enforcement and compliance; policy, regulation, and public services; and program oversight activities.

The Committee recommends funding for the implementation of a new system devoted to processing form 5500 series financial data required under the Employee Retirement Income Security Act. This project enables employees to submit annual benefit plan reports electronically, reducing the cost, paperwork burden, and enhancing protection of pension funds. The Committee intends for the Internal Revenue Service and the Department of Labor to continue to share the ongoing operating costs of the system in the same manner as under the current system.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimate for fiscal year 1999 includes benefit payments of $977,380,000, multiemployer financial assistance of $14,250,000, administrative expenses limitation of $10,958,000, and services related to terminations expenses of $147,724,000.

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 Chair of its Board of Directors. The Corporation receives its income primarily 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 $200,000,000 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.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1998	$301,020,000
Budget estimate, 1999	316,191,000
Committee recommendation	311,333,000

The Committee recommendation includes $311,333,000 for this account. This is $4,858,000 less than the budget request and an increase of $10,313,000 above the 1998 comparable level. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 1999. The bill contains authority to expend $1,924,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder are general funds. In addition, an amount of $30,191,000 is available by transfer from the black lung disability trust fund. This is the same as the request and $4,044,000 more than the 1998 comparable level. The Committee recommendation includes full funding of the budget request for expanded enforcement of domestic child labor laws.

The Committee is deeply concerned about the rising instances of child labor in the United States. Although no official estimate exists, studies place the number of illegally employed children in the United States between 300,000 and 800,000. Therefore, the Committee has included full funding for the President's initiative on domestic child labor. Furthermore, the Committee strongly believes that effective enforcement must be a part of any comprehensive strategy to eliminate illegal child labor.

The Committee is concerned that the Fair Labor Standards Act could be interpreted to require that funeral homes pay enormous amounts of overtime compensation to licensed funeral directors, who are often oncall 24 hours a day. Such an interpretation could have a serious adverse impact on many small funeral homes, and may create the necessity to provide them with the flexibility to allow options for alternative compensation.

SPECIAL BENEFITS

Appropriations, 1998	$201,000,000
Budget estimate, 1999	179,000,000
Committee recommendation	179,000,000

The Committee recommends continuation of appropriation language to provide authority to require disclosure of Social Security account numbers by individuals filing claims under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act and its extensions.

The bill includes $179,000,000, the same as the budget request and a decrease of $22,000,000 below the 1998 comparable level. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law.

The total amount to be available in fiscal year 1999, including anticipated reimbursements from Federal agencies of $1,846,000,000 is $2,025,000,000, a decrease of $18,000,000 below the 1998 comparable level.

The Committee recommends continuation of 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 3 years of employment not to exceed 75 percent of salary in the worker's first year, declining thereafter. Costs will be charged to the FECA fund.

The Committee again includes appropriation language that retains the drawdown date of August 15. The drawdown authority enables the agency to meet any immediate shortage of funds without requesting supplemental appropriations. The August 15 drawdown date allows maximum flexibility for continuation of benefit payments without interruption.

The Committee recommends continuation of appropriation language to provide authority to deposit into the special benefits account of the employees' compensation fund 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 concurs with requested bill language to allow the Secretary to use fair share collections to fund capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

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' Com-

pensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung).

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 1998	$1,007,000,000
Budget estimate, 1999	1,021,000,000
Committee recommendation	1,021,000,000

The bill includes authority to obligate $1,021,000,000 from the black lung disability trust fund in fiscal year 1999. This is an increase of $14,000,000 above the 1998 comparable level.

The total amount available for fiscal year 1999 will provide $453,725,000 for benefit payments, and $51,275,000 for administrative expenses for the Department of Labor. Also included is $516,000,000 for interest payments on advances. In fiscal year 1998, comparable obligations for benefit payments are estimated to be $466,650,000 while administrative expenses for the Departments of Labor and Treasury, respectively, are $45,994,000 and $356,000.

The Committee reiterates its directive to prevent the closing of and to ensure the staffing of black lung field offices.

The trust fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation 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 68,500 people will be receiving black lung benefits financed from the trust fund by the end of fiscal year 1999. This compares with an estimated 72,500 receiving benefits in fiscal year 1998.

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. 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.

The Department of Labor is encouraged to expeditiously complete the review process on its proposed changes to the black lung regulations. The Committee understands that any procedural errors which may have occurred during the initial proposal process are being addressed by the Department and that they will be in full compliance with reg-flex and SBREFA prior to finalization of the regulatory proposals.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1998	$336,678,000
Budget estimate, 1999	355,045,000
Committee recommendation	348,983,000

The Committee recommendation includes $348,983,000 for this account. This is $6,062,000 less than the budget request and an increase of $12,305,000 above the 1998 comparable level. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 1999. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

In addition, the Committee has included language to allow OSHA to retain up to $750,000 per fiscal year of training institute course tuition fees to be utilized for occupational safety and health training and education grants in the private sector.

The Committee supports the State of New Jersey's pending application for a Public Employee Occupational Safety and Health [PEOSH] Program, and strongly urges OSHA to include the necessary funding for this program in its fiscal year 2000 budget request.

The Committee retains language carried in last year's bill effectively exempting farms employing 10 or fewer people from the provisions of the act except those farms having a temporary labor camp. The Committee also retains language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections. These provisions have been in the bill for many years.

The Committee is very pleased with OSHA's efforts in placing high priority on the voluntary protection programs [VPP] and other voluntary cooperative programs. The agency's work in reducing the VPP application backlog and its commitment to eliminate this backlog is particularly noteworthy. The Committee expects OSHA to continue to place high priority on the VPP, assuring prompt review and processing of VPP applications from interested employers and employees. Cooperative voluntary programs, especially the VPP, are an important part of OSHA's ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

The Committee also intends that the Office of Regulatory Analysis continue to be funded as nearly as possible at its present level.

Accidental injuries from contaminated needles and other sharps jeopardize the well-being of our Nation's health care workers and result in preventable transmission of devastating bloodborne illnesses, including HIV, hepatitis B, and hepatitis C. The Committee is concerned that the OSHA 200 log does not accurately reflect the occurrence of these injuries. The Committee understands that the reporting and record keeping standard (29 CFR 1904) requires the recording on the OSHA 200 log of injuries from potentially contaminated needles and other sharps that result in: the recommendation or administration of medical treatment beyond first aid; death, restriction of work or motion; loss of consciousness; transfer to another job; or seroconversion in the worker. Accidental injuries with potentially contaminated needles or other sharps require treatment beyond first aid. Therefore, the Committee urges OSHA to require the recording on the OSHA 200 log of injuries from needles and other sharps potentially contaminated with bloodborne pathogens.

It has been brought to the Committee's attention that many medical workers, most of whom work in hospital operating rooms, are experiencing unexplained illness and disability, possibly as a result of exposure to glutaraldehyde, a chemical used for x-ray processing and disinfection of medical equipment. The Committee believes that OSHA should take necessary steps to educate medical facilities about the risks of glutaraldehyde exposure in the workplace, and assist those employers in implementing appropriate safety precautions for at-risk workers.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1998	$203,397,000
Budget estimate, 1999	211,165,000
Committee recommendation	211,165,000

The Committee recommendation includes $211,165,000 for this account. This is the same as the budget request and $7,768,000 more than the 1998 comparable level.

This agency insures the safety and health of the Nation's miners by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

The Committee is aware that the Mine Safety and Health Administration's programs, expertise, and resources are pivotal to the dramatic safety and health progress achieved by the American mining industry. The Committee encourages MSHA to actively engage in exchange of mine safety and health techniques, knowledge, and resources to enhance miners' safety throughout the world.

The Committee has continued language carried in the bill since fiscal year 1980 prohibiting the use of funds to carry out the training provisions of the Mine Act with respect to shell dredging, or with respect to any sand, gravel, surface stone, surface day, colloidal phosphate, or surface limestone mine. The Committee recommends including this language for another year. However, the Committee finds the agency's data regarding the number of untrained workers in these industries who are exposed to the risks and hazards associated with the mining environment disturbing. Therefore, the Committee intends for fiscal year 1999 to be the last year this provision will be contained in the bill. We are encouraged by the agency's and industries' efforts to resolve the issues regarding safety and health training for miners. The Committee directs the agency to continue to expeditiously develop appropriate training regulations for the workers at these operations, and receive input from industry and labor. The Committee is aware of a recent Solicitor opinion which raises issues whether new regulations can be developed under the existing bill language. The Committee is committed to considering a technical amendment to the current bill language in conference if it is needed to assure that these regulations can be promulgated. During fiscal year 1999, the agency should develop final miner training regulations for the affected industries. The Committee expects the agency to submit a report

prior to its appropriations hearing on the fiscal year 2000 budget outlining the progress that has been made by that time.

The Committee understands that the Assistant Secretary for Mine Safety and Health announced the agency's intention to seek to have the Federal Mine Safety and Health Review Commission's decision in the *National Gypsum* case overturned. That decision defined significant and substantial violations of the Mine Act as violations that are reasonably likely to result in a reasonably serious injury or illness. The Committee notes with approval that by Federal Register notice of April 23, 1998, MSHA announced that it would suspend its February 5, 1998, interpretive bulletin and continue to accept comments on this issue. In cases before the Review Commission, there has been discussion of reversing or revising the 17 years of case law precedents. Some have stated that a new interpretation of the plain language, legislative history, and remedial purpose of the Mine Act supports rejecting this precedent or creating presumptions that avoid this precedent. The reasonable likelihood standard best reflects congressional intent and is consistent with the plain language, legislative history, and remedial purpose of the Mine Act. By focusing on serious hazards, the reasonable likelihood standard permits the Commission, the industry, the work force and MSHA to focus on serious risks and prevent them.

The Committee commends MSHA for its proactive approach in seeking the root causes of and solutions to persistent problems affecting miners' safety and health. In particular, the Committee is pleased with the agency's work to eliminate black lung disease and silicosis. Miners continue to be diagnosed with these diseases and black lung alone costs the Federal Government more than $1,000,000,000 annually. Understanding that changes and improvements to the program to protect miners' health are necessary, the Committee strongly urges the agency to continue to implement the recommendations of the Advisory Committee on the Elimination of Pneumoconiosis Among Coal Mine Workers. To that end, the Committee fully funds the administration's request for expansion of the coal dust sampling program, a unanimous recommendation of the Advisory Committee.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 1998	$380,543,000
Budget estimate, 1999	398,870,000
Committee recommendation	390,889,000

The Committee includes $390,889,000 for this account, which is $7,981,000 less than the budget request and $10,346,000 more than the 1998 comparable level. This includes $53,718,000 from the "Employment Security Administration" account of the unemployment trust fund, and $337,171,000 in Federal funds. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 1999.

The Committee has included $11,159,000 for the Consumer Price Index revision; this effort should remain the highest priority for the Bureau.

The Bureau of Labor Statistics is the principal fact finding agency in the Federal Government in the broad field of labor economics.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 1998	$152,930,000
Budget estimate, 1999	189,060,000
Committee recommendation	188,762,000

The Committee recommendation includes $188,762,000 for this account, which is $298,000 less than the budget request and $35,832,000 above the 1998 comparable level. This consists of $188,463,000 in general funds and authority to transfer $299,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of $20,422,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 1999.

The primary goal of the Department of Labor is to protect and promote the interests of American workers. The departmental management appropriation finances staff responsible for formulating and overseeing the implementation of departmental policy and management activities in support of that goal. 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 Committee intends that the Women's Bureau maintain support at the fiscal year 1997 level for technical assistance and training on displaced homemaker programming through effective programs such as the Women Work Program. This assistance is critical as State and local agencies develop and implement new models for work force development and welfare reform. The Committee recommends $7,802,000, an increase of $40,000 over the fiscal year 1998 level.

The Committee urges the Women's Bureau to continue support at the fiscal year 1998 level for effective organizations such as Women Work! to provide technical assistance and training on displaced homemaker programming.

The Committee has expressed its concern in recent years about the exploitation of child labor around the world. The Committee's concern has been mirrored in a number of other international initiatives, and as a result, the fight to reduce child exploitation has been placed onto the global agenda. In a report released in 1996, the International Labor Organization estimates the total number of child workers between the ages of 5 and 14 to be 250 million worldwide—some 120 million working full time.

The Committee notes the positive work being done by the ILO's International Programme for the Elimination of Child Labor [IPEC], including funds made available to the Secretary of Labor by this Committee. The Committee has provided an additional $28,290,000 from within funds for the Bureau of International

Labor Affairs, to continue work on international child labor issues and funding for the IPEC program.

The Committee recognizes the value of the reports completed by the Bureau of International Labor Affairs in recent years documenting the incidence of international child labor in various industries and countries, and some of the innovative approaches to reduce the use of abusive and exploitative child labor such as codes of conduct and labeling initiatives. While obstacles such as poverty and limited family income contribute to child labor, it is clear that child labor imposes large economic costs by continuing the cycle of poverty and denying educational opportunities to millions of children. Consequently, the Committee requests that the Bureau undertake a study on the economic benefits that could be realized from the elimination of abusive and exploitative child labor and the increased enrollment of these children in school. The study should look at the economic benefits to individual countries and to possible global benefits, in particular U.S. trade, that would result from the elimination of abusive and exploitative child labor. The analysis could include appropriate case or country studies, as appropriate. The study should be completed by July 15, 1999.

In addition, the Committee is concerned by the large and growing problem of abusive treatment of workers around the world who produce apparel for export to the United States and the impact of that treatment on companies and workers in the United States. In an effort to obtain more detailed and accurate information, the Committee urges the Department to establish a methodology and format for reporting regularly on the use of sweatshops in the production of apparel for import into the United States. Because the Department's reporting capabilities are currently limited to violations by domestic producers only, the misleading impression that violations of law and substandard conditions in the industry are far more extensive within the United States than elsewhere is given. Development of new reporting methods should help to correct the existing imbalance in the Department's current reporting on this subject.

Since Haiti's economic recovery has been negatively impacted by continuing concerns about working conditions in the assembly sector, the Committee has allocated $1,000,000 to support a cooperative initiative between the Haitian private sector and the International Labor Organization which will assure that working conditions meet international standards.

The Committee is aware of the unique efforts to develop and implement public-private initiatives promoting employment opportunities for persons with disabilities. Recognizing that less than one-third of the Nation's disability population is currently employed, the Committee has provided additional funds to support the activities of the President's Committee on Employment of People With Disabilities, including the promotion of students with disabilities in technology careers, business leader involvement in developing job opportunities, entrepreneurial development and for technical assistance in advising businesses regarding job accommodations.

The Committee recommends the full request of $2,400,000 for the President's Task Force on Employment of Persons With Disabilities, by providing $1,400,000 in this account for S&E and other

related expenses of the task force and $1,000,000 in the "Social Security Administration" account for policy research to support the goals of the task force. The task force will consult with the Social Security Administration in the design and implementation of this policy research.

The Committee retains bill language intended to ensure that decisions on appeals of Longshore and Harborworker Compensation Act claims are reached in a timely manner.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

Appropriations, 1998	$181,979,000
Budget estimate, 1999	182,719,000
Committee recommendation	182,719,000

The Committee recommendation includes $182,719,000 to be expended from the "Employment Security Administration" account of the unemployment trust fund. This is the same as the budget request and $740,000 above the 1998 comparable level.

For State grants the bill provides $80,040,000 for the Disabled Veterans Outreach Program and $77,078,000 for the Local Veterans Employment Representative Program.

For Federal administration, the Committee recommends $25,601,000, an increase of $740,000 over the fiscal year 1998 level. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain an effective program. The Committee notes the budget request includes $2,000,000, the same as the fiscal 1998 level, for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans. The Committee urged that funding for the Institute be maintained, to the extent possible, at the 1998 level.

The recommendation also authorizes the Department of Labor to permit the Veterans' Employment and Training Service [VETS] to also fund activities in support of the VETS' Federal Contractor Program [FTP] from funds currently made available to States for veterans' employment activities.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1998	$46,272,000
Budget estimate, 1999	49,805,000
Committee recommendation	48,500,000

The bill includes $48,500,000 for this account, a decrease of $1,305,000 below the budget request and $2,228,000 above the 1998 comparable level. The bill includes $44,775,000 in general funds and authority to transfer $3,725,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of $306,000 is available by transfer from the black lung disability trust fund. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 1999.

The Office of the Inspector General [OIG] 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.

GENERAL PROVISIONS

General provisions bill language is included to: Rescind welfare-to-work formula grant funding not claimed by the States (sec. 101); permit transfers of up to 1 percent between appropriations (sec. 102); and permit contracting out of Job Corps civilian conservation centers that fail to meet performance standards (sec. 103).

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 1998	$3,611,395,000
Budget estimate, 1999	3,772,968,000
Committee recommendation	3,885,900,000

The Committee recommends an appropriation of $3,885,900,000 for health resources and services. This is $112,932,000 above the administration request and $274,505,000 more than the fiscal year 1998 allowance.

Health Resources and Services Administration [HRSA] activities support programs to provide health care services for mothers and infants; the underserved, elderly, homeless; migrant farm workers; and disadvantaged minorities. This appropriation supports cooperative programs in community health, AIDS care, health provider training, and health care delivery systems and facilities.

CONSOLIDATED HEALTH CENTERS

The Committee has again provided funds for community health centers, migrant health centers, health care for the homeless, and public housing health service grants in a consolidated line rather than through separate lines. The Committee provides $925,000,000 for the consolidated health centers [CHC's], which is $100,117,000 above the 1998 level and $85,532,000 above the administration request for this group of programs.

Community health centers

The community health centers provide comprehensive, case-managed primary health care services to medically indigent and underserved populations in rural and urban areas. Of the clients served by community health centers, about 44 percent are children and 66 percent have incomes below the poverty line.

The Committee understands that half of new patients served by health centers over the past 3 years have no health insurance. This increase in uninsured patients has driven demand for expanded services. The Committee expects that funding increases will be reasonably allocated to increase grant levels for existing grantees (particularly those serving greater numbers of uninsured persons) and to initiate new sites in underserved areas, particularly in rural regions.

The Committee is concerned about the low number of centers in rural areas where shortages of health professionals are the greatest. The Committee strongly urges the agency to place the highest priority on applications for new centers on rural areas which fall

within the service area of an existing center but where no satellite clinic has been established.

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.

The Committee notes that in each of fiscal years 1997 and 1998, $6,000,000 was made available from the health center appropriation for guarantees of loans made to health centers for the costs of developing and operating managed care networks or plans and for facility improvements. Because there are sufficient funds available to meet needs for these loan guarantees at the present time, the Committee is not making available additional funds for these loan guarantees in fiscal year 1999. Instead, the Committee intends that $6,000,000 in fiscal year 1999 funds for community health centers be made available for grants under section 330(c)(1)(B) to assist health centers in meeting the necessary startup expenses for planning and organizing managed care networks and plans, which must be made before a health center can use the loan guarantee program. The Committee further intends that the use of fiscal year 1999 grants under section 330(c)(1)(B) will not result in the reduction of any other grant to an existing health center.

The Committee understands the difficulties with which the loan guarantee program, established under section 330(d) of the Public Health Service Act, is being implemented and requests the administrator to provide a report by December 31, 1998, on the status of this initiative, including recommendations on how its implementation could be expedited.

Within the increase provided for community health centers, the bureau is encouraged to demonstrate and evaluate the outcomes of linking community health centers and substance abuse treatment centers.

The Committee reiterates its support for providing comprehensive primary and preventive health care services to persons without health insurance coverage and to those residing in isolated areas. The Committee encourages HRSA to establish new centers and to expand existing centers in communities in need. The Committee is supportive of the proposal by the Haines Health Center in Haines, AK, and considers addressing the health needs of the people in the catchment area to be of the highest priority; the Committee further urges the agency to give full and fair consideration to this proposal. The Committee is aware of proposals by Ozark Tri-County in Pineville, MO, Cross Trails Medical Center in Advance, MO, and the Family Health Center in Columbia, MO, and encourages full and fair consideration of the proposals from these organizations. The Committee is further aware of the plan by Samuel U. Rodgers Health Center and Cabot Westside Clinic in Kansas City, MO, to collaborate and integrate service delivery systems, and urges the agency to give this proposal full and fair consideration.

The integrated service delivery network developed by the Iowa/Nebraska primary care association has served as a model to more effectively and efficiently provide access and quality care to underserved populations. The Committee encourages HRSA to give full and fair consideration to a proposal from this association to expand

this network to other rural communities including Burlington and Ottumwa, IA.

The Committee is concerned with the Department's delay in the publication of regulations to update and revise medically underserved areas [MUA] and health professions shortage areas [HPSA]. Many communities depend on MUA and HPSA designations for participation in vital programs which assist them in the delivery of health care services to the underserved. Furthermore, the Committee is concerned that current MUA and HPSA decisions are based on outdated and inaccurate data which results in communities losing MUA and HPSA status and, therefore, participation in several important programs. The Committee urges the Department to expedite publication of the revised MUA and HPSA regulations, currently under development. In addition, the Committee expects the Department to provide extensions for areas which would otherwise lose their MUA and HPSA designations under the current system to allow time to have their status reviewed under the new regulations.

The Committee is aware that a significant number of uninsured families in the Nation reside in the South, a region that has a high number of underserved areas. It has been brought to the Committee's attention that the Robert Wood Johnson Foundation has initiated a program, the Southern Rural Access Program, that works with targeted States to increase access to care by developing community leadership and improving rural health care infrastructure. Housed at the Geisinger Health System of the Pennsylvania State University, the national program office for this initiative is positioned to provide ongoing technical assistance. Several States have elected to participate in the RWJF program but still lack the necessary resources for entry. The Committee strongly urges the Secretary to consider designating a portion amount of the funds appropriated to Community and Migrant Health Centers and School-Based Clinics as matching funds for centers participating in the program.

It has been brought to the Committee's attention that environmental health burdens have fallen disproportionately upon low-income and minority communities. The agency is encouraged to develop more effective intervention and prevention strategies that address this area of need.

The Committee is concerned that despite previous recommendations that the Hui program be funded, given Hawaii's pressing and unique needs and the administration's assurance of support, only a minimal amount of funding was made available. Accordingly, the Committee expects a significant increase be provided for this project to address the unique health care needs of Hawaii's underserved populations which include the unemployed, persons with drug addiction, alcoholism, and chronic illness. The Committee recommends that community health centers serve as a safety net for this program, utilizing nurse practitioners and psychologists as care providers for these underserved populations.

Native Hawaiian indigenous populations continue to experience significant health problems, including asthma and diabetes. The Committee urges HRSA to implement a program under which the systematic utilization of native Hawaiian healing expertise may ef-

fectively impact the health status in these populations. The Committee further urges the continued use of community-based health centers as a foundation for traditional healing initiatives.

The Committee is aware of HRSA's policy of disinvestment and is concerned that the agency is unduly penalizing community and rural health centers that operate efficiently and utilize sound budgeting. The Committee urges HRSA to reevaluate the disinvestment process.

Migrant health centers

The program helps provide culturally sensitive comprehensive primary care services to migrant and seasonal farm workers and their families. Over 80 percent of the centers also receive funds from the community health centers program.

The Committee is aware of a HRSA policy that may be penalizing those migrant health centers that are operating efficiently and utilizing sound budgeting. The Committee urges the agency to reevaluate the disinvestment process.

Health care for the homeless

The program provides project grants for the delivery of primary health care services, substance abuse services, and mental health services to homeless adults and children. About one-half of the projects are administered by community health centers. The other one-half are administered by nonprofit coalitions, inner-city hospitals, and local public health departments.

Public housing health service grants

The program awards grants to community-based organizations to provide case-managed ambulatory primary health and social services in clinics at or in proximity to public housing. More than 60 percent of the programs are operated by community health centers.

Native Hawaiian health care

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has included funding for the consolidated health centers line so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than $3,500,000 be provided for these activities in fiscal year 1999.

The purpose of this activity is to improve the health status of native Hawaiians by making primary care, health promotion, and disease prevention services available through the support of native Hawaiian health systems. Services provided include health screening, nutrition programs, and contracting for basic primary care services. This activity also supports a health professions scholarship program for native Hawaiians.

Pacific basin initiative.—The Committee appreciates the Institute of Medicine study of the Pacific basin health care delivery system, conducted in 1998. It is the Committee's understanding that the IOM cited alarming findings for all health indicators for the 500,000 people residing in the freely associated States, as being worse than those for mainland Americans because of health condi-

tions such as tuberculosis, malnutrition, dental caries, fever, cholera, diabetes, cancer, and heart disease. The Committee, therefore, expects the Department to review the IOM findings and initiate implementation of its recommendations which include: jurisdictional coordination by the Pacific Islanders Health Officers Association [PIHOA]; use of Tripler Army Medical Center and Guam Naval Hospital for care coordination, with emphasis on telehealth assessment and management; development of and participation in a regional health information system for information tracking and storage; continuing education for all health providers; and increased involvement in health care, particularly women's health issues. The Committee expects an initial progress report from the Department on these initiatives by January 1, 1999.

National Health Service Corps: Field placements

The Committee provides $37,244,000 for field placement activities, which is $31,000 above the 1998 level and $69,000 above the administration request. The funds provided for this program are used to support the activities of National Health Service Corps 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.

The Committee is concerned about the lack of dental participation in the NHSC Scholarship Program and few dental recipients of NHSC loan repayment awards, despite a significant increase in the number of dentists needed to service designated dental health professions shortage areas. The Committee strongly urges the NHSC to address this problem through increased dental participation.

National Health Service Corps: Recruitment

The Committee provides $78,166,000 for recruitment activities, which is $309,000 above the 1998 level and $144,000 above the administration request. This program provides major benefits to students (full-cost scholarships or sizable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. The Committee reiterates its intention that funds provided be used to support multiyear, rather than single-year, commitments.

The Committee again intends that $3,000,000 of funds appropriated for this activity be used for State offices of rural health. The Committee continues to be concerned about possible overlap and duplication between primary care offices [PCO's] supported in every State through the health centers appropriation and State offices of rural health [SORH's] supported in each State through the National Health Service Corps appropriation. While some required activities are exclusive to one program or another, the majority are similar. These include assessment of need for health services and available resources, targeting areas of unmet need, site and community development, technical assistance, and training. The Committee reiterates its recommendation that HRSA encourage States to create agreements between each State's PCO and SORH delin-

eating joint and separate activities and promoting collaboration to the satisfaction of program officials.

Within the National Health Service Corps, the administration proposes to incorporate activities previously included under the health professions program: Grant to Communities and Nurse Loan Repayment. The grants to communities are intended to increase the availability of primary health care in urban and rural health professional shortage areas. The nurse loan repayment program offers repayment to nurses in exchange for an agreement to serve in an area with high disadvantaged populations.

In view of the significant shortage of behavioral and mental health care providers in the 775 community health centers across the country and the high level of need for these services, the Committee strongly encourages NHSC to continue initiatives that will attract and support psychologists as care providers in community health centers.

HEALTH PROFESSIONS

For all HRSA health professions programs, the bill includes $208,000,000, which is $84,518,000 less than the fiscal year 1998 appropriation and $82,595,000 less than the overall administration request for these programs.

The Committee recommends consolidated funding for programs authorized under titles III, VII, and VIII programs.

The following programs are included in this consolidated account:

Grants to communities for scholarships

This 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 States and sponsoring community organizations. The administration proposes to incorporate this activity in the National Health Service Corps Program, and has not requested funds for this activity in fiscal year 1999.

Health professions data and analysis

This program supports the collection and analysis of data on the labor supply in various health professions and on future work force configurations.

Research on certain health professions issues

This program supports research on the extent to which debt has a detrimental effect on students entering primary care specialties; the effects of federally funded education programs for minorities attending and completing health professions schools; and the effectiveness of State investigations in protecting the health of the public. The Committee reiterates its support for the three centers for health professions research that are current grantees.

Centers of excellence

This program was established to fund institutions that train a significant portion of the Nation's minority health professionals. Funds are used for the recruitment and retention of students, fac-

ulty training, and the development of plans to achieve institutional improvements. The institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities and usually with little State funding, they serve the health care needs of their patients often without remuneration.

Health careers opportunity program

This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and preprofessional school preparations. The Committee is pleased that HRSA has given priority consideration for grants to minority health professions institutions, and recommends that grant review committees have proportionate representation from these institutions.

Exceptional financial need scholarships

This program provides scholarship assistance to exceptionally needy students enrolled in schools of medicine, osteopathic medicine, or dentistry who agree to practice primary care for 5 years after completing training.

Faculty loan repayment

This program provides for the repayment of education loans for individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than 2 years as a faculty member of a health professions school.

Financial assistance for disadvantaged health professions students

This program provides financial assistance to disadvantaged students at medical, osteopathic, or dental schools who agree to practice primary health care for 5 years after completing training.

The Committee has been supportive of this program's critical role in improving the health status of minority and disadvantaged citizens by increasing available opportunities for those individuals seeking a health professions career. The Committee understands that minority providers are more likely to serve in underserved areas. The program has recognized the contribution of historically minority health professions schools, and have supported those institutions which have made the greatest contribution to increasing the number of minorities in health professions careers.

Scholarships for disadvantaged students

This program provides grants to health professions schools for student scholarships to individuals who are from disadvantaged backgrounds and are enrolled as full-time students in such schools. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarships program.

The Committee continues to recognize the importance of training greater numbers of psychologists and other health professionals from disadvantaged backgrounds to participate on interdisciplinary

primary care teams addressing a range of behavioral and mental health needs.

Family medicine training

Family medicine activities support grants for graduate training in family medicine, grants for predoctoral training in family medicine, grants for faculty development in family medicine, and grants for the establishment of departments of family medicine. The Committee reiterates its support for this program and recognizes its importance in increasing the number of primary care physicians in underserved areas.

General internal medicine and pediatrics training

This program provides funds to public and private nonprofit hospitals and schools of medicine and osteopathic medicine to support residencies in internal medicine and pediatrics. Grants may also include support for faculty.

Physician assistants

This program supports planning, development, and operation of physician assistant training programs.

Public health and preventive medicine

This program supports awards to schools of medicine, osteopathic medicine, public health, and dentistry for support of residency training programs in preventive medicine and dental public health; and for financial assistance to trainees enrolled in such programs.

The Committee encourages the increase of residency training opportunities in dental public health so that Federal, State, and community-based programs have the leadership capabilities to prevent dental disease, promote oral health, and improve treatment outcomes.

Health administration traineeships and special projects

This program provides grants to public or nonprofit private educational entities, including schools of social work but not schools of public health, to expand and improve graduate programs in health administration, hospital administration, and health policy analysis and planning; and assists educational institutions to prepare students for employment with public or nonprofit private agencies.

Area health education centers

This 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 programs with 50 percent Federal funding. The Committee intends that adequate funding be provided to the area health education centers [AHEC] grant program since AHEC's are an important component of the Federal/State partnership in addressing rural health issues.

The Committee encourages the development of a training curriculum on chronic fatigue and associated illnesses for health care

providers in practice and in training. Such a curriculum holds significant potential in improving the detection, diagnosis, treatment, and management of CFIDS patients.

The Committee continues to support the WAMI medical educational consortium for eligible residents of the States of Washington, Alaska, Montana, and Idaho. The program seeks to establish rural training programs for medical students and telecommunication links between participating centers. The Committee expects the agency and the AHEC program to work with the consortium and to grant full and fair consideration for the concepts advanced by WAMI.

Border health training centers

These centers provide training to improve the supply, distribution, and quality of personnel providing health services in the State of Florida or 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

This program assists dental schools and postgraduate dental training institutions to meet the costs of planning, developing, and operating residency training and advanced education programs in general practice of dentistry and funds innovative models for postdoctoral general dentistry.

Allied health advanced training and special projects

This program provides funds to assist schools or programs with projects designed to plan, develop, or expand postbaccalaureate programs for the advanced training of allied health professions; and provide traineeships or fellowships to postbaccalaureate students who are participating in the program and who commit to teaching in the allied health profession involved. This program also provides funds to expand existing training programs or develop new ones, recruit individuals into allied professions with the most severe shortages or whose services are most needed by the elderly, and increase faculty recruitment and education, and research.

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

This program supports grants to health professions schools to establish geriatric education centers and to support geriatric training projects. The administration requested funding in a consolidated program cluster. These centers and geriatric training programs play a vital role in enhancing the skill-base of health care professionals to care for our Nation's growing elderly population. The Committee is concerned about the shortage of trained geriatricians and urges the agency to give priority to building the work force necessary to care for the Nation's elderly.

Rural health interdisciplinary training

This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice. The Committee encourages this program to continue addressing the issue of how the delivery of chiropractic health care can be enhanced in rural areas, and how more women and minorities can be recruited as chiropractic health care practitioners in rural areas. The Committee expects this program to be continued to be funded at current levels. The Committee also urges the bureau to consider implementation of telecommunications and telehealth initiatives for providing distance education and training for nurses and other health professionals serving in rural areas.

Podiatric primary care training

The program provides grants to hospitals and schools of podiatric medicine for residency training in primary care. In addition to providing grants to hospitals and schools of podiatric medicine for residency training in primary care, the program also permits HRSA to study and explore ways to more effectively administer postdoctoral training in an ever changing health care environment.

Chiropractic demonstration grants

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. The Committee recommends that the program be continued and funded at current levels.

Advanced nurse education

This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

Nurse practitioner/nurse midwife education

This program supports programs preparing nurse practitioners and nurse midwives to effectively provide primary health care in settings such as the home, ambulatory, and long-term care facilities, and other health institutions. These professionals are in especially short supply in rural and underserved urban areas.

Nursing special projects

This program supports projects to increase the supply of nurses meeting the health needs of underserved areas; demonstrate methods to improve access to nursing services in nontraditional settings; and demonstrate innovative nursing practices.

The Committee is aware of the new interstate nurse licensure compact approved by the National Council of State Boards of Nursing. Several States will need to convert their current system to the new system, which will improve specific administrative functions, allow for better coordination and cooperation among participating

States, and enable better tracking of investigations and disciplinary actions. The bureau is encouraged to lend its assistance in identifying steps and resources that could accelerate the States' transition to the new system.

Nurse disadvantaged assistance

This program provides grants and contracts to qualified schools and education programs to recruit individuals from minority and disadvantaged backgrounds, and to assist them with their nursing education by providing training, counseling, and stipends.

Professional nurse traineeships

Traineeships fund registered nurses in programs of advanced nursing education, including preparation for teaching, administration, supervision, clinical specialization, research, and nurse practitioner and nurse midwife training.

Nurse anesthetist traineeships

Grants are awarded to eligible institutions to provide traineeships for licensed registered nurses to become certified registered nurse anesthetists [CRNA]. The program also supports fellowships to enable CRNA faculty members to obtain advanced education.

Nurse loan repayment for shortage area service

This program offers student loan repayment to nurses in exchange for an agreement to serve not less than 2 years in an Indian health service health center, native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic. The administration proposes to incorporate this function within the National Health Service Corps Program, and has not requested separate funding for this function for fiscal year 1999.

OTHER HRSA PROGRAMS

Hansen's disease services

The Committee has included $18,670,000 for the Hansen's Disease Program, which is $1,576,000 above the 1998 level and $1,650,000 above the administration request. The fiscal year 1998 appropriations bill included legislation authorizing the transfer of the Carville facility to the State of Louisiana, the moving of the center to another location within Louisiana, the payment of a yearly stipend to those residents who choose to live independently, and certain personnel provisions for existing staff. The agency proposes to develop a plan to restructure its Hansen's Disease operations at its new location. The Committee has provided funding for the payment to Hawaii as a separate line item. The increase has been provided to cover additional expenses associated with the payment of stipends to eligible patients who choose to leave the center.

Maternal and child health block grant

The Committee recommends $683,000,000 for the maternal and child health [MCH] block grant. This is $1,921,000 over the fiscal year 1998 level and $1,260,000 over the administration request.

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 12.75 percent of funds over $600,000,000 are used for community-integrated service systems [CISS] programs. Of the remaining funds, 15 percent is used for special projects of regional or national significance [SPRANS] while 85 percent is distributed on the same percentage split as the basic block grant formula.

The Committee includes bill language designating up to $105,863,000 of the maternal and child health block grant for special projects of regional and national significance [SPRANS]. This designation will provide $5,000,000 more for SPRANS activities than would otherwise be the case under the statutory formula. The Committee intends that this amount be used for the traumatic brain injury State demonstration projects authorized under title XII of the Public Health Service Act.

The Committee urges the bureau to utilize SPRANS funds to support the proposal, family initiatives in children's health centers, to be administered by families for children with special health care needs, affiliated with a family-run national technical assistance center and three regional technical assistance centers, to provide health care information and education for families of children with special health care needs to assure that families receive timely and accurate information to make informed decisions about their children's unique health care needs. Under this proposal, the national center will collect information from the family-run centers to monitor health access, delivery, and financing for children with special health care needs and act as an information clearinghouse for the State-based centers.

Within the funds provided, the Committee encourages the availability and accessibility of newborn screening services to apply public health recommendations for expansion of effective strategies. HRSA, in collaboration with the Centers for Disease Control and Prevention [CDC] and the National Institutes of Health [NIH], is encouraged to develop and implement a strategy for evaluating and expanding newborn screening programs, pilot demonstration projects, and the use of contemporary public health recommendations on specific conditions, such as cystic fibrosis and the fragile X syndrome. If implemented, the Committee directs that tangible steps be taken to protect patient privacy and to avert discrimination based upon information derived from the screenings.

Within the funds provided, HRSA is encouraged to consider a service demonstration to develop a targeted initiative for prenatal providers to better screen at-risk alcohol-using pregnant women in order to reduce their alcohol use during pregnancy and to refer them to alcohol treatment services.

The Committee has been pleased with the Bureau's efforts in responding to the joint effort with the NIH's Child Health Institute in the Back to Sleep Campaign for sudden infant death syndrome, and by continuing to focus on outreach to underserved populations. The MCH Bureau is also commended for establishing the SIDS program support center as recommended by the nationwide survey of sudden infant death services in conjunction with the Sudden Infant Death Syndrome Alliance and encouraged to continue the research and data collection this center has begun.

The Committee is pleased with the overall progress of the Office of Adolescent Health in its efforts to address the needs of adolescents at risk for poor health outcomes. The Committee recognizes that psychosocial issues represent the chief causes of morbidity and mortality among the adolescent population and that comprehensive approaches employed by the Office of Adolescent Health have the best chance for success in meeting adolescents' multiple needs. The Committee urges the Office of Adolescent Health to move forward with its integrated approaches to physical and mental healthcare and substance abuse services for teenagers.

The Committee reiterates its support for childhood vision screening as a cost-effective public health activity. Within the allocation, the Committee encourages the agency to provide $200,000 to initiate implementation of screening efforts, including grants to States.

Dental caries (tooth decay) is one of the most common health problems among children, and fluoridation has proven to be the single most cost-effective preventive measure. It is estimated that Medicaid spends significantly more per child to care for a child's teeth in nonfluoridated areas compared to districts whose water supply is fluoridated. The Committee reiterates its support for implementation of enhanced fluoridation efforts, particularly in underutilized areas of the country, and intends that an amount no less than that expended last year by the agency be used for those States with fluoridation levels below 25 percent to allow them to develop implementation plans for increased fluoridation.

It has been brought to the Committee's attention that millions of infants are not receiving screening for hearing loss. Such screening can be performed at minimal cost and can prevent significant health and education costs for children. Recent advancements have been made on screening and the National Institutes of Health is concluding a major study of the most effective forms of screening. The Committee continues to believe that screening would be a judicious use of block grant funds and again recommends that HRSA provide States with the results of the NIH study.

The Committee continues to support the concept of malama. This innovative, culturally sensitive community partnership program addresses the prenatal needs of minorities in rural Hawaii. The Committee encourages the HRSA to support the replication of this project to include teen pregnancies. The ever increasing epidemic of teen pregnancy makes the maximum utilization of effective strategies a necessity.

The Committee recognizes the important role of hemophilia treatment centers in the prevention and treatment of the complications of hemophilia. Funds are available to maintain support for these centers in order to sustain their treatment outreach to persons with hemophilia and ensure their participation with CDC and FDA on blood safety surveillance and patient notification efforts.

The Committee is aware of the efforts of the Therapeutic Education Treatment Center at KidsPeace, the National Center for Kids Overcoming Crisis, to promote expressive therapy treatment activities and development of crisis and special education centers, and encourages the agency to consider its proposal.

Healthy start initiative

The Committee recommends $105,000,000 for the healthy start infant mortality initiative. This amount is $9,474,000 over the fiscal year 1998 amount and $9,195,000 over the administration request.

The healthy start initiative was developed to respond to persistently high rates of infant mortality in this Nation. The initiative was expanded in fiscal year 1994 by a special projects program, which supported an additional seven urban and rural communities to implement infant mortality reduction strategies and interventions.

While these projects have made substantial progress in the reduction of infant mortality, there remain significant challenges to sustain the gains already attained. Abrupt termination of the program will likely result in increases in infant mortality in the targeted project areas. While the Committee is aware of the original timeframe of the program, it places its highest priority toward averting and reducing infant mortality through sustainable means in areas with continued critical needs.

The Committee is pleased with the success of and supports expansion of the healthy schools, healthy communities initiative which has been particularly effective in providing comprehensive school-based, school-linked, family centered, community-based primary care to approximately 24,000 children. The Committee encourages HRSA to continue this program which enhances a child's ability to learn and grow to his or her full potential.

Organ procurement and transplantation

The Committee provides $10,000,000 for organ transplant activities. This is $5,889,000 over the administration request and $7,222,000 more than the fiscal year 1998 appropriation.

The Committee considers increasing the supply of organs, particularly livers, available for voluntary donation to be a top public health priority. The Committee notes that there has been considerable debate for the past 2 years on the method of distribution of scarce organs; however, no solution is complete without a concerted effort to increase the availability of organs from potential donors. The wide State-by-State disparities in waiting times for a donated liver, for example, are indicative of the need for improved donation rates. The Committee has added $5,889,000 above the request to accelerate nationwide efforts to increase the rate of donation. The Committee further expects that the additional funds be committed to those activities having the greatest demonstrable impact on donation rates and expects an operational plan from the agency within 60 days of enactment of this bill.

These funds support a scientific registry of organ transplant recipients and kidney dialysis patients, and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used for education of the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions. The Committee is concerned that while approximately 10 people die each day waiting for an organ transplant, the rate of organ dona-

tion has remained flat for the last 8 years. In order to increase the rate of organ donation, the Committee urges increased behavioral research to better target and increase the effectiveness of public awareness campaigns.

Health teaching facilities interest subsidies

The Committee recommends $150,000 for interest subsidies for three health professions teaching facilities. This is the same as the administration request and $74,000 less than the fiscal year 1998 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.

National bone marrow donor program

The Committee has included $15,270,000 for the national bone marrow donor program. This is the same as the administration request and the fiscal year 1998 level. The National Bone Marrow Donor Registry is a network, operated under contract, that helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

Rural health outreach grants

The Committee recommends $32,592,000 for health outreach grants. This amount is $156,000 higher than the fiscal year 1998 level and $60,000 higher than the administration request. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services and rural telemedicine projects. The Health Care Consolidation Act of 1996 authorized a new rural network development program intended to develop integrated organizational capabilities among three or more rural health provider entities.

The Committee commends the efforts of the Office of Rural Health Policy to expand the use of telehealth services to increase access and improve care to individuals in underserved areas. However, the Committee is concerned that present efforts do not adequately encompass the discipline of nursing and other allied health professionals' contributions in this field. The utilization of nursing telehealth interventions in the home health care arena offers great potential for improved services to patients. Additionally, the Committee urges consideration of the unique needs of the rehabilitation community and the Rehabilitation Hospital of the Pacific, as potential beneficiaries of telehealth activities.

The Committee remains supportive of the effort by Southwest Alabama Network for Education and Telemedicine to build a telemedicine project dedicated to serving rural, poor, and medically underserved communities through a high-speed, community-access telecommunication network. The Committee has included sufficient funds within this account to continue its work at last year's level.

The Committee is aware of the proposal by the children's health fund to implement a rural health initiative that would expand the

availability and accessibility of comprehensive primary pediatric care to underserved rural communities, especially in rural areas of Mississippi, West Virginia, south Florida, and Arkansas. The Committee has included $500,000 within this account to initiate this activity.

The Committee urges HRSA to provide technical assistance to Marshall University of Huntington, WV, in developing an innovative plan to improve health care access and outcomes for the following underserved rural populations: infants and young children; pregnant women; patients with chronic cardiac or lung disease; patients with diabetes; and isolated rural elders. Sufficient funds have been included for this activity.

The Committee is aware of the efforts of Low Country Health Care Systems, a five-county vertically integrated network in South Carolina comprised of community health centers, rural community hospitals, rural health clinics, State health departments, and other public and private health providers. The consortium seeks to provide quality, low-cost health care for people living in a medically underserved health professions shortage area. The Committee encourages the agency to consider allocating up to $250,000 for this project.

The Committee is supportive of the Community Voices Program of the Moore Regional Hospital in Pinehurst, NC, that seeks to strengthen the ability of underserved and at-risk rural individuals to interact more effectively with the health care system and care providers.

Emergency medical care for children

The Committee provides $15,000,000 for emergency medical services for children. This is $2,059,000 above the 1998 level and $4,024,000 above the administration request. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children. The Committee urges HRSA to consider EMSC a high priority, focusing on the development of prevention and treatment programs and education of emergency personnel in remote and rural areas such as Alaska and Hawaii, using telemedicine technology. For example, a collaborative effort with Tripler Army Medical Center, using the telemedicine technology already available would enhance the development of the EMSC initiatives.

Black lung clinics

The Committee includes $5,000,000 for black lung clinics. This is $24,000 above the fiscal year 1998 amount and the same as the administration request. This program funds clinics which treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Alzheimer's disease demonstration grants

The Committee recommends $6,000,000 for Alzheimer's demonstration grants, which is $30,000 higher than the 1998 level. The administration requested transfer of funding and program operations to the Administration on Aging.

Alzheimer's State demonstration grants.—The Committee is pleased to learn that this program is proving to be an effective catalyst by encouraging an estimated 147 State and local agencies to strengthen and coordinate community services for Alzheimer families. By leveraging State matching funds, projects in 15 States have provided outreach to an estimated 4.5 million persons, many of whom live in rural and inner-city communities. The President's budget proposes to transfer this program to the Administration on Aging, however, the Committee has deferred action at this time pending assurances from the Secretary that current projects will be permitted to complete their 2-year cycle of funding without disruption.

Payment to Hawaii, Hansen's disease treatment

Within the amount provided for Hansen's disease services, the Committee has provided $2,045,000 for the 1999 payment to the State of Hawaii for the medical care and treatment in its hospital and clinic facilities of persons with Hansen's disease at a per diem rate not greater than the comparable per diem operating cost per patient at the Gillis W. Long National Hansen's Disease Center in Carville, LA. This amount is the same as the administration request and the 1998 level.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

RYAN WHITE AIDS PROGRAMS

The Committee provides $1,367,800,000 for Ryan White AIDS programs. This is $54,818,000 above the administration request and $218,288,000 above the 1998 level.

Recent advances in diagnosis, treatment, and medical management of HIV disease has resulted in dramatic improvements in individual health, lower death rates and transmission of HIV from mother to infant. The Committee recognizes, however, that not all HIV infected persons have benefited from these medical advances and expects that the Ryan White CARE Act programs provide social and other support services with the specific intent of obtaining and maintaining HIV-infected individuals in comprehensive clinical care.

Emergency assistance—title I

The Committee recommends $478,000,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. This amount is $13,264,000 above the fiscal year 1998 amount and $10,974,000 below the administration request. These funds are provided to metropolitan areas with a cumulative total of more than 2,000 cases of AIDS or a per capita incidence of 0.0025 for cases prior to fiscal year 1995. One-half of the funds are awarded by formula and one-half are awarded through supplemental competitive grants.

The Committee is concerned about the limited AIDS therapy options for children and pregnant women, and encourages the Secretary, when awarding supplemental title I funds, to give priority as appropriate to EMA's whose applications increase services to women and children with AIDS/HIV infection.

Comprehensive care programs—title II

The Committee has provided $738,000,000 for HIV health care and support services which includes advance funding of $150,000,000. This amount is $69,130,000 above the administration request and $195,217,000 above the 1998 level. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of protease inhibitor therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for $461,000,000 for AIDS medications, compared to $285,500,000 provided for this purpose in fiscal year 1998. The amount provided includes advance funding of $150,000,000 to be made available for obligation from October 1, 1999, through September 30, 2000. The Committee further urges HRSA to encourage States to utilize Federal ADAP funding in the most cost-effective manner to maximize access to HIV drug therapies and to eliminate cost-shifting from Medicaid to the State ADAP programs. States with ADAP funding should be allowed the flexibility to purchase and maintain insurance policies for eligible clients including covering any costs associated with these policies, or continue to pay premiums on existing insurance policies that provide a full range of HIV treatments and access to comprehensive primary care services, as determined by a State. Funds should not be committed to purchase insurance deemed inadequate by a State in its provision of primary care or in its ability to secure adequate access to HIV treatments.

Early intervention program—title III–B

The Committee recommends $82,000,000 for early intervention grants. This is $5,789,000 above the 1998 level and $4,154,000 less than the administration request. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

To the extent practicable, the Committee encourages HRSA to fairly allocate the increase for title III–B between existing grantees and new providers. The Committee understands that existing grantees have been level-funded throughout the history of the CARE Act. By providing additional funds to current grantees, the Committee intends to undergird the HIV care infrastructure already established in title III–B clinics. The Committee also supports expansion of the number of communities receiving assistance from this title. The Committee understands that HRSA is conducting a grant-review process expected to identify qualified new grantees in underserved rural and urban areas.

The Committee is aware that the FDA recently approved at-home telemedicine diagnostic testing methods which may offer important fiscal, privacy, and public health advantages. The Committee understands that a CDC study indicates a significant percent-

age of individuals using public clinics for onsite HIV testing do not return for their results, and that HRSA data indicates the average cost for onsite testing, counseling, and referral services is about $160 per person, compared with the $40 cost for at-home telemedicine testing. The Committee requests HRSA to evaluate and report on the benefits and costs of varying testing methods, including at-home telemedicine, and to implement program changes as they are deemed warranted and practical.

Pediatric AIDS demonstrations—title IV

The Committee recommends $44,000,000 for title IV pediatric AIDS, which is $74,000 higher than the administration request and $3,197,000 above the 1998 amount. This program supports demonstration grants to develop innovative models that foster collaboration between clinical research institutions and primary/community-based medical and social service providers for underserved children, youth, pregnant women, and their families.

Some 5 percent of the funds appropriated under this section may be used to provide peer-based training and technical assistance through national organizations that collaborate with projects to ensure development of innovative models of family centered and youth-centered care; advanced provider training for pediatric, adolescent, and family HIV providers; health care financing, outcome measures, and policy analysis; and coordination with research programs.

The Committee is aware that the Ryan White CARE Act Amendments of 1996 requires significant enrollment of title IV patients in NIH research programs. The Committee is further aware that funding for the pediatric AIDS clinical trial group has been reduced by the NIH Office of AIDS Research, and urges HRSA to consider this reduction in funding as well as research protocol requirements when evaluating the ability of title IV projects to enroll significant numbers of patients in research programs.

The Committee is aware of the efforts of the National Pediatric and Family HIV Resource Center to increase the quality of care for children and youth living with HIV infection and urges the agency to continue its support of this activity.

Transmission of HIV to newborns can be reduced by over 90 percent if pregnant women are aware they are HIV positive and are effectively treated with drugs prior to birth. To improve testing of pregnant women and reduce the incidence of HIV births, the Committee encourages consideration of demonstration projects involving at-home diagnostic testing with telemedicine support. The Committee believes the use of at-home telemedicine services for HIV testing may hold promise as an outreach tool for pregnant women in high HIV prevalence States.

AIDS dental services

The Committee provides $7,800,000 for AIDS dental services, which is $13,000 above the administration request and $37,000 above the 1998 level. This program provides grants to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

AIDS education and training centers

The Committee recommends $18,000,000 for the AIDS education and training centers [AETC's]. This amount is $784,000 above the 1998 level and $729,000 above the administration request. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

Family planning

The Committee recommends $215,000,000 for the title X family planning program. This is $3,077,000 below the administration request and $12,097,000 above the 1998 level. Title X grants support primary health care services at more than 4,000 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level.

Title X of the Public Health Service Act, which established the family planning program, authorizes the use of a broad range of acceptable and effective family planning methods and services. The Committee believes this includes oral, injectable, and other preventive modalities.

The Committee remains concerned that programs receiving title X funds ought to have access to these resources as quickly as possible. The Committee, therefore, again instructs the Department to distribute to the regional offices all of the funds available for family planning services no later than 60 days following enactment of this bill.

The Committee is pleased with recent data indicating a reduction in the rate of teenage pregnancy in the United States. In order to assure that all low-income women have access to comprehensive family planning services, the Committee expects that no less than 90 percent of the total title X appropriation must be allocated to the regional offices to be awarded to grantees who provide clinical family planning services as defined by law.

Rural health research

The Committee recommends $11,713,000 for the Office of Rural Health Policy. This is $57,000 more than the fiscal year 1998 level and $22,000 above the administration request. The funds provide support for the Office as the focal point for the Department's efforts to improve the delivery of health services to rural communities and populations. Funds are used for rural health research centers, grants to telemedicine projects, the National Advisory Committee on Rural Health, and a reference and information service.

Health care facilities

The Committee provides $30,000,000 for health care facilities, which is $2,043,000 above the 1998 level and $30,000,000 above the administration request. Funds are made available to public and private entities for construction and renovation of health care and other facilities.

Sufficient funds are available to contribute to the construction of a pediatric dental facility serving medically underserved inner city neighborhoods. The Committee is aware that the University of Pennsylvania School of Dental Medicine has many meritorious characteristics that make it well-suited for this important task, and urges the full and fair consideration of its proposal.

Funds are also available to contribute to the upgrade of existing facilities dedicated to women's health that emphasize support of homeless and medically underserved women. The Committee is aware that Magee-Womens Hospital of Pittsburgh, PA, is one of a few specialty hospitals in the country providing services exclusively for women and infants, and urges that its proposal receive full and fair consideration.

Funds are available to contribute to the upgrading of an osteopathic facility dedicated to medically underserved areas in an inner city area. The Committee is supportive of the efforts of the Philadelphia College of Osteopathic Medicine and urges its proposal receive high priority in funding.

Funds are available to contribute to the modernization and upgrade of a medium-sized medical facility that coordinates health services within a county. The Committee is supportive of the proposal by the Fulton County Medical Center in Pennsylvania and urges the bureau to grant its full and fair consideration of the project.

The Committee has included funds that would enable the Mercy Health System of Philadelphia to initiate their proposal for new approaches in health programs in urban low-income settings.

The Committee is aware of the proposal by Heflin Human Genetics Center of Alabama to establish a research facility dedicated to human genetics, and has included sufficient funds to contribute to the construction of this facility.

Funds are available to continue the construction of the ethics conference center at Tuskegee University in Alabama.

Funds are available to contribute to the construction of a pediatric health facility serving inner city children, infants, and youth. The Committee understands that the Montefiore Hospital in the Bronx of New York City has a proposal with many meritorious characteristics and urges the agency grant it full and fair consideration.

Funds are available to initiate and maintain a facility that would enable comprehensive care and services for diabetics among a native American population. The Committee is aware of the extensive prevalence of diabetes among the Eastern Band of Cherokee Indians in North Carolina, and urges the agency to grant full and fair consideration of the tribe's proposal.

The Committee provides sufficient funds to contribute to the initial construction of a clinical center and life sciences facility that integrates research efforts in biomedical, agricultural, and veteri-

nary sciences for the treatment of the elderly and other at-risk populations. The Committee is aware of the distinct capabilities of the University of Missouri-Columbia to conduct this effort and urges full and fair consideration of its proposal.

Funds are available for the upgrade and modernization of facilities at a major urban medical center. The Committee is aware of the special needs of the University of Colorado Health Sciences Center in Denver, CO, and urges the agency to grant its full and fair consideration of its proposal.

Sufficient funds are provided to initiate the renovation of health facilities serving an economically disadvantaged population. The Committee is aware of the proposal by Delta Health Center of Mound Bayou, MS, and urges the agency to grant its full and fair consideration.

Additional funds are available for the renovation, modernization, and expansion of a current medical facility serving a medically underserved population. The Committee is aware of the proposal by the Jackson-Hinds Comprehensive Health Center of Jackson, MS, and recommends that it receive high priority for funding.

Funds are available to initiate the construction of a new clinic and educational facility that would serve medically underserved populations in a large rural catchment area. The Committee is aware of the meritorious proposal by the Alaska Family Practice Residency Program and urges the agency to grant its full and fair consideration.

Sufficient funds are provided to support health facilities located in Iowa dedicated to assisting low-income and underserved populations.

The Committee has included funds that would initiate a women's health outreach program serving a growing population with unique health care needs. The Committee is aware of the proposal by the Oregon Health Sciences University that would develop a center for women's health in the North Macadam District in Portland, OR, and urges the agency grant its full and fair consideration to this proposal.

Funds are available to complete construction of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida in Tampa. The Committee urges the project receive high priority for funding.

The Committee encourages full and fair consideration for design, planning, and construction of an expansion of the Medical University of South Carolina's cancer research center. The Committee is aware of the need to expand this facility to address the high incidence of cancer in this region and to translate basic biomarker research to direct application.

Buildings and facilities

The Committee recommends $250,000 for buildings and facilities, the same as the administration request and $2,248,000 below the fiscal year 1998 amount.

National practitioner data bank

The Committee has not provided Federal funding for the national practitioner data bank, which is the same as the administration re-

quest. The Committee and the administration assume that $12,000,000 will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank, an amount that is $4,000,000 higher than what was authorized to be collected in fiscal year 1998. 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 Committee recommends $120,000,000 for program management activities for fiscal year 1999. This is $5,941,000 higher than the administration request and the 1998 level.

The Committee encourages the agency to provide $2,000,000 to continue the efforts of the AFNA national education and research fund of Philadelphia, a nonprofit organization that operates a program aimed at encouraging and preparing minority students for health professions careers and other associated activities.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

Appropriations, 1998	$6,000,000
Budget estimate, 1999	1,000,000
Committee recommendation	1,000,000

The Committee recommends $1,000,000 for the medical facilities guarantee and loan fund. This is the same as the administration request and $5,000,000 less than the fiscal year 1998 appropriation. These funds are used to comply with the obligation of the Federal Government to pay interest subsidies on federally guaranteed loans throughout the life of the loans. These loans were used for hospital modernization, construction, and conversion. The bill includes language, as in prior years, which prohibits commitments for new loans or loan guarantees in fiscal year 1999.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee recommends no additional guarantee authority for new HEAL loans in fiscal year 1999, which is the same as the President's request and $1,020,000 below the fiscal year 1998 level.

The Committee recommends $37,000,000 to liquidate 1999 obligations from loans guaranteed before 1992, which is the same as the administration request and $7,434,000 above the 1998 appropriation.

For administration of the HEAL Program including the Office of Default Reduction, the Committee recommends $3,688,000, which is $13,000 above the 1998 appropriation and the same as the administration request.

The HEAL Program insures loans to students in the health professions and helps to ensure graduate student access to health professions education, especially among minority, disadvantaged students, and those from behavioral and mental health fields. The Budget Enforcement Act of 1990, changed the accounting of the HEAL Program. One account is used to pay obligations arising from loans guaranteed prior to 1992. A second account was created to pay obligations and collect premiums on loans guaranteed in 1992 and after. Administration of the HEAL Program is separate from administration of other HRSA programs.

VACCINE INJURY COMPENSATION TRUST FUND

Appropriations, 1998	$45,600,000
Budget estimate, 1999	54,600,000
Committee recommendation	54,600,000

The Committee recommends that $54,600,000 be released from the vaccine injury compensation trust fund in 1999, of which $3,000,000 is for administrative costs. This amount is the same as the budget request and is $9,000,000 higher than the fiscal year 1998 amount. In addition, $100,000,000 in general funds are appropriated for compensation of vaccine-related injuries associated with vaccines administered before fiscal year 1989. This is $100,000,000 above the administration request and the fiscal year 1998 year amount. Information has been brought to the Committee's attention that prior estimates were based on historical compensation rates for the pre-1988 program, 26.8 percent. Over the past year, compensation rates for pre-1988 claims has risen to approximately 48.3 percent. The increased rate has been deemed sufficiently consistent enough to be the more appropriate rate at which to project pre-1988 expenditures.

The National Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and a death benefit. The vaccine injury compensation trust fund is funded by excise taxes on certain childhood vaccines.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

Appropriations, 1998	$2,383,638,000
Budget estimate, 1999	2,497,397,000
Committee recommendation	2,366,644,000

For the Centers for Disease Control and Prevention [CDC], the Committee provides $2,366,644,000, which is $16,994,000 below the 1998 level and $130,753,000 below the budget request.

The Committee has provided an additional $228,400,000 for CDC activities within the Public Health and Social Services emergency fund and $25,000,000 in expected interagency transfers, which, along with the regular appropriation, would provide a total of $2,620,044,000 for the agency.

The activities of the CDC focus on four major priorities: provide core public health functions; respond to urgent health threats; promote women's health; and provide leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health. While Americans today enjoy the longest life expectancy of any time in our Nation's history, preventable diseases and conditions still cause death, and disability, and still compromise the quality of life for millions of Americans. Public health experts estimate that about one-half of the deaths which occur in the United States every year are considered preventable, as are many of the illnesses.

The Committee has not chosen to break out administrative expenses as proposed by the House and understands that administrative expenses as displayed by the House include salary and benefits of program personnel, travel for epidemics and program site visits, contracts for scientific studies, supplies for laboratories, and other expenses integral to the program operation of the agency. Nevertheless, the Committee fully expects the agency to closely monitor these intramural program costs and reserves the right to concur with the House table should circumstances warrant such action.

The Committee is further concerned about reports of significant overhead costs being imposed upon programs and certain grantees. While it is understood that these costs support operating expenses for the agency such as procurement, personnel, computers, rent, utilities, and other items, and traditionally that these costs have been less than 5 percent of the total appropriation when the Office of the Director is excluded, the Committee directs CDC to monitor these costs closely and to minimize them to the extent possible.

In particular, the Committee is concerned that the CDC has allocated a disproportionate share of available funds to administrative activities by limiting the amount of funding available to State and local service providers. Annual fluctuations in administrative costs and delays in the release of HIV prevention funding have adversely affected community HIV prevention planning. The Committee expects the agency to minimize administrative overhead and to expedite the release of community prevention grants.

The Committee has provided additional funds for bioterrorism and related public health infrastructure activities at CDC within the public health and social services emergency fund.

Preventive health and health services block grant

The Committee recommends $120,000,000 for the preventive health and health services block grant, $27,362,000 less than the budget request and $26,566,000 less than the 1998 appropriation. The Committee recommendation includes an additional $37,000,000 from the violent crime reduction trust fund for rape prevention and education activities authorized by the Violence Against Women Act to be carried out through the preventive health and health services block grant. This amount is $8,000,000 less than the 1998 appropriation and is the full amount authorized by the act for fiscal year 1999.

The preventive health and health services block grant provides States with funds for services to reduce preventable morbidity and mortality and improve the quality of life. The grants give States flexibility in deciding how available funding can be used to meet State preventive health priorities. Programs eligible for funding include screening, laboratory services, health education, and outreach programs for such conditions as high blood pressure and cholesterol, and breast and uterine cancer.

Prevention centers

The Committee recommends $9,080,000 for prevention centers. This is $1,208,000 over the budget request and $1,350,000 over the fiscal year 1998 appropriation.

CDC's prevention centers program provides grants to academic programs to support applied research designed to yield tangible results in health promotion, disease prevention, and injury control. This network of collaborating prevention centers works to fill the knowledge gaps that block achievement of prevention goals. The centers work with State and local health departments and other organizations to increase the implementation of research findings. The Committee has included sufficient funds to continue existing prevention centers, such as West Virginia University and St. Louis University's prevention centers.

The Committee encourages the continued support of Center activities aimed at improving knowledge about the usefulness and effectiveness of health promotion programs for persons with disabilities.

The Committee has included $1,000,000 to establish within the CDC prevention center program a tobacco prevention research network to increase the knowledge base on the most effective strategies for preventing and reducing youth tobacco use, as well as on the social, physiological, and cultural reasons for tobacco use among children.

Prevention marketing and health behavior change.—The Committee encourages the CDC to consider establishing a focus on prevention marketing and behavior change strategies for enhancing health in disadvantaged communities.

Cardiovascular disease prevention.—The Committee is encouraged by the agency's work with numerous health organizations to develop an integrated and comprehensive national cardiovascular disease program. CDC should identify additional States and localities for future expanded efforts in cardiovascular disease risk reduction, surveillance, and laboratory capacity. Priority should continue to be given to those States with the highest age-adjusted death rates due to cardiovascular diseases.

Sexually transmitted diseases

The Committee recommends $113,671,000 for sexually transmitted disease prevention and control, $7,910,000 less than the budget request and $1,554,000 more than the fiscal year 1998 appropriation.

The mission of the STD program is to survey, prevent, and control the transmission of STD's by providing national leadership for: prevention and control programs; monitoring disease trends; behavioral and clinical research; education and training; building partnerships for STD prevention; the STD accelerated prevention campaign; and infertility. 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.

The Committee urges the CDC to continue to work with community-based organizations such as the Swope Parkway Community Health Center in Kansas City, MO, to control the spread of HIV through the treatment of other sexually transmitted diseases.

The Committee remains concerned about the extent of sexually transmitted diseases within the United States, which according to

the Institute of Medicine, remain exceptionally high for an industrialized nation. With STD's contributing to the spread of HIV and with women and children disproportionately impacted, the Committee recommends that the agency intensify its efforts in those States with the highest STD rates.

The Committee is heartened by the progress CDC has made in combating syphilis in the United States. The Committee recognizes that for this effort to be successful, community-based partnerships, especially within racial and ethnic minorities, need to be formed. The Committee recommends that CDC use funds as needed to create community-based coalitions to work in partnership with the local health authority to provide services and program evaluation.

The Committee is pleased with efforts to reduce rates of infertility through the national chlamydia program. The effectiveness of these projects in Federal regions X and III are encouraging. The Committee expects the agency to continue expansion of this programs to all regions of the country.

Immunization

The Committee recommends $405,900,000 for immunization activities in fiscal year 1999 authorized under section 317 of the Public Health Service Act, $6,332,000 more than the budget request and $4,258,000 below the fiscal year 1998 level.

The Omnibus Reconciliation Act [OBRA] of 1993 established a new vaccine purchase and distribution system that provides, free of charge, all pediatric vaccines recommended for routine use by the Advisory Committee on Immunization Practices to all Medicaid-eligible children, uninsured children, underinsured, and native Americans through program-registered providers. Included in the Medicaid estimate for fiscal year 1999 is $566,278,000 for the purchase and distribution of vaccines for a total immunization recommendation of $972,178,000 in the bill.

The administration of safe and effective vaccines remains the most cost-effective method of preventing human suffering and reducing economic costs associated with vaccine-preventable diseases. Through the immunization program, the CDC provides leadership and support for national and international efforts to prevent and/or control vaccine-preventable diseases.

Within the amounts appropriated, sufficient funds are provided for the purchase of vaccine under the 317 program. As in previous years, the Director has discretion to make transfers from among funds provided for 317 vaccine purchase and infrastructure grants based upon the program requirements. This will ensure that States receive up to their maximum estimates for vaccine purchases and provide CDC with sufficient flexibility to reallocate vaccine purchase dollars if States' needs prove lower than the amount provided. The Committee requests that the CDC provide notification of the amount of any transfer, the latest State carryover balance estimates, and the justification for the transfer.

The Committee is concerned about plans of the Department to require States to purchase vaccines for the Vaccines for Children Program with section 317 discretionary funds. All VFC vaccines should be purchased with mandatory funding provided in the Omnibus Budget Reconciliation Act of 1993 for that purpose. It is also

the Committee's view that the cost cap applies to all vaccines purchased under the CDC-administered childhood immunization programs without regard for whether the funding is mandatory or discretionary.

The Committee notes that childhood immunization coverage rates have remained high and disease rates have remained low over the past 5 years. The Committee acknowledges the high quality of work done by the CDC and the State immunization programs to achieve this success. The Committee is concerned about future funding for immunization activities and is interested in evaluating the relationship between funding levels over the past 5 years, and corresponding coverage and disease rates. Of particular concern are the manner in which immunization program funds are distributed among States and the degree to which funds within States are targeted at high-risk populations. Since 1994, over $2,300,000,000 in discretionary funds has been provided to the CDC for immunization activities, with a significant proportion of those funds allocated to State immunization programs. The Committee has expressed concern during that time about large carryover balances of State grant funds. The Committee understands that the 1997 carryover balance of $33,000,000 was the lowest level reported since 1994.

The Committee urges CDC to contract with the Institute of Medicine to conduct a study of the immunization program and to report its findings by May 1999. Specifically, such a study should focus upon the following questions: (1) To what extent has increased Federal spending during the 1994–98 period affected the immunization coverage rates; (2) how were new funds spent by the States and to what extent did States maintain their own level of effort over the past 5 years; (3) what are current and future funding requirements for childhood immunization activities and how can those requirements be met through a combination of State funding, Federal immunization funding, and funding available through the Childrens' Health Insurance Program; (4) how should Federal grant funds be distributed among the States; and (5) how should funds be targeted within States to reach high-risk populations without diminishing high levels of coverage in the overall population.

The Committee urges CDC and the States using section 317 funds to provide timely and appropriate immunizations for inmates of State prisons, as recommended by the CDC Advisory Council on Immunization Practices. The Committee understands that, on average, for every 100,000 inmates in State correction institutions, $329,000,000 will be spent treating the consequences of hepatitis B infections alone. Public health security would be further advanced if all inmates were vaccinated against major infectious diseases. Such efforts would likely play a central role in averting disease outbreaks in prisons, reduce spending on treatment, and inhibit the spread of infectious diseases to criminal justice workers, health care professionals, and the general public.

The Committee recommends that the CDC continue to ensure that all grantees receiving IAP funds reserve 10 percent of those funds for the purpose of funding immunization assessment and referral services in WIC sites in 1998. CDC should ensure that all of these funds are used in each State for WIC immunization activities unless CDC can document that assessment and referral in a

State's WIC sites are taking place without the need for specific funds. CDC should collaborate with the National Association of WIC Directors and with State immunization directors in setting the criteria for assessment, referral, and annual reporting of WIC coverage.

As in previous years, the Committee also recommends that the CDC require that all States receiving IAP funds continue to conduct annual provider site assessments in all public clinics, using CDC-approved methodology. In the event that States lack sufficient resources to conduct such assessments, the Committee requests that the CDC provide technical assistance to the States for this purpose.

The Committee recommendation assumes the continuation of the bonus program to improve immunization rates. Using State-specific immunization coverage data, CDC provides payments to States for 2-year-olds who have been fully immunized. CDC will provide to the States: $50 per child in excess of 65 percent and less than 75 percent; $75 per child in excess of 75 percent and less than 85 percent; and $100 per child in excess of 85 percent.

The recommendation includes the funds requested for polio eradication in order to support CDC's capacity 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 again commends the CDC for its active leadership in the effort.

Hepatitis B vaccination program for adolescents.—The Committee notes that, while the hepatitis B vaccination has been available nationwide for several years, only 12 States currently have laws requiring HBV vaccinations as a requirement for middle school admission. To accelerate this process and address the public health threat, the CDC is urged to support adolescent health coordinators in each State to work with physicians, nurses, public health care providers, schools, State legislators, and others to increase the rate of compliance with the HBV vaccination program.

The recommendation includes sufficient funds for the CDC, as part of their global polio eradication efforts, to provide measles vaccine for supplemental measles immunization campaigns and to expand epidemiologic, laboratory, and programmatic/operational support to the WHO and its member countries. Such support should build on the global disease control and surveillance infrastructure developed for polio eradication in a manner that does not compromise ongoing global polio eradication activities. The Committee also encourages the Director to provide sufficient staff support for this accelerated international measles control effort.

The Committee continues to be supportive of the research exploring the promise of plant-delivered oral vaccines being undertaken by the Thomas Jefferson Center for Biomedical Research in collaboration with the Delaware Valley College. Through the use of genetically engineered plants, this research continues to show promise as a means of oral vaccine production for both animals and humans, especially in the area of the diagnosis and treatment of the hepatitis B and C viruses involving glycoprocessing inhibitors. The Committee continues to encourage the agency to accelerate this ef-

fort and notes that sufficient resources are available for this endeavor.

Infectious diseases

The Committee's recommendation includes $115,215,000 for infectious disease activities, $47,300,000 below the budget request and $2,358,000 over the 1998 appropriation. Additional funds for this activity is available within the Public Health and Social Services emergency fund.

These activities focus on: national surveillance of infectious diseases; applied research to develop new or improved diagnoses; prevention and control strategies; working with State and local departments and private health care providers, to transfer application of infectious diseases prevention technologies; and strengthening the capability to respond to outbreaks of new or reemerging disease.

The Committee is concerned by the disease prevalence and projected increasing mortality rates of hepatitis C, which presently afflicts 4 million Americans, but nontheless is going largely unrecognized by health care providers and our national disease surveillance efforts. The Committee encourages the CDC to require reporting of chronic hepatitis C to generate information on both populations at risk of infection as well as modes of disease transmission to establish a systematic national approach to control the spread of hepatitis C.

The Committee is supportive of the Secretary's lookback initiatives regarding screening and counseling for people who may have been infected with hepatitis C through blood transfusions conducted prior to 1992. The Committee encourages CDC to develop a centralized national screening program supported by a toll-free telephone number-based operation, involving risk assessment, convenient screening, and counseling. Under this program, persons receiving lookback notification letters would be advised of the hotline service that provides education and telephone counseling and coordinates convenient testing.

The Committee encourages the National Center for Infectious Diseases to continue its field research programs, including behavioral, entomological, epidemiological and immunological studies, and particularly those research activities at its Kenya field station.

The Committee is concerned over the global extent and proliferation of malaria, especially multidrug resistant forms. The Committee is aware of the multilateral initiative on malaria that is a partnership between the countries of North America, Africa, and Europe and is conducted by NIH. The U.S. health agencies, including CDC, are encouraged to participate, to the extent that is practical and cost efficient, in the initiative.

The Committee commends CDC for working with the National Hemophilia Foundation in moving forward with expanding blood surveillance and patient outreach activities. An early warning blood safety system is critical in protecting the public, particularly persons with hemophilia and other bleeding disorders. Within the amount provided, funds are available to ensure wider implementation of the blood safety program as well as the prevention activities aimed at reducing the risk of complications resulting from hemophilia, von Willibrands, and other bleeding disorders. The Commit-

tee expects CDC to work collaboratively with FDA to fully investigate instances of viral or pathogenic contamination of blood and blood products.

HCV Consensus Development Conference.—The Committee is aware of the research recommendations made by the March 1997 Hepatitis C [HCV] Consensus Development Conference impact on the program responsibilities of the CDC. These recommendations include: (1) continued monitoring of the epidemiology of acute and chronic HCV is necessary, particularly studies of the specific mode of transmission in minority groups, low socioeconomic groups, institutionalized individuals, and injection and intranasal drug users are needed as well as more information on sexual, household, occupational, nosocomial, and perinatal transmission; and (2) strategies need to be developed to educate at-risk groups concerning transmission of the disease, as well as provide access to diagnosis and treatment. The Committee urges the Hepatitis Council of the American Liver Foundation and the CDC to work together is developing these research initiatives.

Accidental needle stick injuries.—The Committee is concerned about the availability of data on the occurrence of needle stick injuries in health care settings such as hospitals and clinics. The Committee expects CDC and NIOSH to inform the Committee of the relative occurrence of accidental needle sticks in facilities using needles which incorporate a safety feature as compared to facilities utilizing conventional needles. Such information should also include the impact of worker training and education materials on the incidence of accidental needle sticks, and an assessment of the reporting requirements of health care facilities regarding accidental needle sticks. The Committee further urges the agency to consider revision of its infection control manual recommendations to take into account any new findings.

The Committee is aware of a proposal to establish an International Center for Public Health in Newark, NJ. The proposed center would advance infectious disease research and treatment through a collaboration between the University of Medicine and Dentistry of New Jersey's National Tuberculosis Center and the Public Health Research Institute. The Committee encourages the agency to grant full and fair consideration of this proposal.

The Committee is aware of the recent outbreak of the hantavirus in the four corners area of the Southwestern United States, which is the nexus of Colorado, New Mexico, Utah, and Arizona. The Committee believes that prevention, surveillance, and research continue to be necessary in reducing this public health threat. The Committee encourages CDC to continue to prioritize the prevention and containment of the hantavirus in Colorado and the four corners area.

Tuberculosis elimination

The Committee's recommendation provides $119,236,000 for CDC's activities to prevent or control tuberculosis. This is $1,586,000 above the budget request and $1,265,000 above the fiscal year 1998 appropriation.

CDC provides support for the control and elimination of TB. This is accomplished in large part through awarding cooperative agree-

ments to State, territorial, and large city health departments to strengthen their control and elimination programs.

The Committee is pleased that the focus on tuberculosis control has had a positive impact on tuberculosis rates in the United States and commends the CDC and its State and local partners for the fifth year of decline in reported cases of TB. Clearly, 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 the increasing number of foreign-born TB cases, the need for improved surveillance and new diagnostic and preventive tools, such as a vaccine, and multidrug resistant TB. The Committee encourages CDC's continued efforts outlined in the national plan for the elimination of multidrug resistant tuberculosis, and is pleased that CDC intends to update its strategic plan for the elimination of tuberculosis.

The Committee notes the number of cases in the United States and globally among the foreign born. The Committee commends CDC for working with the U.S. Agency for International Development to develop a joint plan for collaboration among both agencies that outlines specific initiatives that could take place to combat TB globally, and further recommends that CDC work with the USAID to encourage the expansion of their effort beyond the three foreign countries that contribute most heavily to the cases of foreign born TB in the United States.

Chronic and environmental disease prevention

The Committee's recommendation includes $258,568,000 for chronic and environmental disease prevention activities. This is $5,000,000 below the budget request and $46,591,000 above the 1998 appropriation. With $25,000,000 in funds to be transferred from the National Cancer Institute, the total amount available to this account would be $283,568,000.

In many instances, premature death, avoidable illness, and disability are caused by personal behavior, exposure to toxic substances, and/or natural disasters. Prevention of the occurrence and progression of chronic diseases, therefore, is based on reducing or eliminating behavioral risk factors, increasing the prevalence of health promoting practices, detecting disease early to avoid complications, assessing human risks from environmental exposures, and reducing or eliminating exposures to environmental hazards. The focus of the programs in this activity includes diabetes, cardiovascular diseases, developmental disabilities, tobacco use, comprehensive school health, teen pregnancy, birth defects, fetal alcohol syndrome, spina bifida, chronic fatigue syndrome, prostate cancer, women's health, cancer registries, oral health, skin cancer, arthritis, and epilepsy.

Arthritis.—The Committee is concerned about the extensive prevalence of arthritis and the social and economic costs associated with the care and support of those afflicted with the disease. The Committee is aware of a proposal, the national arthritis action plan, to greatly expand the scope and depth of CDC's activities on arthritis, including: providing assistance to States, supporting prevention research and surveillance activity, and targeting interven-

tions with voluntary, nonprofit organizations. The Committee has provided sufficient funds to initiate elements of the national arthritis action plan and considers this effort to be a top priority.

Diabetes.—The incidence of diabetes affects more than 16 million persons in America. Research has demonstrated that controlling blood sugar levels prevents diabetes-related complications. While the CDC supports local diabetes prevention and control programs in all States, additional support could further reduce the number of diabetes complications. The Committee supports this work and has included sufficient funds to enable the CDC to expand its diabetes prevention effort. Funds are provided as proposed in the request to: establish comprehensive State diabetes prevention programs; implement the public health components of the National Diabetes Education Prevention Program; develop and implement public health surveillance systems; and conduct applied prevention research.

The Committee remains acutely concerned that the high incidence of diabetes within the native American, Native Alaskan, and native Hawaiian populations. The Committee urges the CDC to continue to develop a targeted prevention and treatment program for these culturally unique yet similar groups. In addition, the Committee urges the CDC to work with native Americans, native Hawaiians, and developing partnerships with community centers as a safety net during program development.

The Committee urges that CDC undertake a comprehensive evaluation of the effectiveness of intensive diet and exercise intervention in reducing the risk of complications among rural, elderly people with diabetes.

The Committee has provided sufficient funds to continue the community-based diabetes intervention program for the Navajo and other native Americans located at the Indian Diabetes Center in Gallup, NM.

Traditional healing.—Native Hawaii's indigenous populations continue to experience significant health problems, to include phenomenally high incidences of diabetes and asthma. The Committee appreciates the leadership of the CDC in examining how the systematic utilization of native Hawaiian healing expertise might effectively impact their health status with diseases such as diabetes and asthma. The Committee also urges the use of community-based health centers as a foundation for this initiative.

Volcanic emissions.—The Committee remains quite concerned about the public health hazard posed by volcanic emissions in Hawaii and, therefore, encourages CDC to continue work with the NINR and NIEHS in determining the environmental, physical, and mental effects of volcanic emission that might result in increased levels of cancer, asthma, and other serious illnesses. The Committee is pleased with the progress made thus far in examining this environmental hazard on native Hawaiian health.

Liver disease surveillance.—The Committee is aware that there is currently no surveillance system in the United States to determine trends in chronic liver disease. This information is needed to assist the CDC, NIH, and other public health agencies to better target their research and other public health efforts. The Committee urges that the CDC give priority to developing the necessary

epidemiological information regarding trends in chronic liver disease. The Committee is also pleased that the CDC has entered into a cooperative agreement for further support and expanded efforts of a private nonprofit national voluntary health organization to meet the need for public information on hepatitis and other liver diseases. The Committee urges the continuation and expansion of support for this effort.

Teenage smoking.—The Committee is aware of the collaborative efforts between the University of Pennsylvania and the University of Hawaii schools of social work to develop models for curtailing teenage smoking as a mechanism for decreasing the number of teens in the juvenile justice system. The Committee urges full and fair consideration be given for proposals submitted by these schools.

Chronic fatigue and immune dysfunction syndrome.—The Committee is aware that enhancing laboratory studies, including serial analysis of genomic expression studies, and surveillance projects, would significantly strengthen outreach to populations not formerly recognized as being affected by CFIDS, namely minority populations and children and adolescents. The Committee is also concerned about delays at the CDC in adding a neuroendocrinologist to its CFS research group as encouraged by this Committee, and reiterates its support for this addition to enable expansion of research. The Committee remains concerned about CDC's accounting of CFIDS research funds and expects the agency to provide a clear, accurate, and timely accounting of all expenses related to its CFIDS research program for fiscal year 1996 and fiscal year 1997.

Cancer.—Prostate cancer, and its disproportionate impact on minority males, continues to be a major concern of the Committee. The Committee continues to encourage the CDC to enhance its prostate cancer awareness/outreach program targeted at high-risk populations through collaborations with public and private nonprofit organizations with expertise in cancer education.

The Committee has provided sufficient funds to continue the Cancer Registries Program. The information gleaned from these registries are important for planning, implementation, and evaluation of public health practices in cancer prevention and control at the State and national levels.

Safe drinking water.—The Committee recommendation includes funds to enhance CDC supported evaluations and interventions regarding the health effects from inadequate provision of safe drinking water in remote arctic communities. The Committee recommends the CDC consider building upon existing cooperative agreements with State departments of health in the region when undertaking this initiative.

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

Birth defects.—The Committee recognizes that birth defects are the leading cause of infant mortality in the United States and are

also the leading cause of childhood disability. The Committee has provided funds for the CDC to expand its efforts to research, survey, and prevent birth defects. The Committee is especially interested in CDC's efforts to prevent spina bifida and anencephaly through the promotion of increased consumption of folic acid among women of reproductive age. The agency is further encouraged to establish an information clearinghouse that would assemble, analyze, and disseminate national data on birth defects.

Tobacco.—The Committee supports CDC's Office of Smoking and Health, and encourages continued public health prevention and cessation activities. Sufficient funds are available to fully meet the administration request for this activity. The Committee continues to strongly support efforts to reduce youth tobacco use and is very concerned about reports of increasing use. For a number of years, the Committee has included funding within the Office for counteradvertising. The Committee believes that more should be done in this area.

The Committee is aware that tobacco use is the single most preventable cause of death and disease in the country. It is estimated that tobacco contributes to more than 400,000 deaths in the United States annually, and costs the Nation $50,000,000,000 in medical expenses. It is further estimated that 90 percent of adult smokers begin their habit as children. The Committee believes that a significantly increased effort to curtail youth tobacco use is needed and has included additional funding for tobacco control within the amounts provided. These funds are intended to expand the capacity of State and local health departments, education agencies, and national organizations to build comprehensive tobacco control programs and to develop and begin implementation of a national public education campaign to reduce access to and the appeal of tobacco products among young people. The Committee further encourages CDC to develop community-based public awareness programs aimed at the prevention and cessation of smoking during pregnancy and to inform the public about the potential consequences of smoking during and after pregnancy.

The Committee approves the transfer of the American Stop Smoking Intervention Study [ASSIST] from the National Cancer Institute to the CDC in fiscal year 1999. Sufficient funds, $25,000,000, have been appropriated to the NCI and the Committee expects NCI to transfer these funds to CDC expeditiously. The Committee encourages the CDC to increase funding for the current IMPACT States over the next several years to a level comparable to that of the ASSIST States. The Committee further urges that tobacco control funding be awarded to public health entities directly responsible for tobacco control and urges that minorities be appropriately targeted for smoking reduction efforts.

Disabilities prevention.—The Committee continues to strongly support the CDC disabilities prevention program which provides support to States and academic centers to reduce the incidence and severity of disabilities, especially developmental and secondary disabilities.

Cardiovascular diseases.—The Committee remains concerned that cardiovascular diseases, including heart disease and stroke, remain the No. 1 killer in the United States. The Committee has

included funding to expand its heart disease and health promotion activities and assist States in the prevention of risk factors associated with cardiovascular diseases, such as, tobacco use, physical inactivity, and poor nutrition.

The Committee remains supportive of the directive in the fiscal year 1998 report directing the CDC to establish a national cardiovascular disease program to provide assistance to States, to provide greater support for research, surveillance and laboratory capacity and to reduce risk factors for cardiovascular disease by promoting healthy behaviors. The Committee is aware of the program at the Hematology and Oncology Center at the Walt Disney Memorial Cancer Institute in Orlando, FL, and would encourage the CDC to consider entering into a partnership with that center.

Limb loss.—The Committee recommendation includes sufficient funds for the CDC to continue support for development of a National Limb Loss Information Center.

Asthma.—The Committee recognizes that asthma is estimated to affect between 14 and 15 million people, and is the most common chronic disease of childhood—affecting 5 million children under the age of 18. In addition, the Committee is aware that there have been significant scientific advances in the management of asthma and that there are many promising environmental interventions that have been shown to reduce the frequency and severity of asthma exacerbations.

In this regard, the Committee further encourages the National Center for Chronic Disease Prevention and Health Promotion, and the National Center for Environmental Health, to consider undertaking a collaborative effort to foster more effective communication between physicians and consumers on asthma and an effective means of controlling and preventing the disease. The Committee further encourages CDC to work in conjunction with State and local health departments to collect locality specific data on pediatric and adult asthma.

Lymphoma.—The Committee commends the CDC for its current research into the potential environmental factors responsible for lymphoma, and encourages continued and expanded collaboration with the National Institutes of Health in further examination of this issue.

Immune deficiency outreach.—The Committee notes that 70 primary immune deficiency diseases have been diagnosed in 500,000 persons, mostly children, and remain undiagnosed in 500,000 more. Because early intervention and effective treatment can greatly improve the quality of life of children with these chronic diseases, the Committee urges CDC to work closely with the National Institute of Child Health and Human Development in its efforts to educate physicians and initiate national awareness campaigns directed at parents and other health professionals.

Prevention, marketing, and health behavior change.—The Committee encourages the CDC to establish a center within a school of public health to focus on prevention, marketing, and behavior change strategies for enhancing health in disadvantaged communities.

Fetal alcohol syndrome.—The Committee encourages the CDC to develop effective strategies for preventing alcohol-exposed preg-

nancies among women in high-risk setting and to improve State-based surveillance of fetal alcohol syndrome.

Cerebral palsy.—The Committee recognizes the substantial health and related costs associated with cerebral palsy, and believes there is considerable merit to focus national scientific attention on this growing problem and to disseminate research findings rapidly to the research and patient advocate community.

Obesity and nutrition.—The Committee is very encouraged by the work by CDC's National Center for Chronic Disease Prevention and Health Promotion, on nutrition and obesity. Improving the diet of Americans and their physical activity would dramatically reduce the occurrence of major, chronic disease, including cardiovascular disease, cancer and diabetes. The Committee urges the CDC to expand its efforts in the links between nutrition and obesity, including collaboration with NIH. The Committee is particularly interested in efforts to determine the most effective methods of changing behavior related to weight control, including the best methods of fostering healthy behavior. Additional work is also needed to support professional education programs to improve management of patients with nutritional and weight disorders.

Chronic liver diseases.—The Committee is pleased that the CDC has entered into a cooperative agreement to further support the efforts of a national voluntary health organization to meet the need for public information on hepatitis and other liver diseases. The Committee encourages the continuation and expansion of this collaboration and further urges the agency to give priority to developing the necessary epidemiological information regarding trends in chronic liver disease.

Colorectal cancer.—The Committee is aware that colorectal cancer is the third most commonly diagnosed cancer for both men and women in the United States, and the second leading cause of cancer-related deaths. In 1998, 56,500 Americans will die from colorectal cancer; approximately 131,600 new cases will be diagnosed. When colorectal cancer is detected and treated early, survival is greatly enhanced. Yet, only a minority of colorectal cancers are diagnosed while the disease is still in a localized stage. The Committee recommends that the agency develop and implement a national colorectal cancer screening program with State health departments, including building coalitions, public and professional education, quality assurance, surveillance, and evaluation.

Epilepsy.—The Committee is aware of the Living Well With Epilepsy Conference and the steps taken by the CDC to implement the conference recommendations. The Committee urges the agency to continue to work with the public and professional epilepsy organizations to develop a national outreach and education campaign directed at school-age, early childhood, and at-risk populations, to promote patient-centered treatment and management of epilepsy under managed care and Medicaid plans.

Ischemia research and education.—The Committee reiterates its support for the development of a comprehensive cardiovascular program that emphasizes risk-factor reduction and healthy behavior promotion. The Committee is aware of the efforts of the Ischemia Research and Education Foundation of San Francisco to bring its expertise into collaboration with that of the CDC cardiovascular

disease efforts. The Committee expects CDC to work more closely with groups, such as the IREF, that hold unique resources and knowledge in this field.

Oral health.—The Committee is aware of the extent of the need for oral health services. Much of the health and economic burden associated with oral diseases and conditions are preventable. Funds are available to further enhance oral health activities at CDC, including targeted efforts in collaboration with public and private partners, implementation of proven prevention programs to reduce dental decay and expand community fluoridation, sealant programs, and oral health surveillance.

Autism epidemiology and training.—Autism ranks as one of the leading causes of childhood developmental disability. The Committee understands that there is a paucity of domestic epidemiologic data on autism and urges the CDC to consider upgrading the national capability to track and evaluate the prevalence of the disability.

The Committee is encouraged by the work being done by Marshall University's Autism Training Center and has included sufficient funding to continue the program at an increased level of $400,000 to expand services to families with autism.

Health information center.—The Committee is aware that CDC has funded an external evaluation of the C. Everett Koop Community Health Information Center and that preliminary results of this evaluation are encouraging. Within the amount provided, funds are available to implement the recommendations of the evaluation, to strengthen the center, and to disseminate the results of its evaluation to professional medical societies throughout the country.

Newborn screening.—Recent advances in genetic screening for newborn infants allow identification at birth of underlying conditions which can cause or contribute to disease, disabilities, and death. Funds are available for policy development and for research and development efforts to facilitate the translation of scientific advances into newborn screening programs. Fragile X syndrome and cystic fibrosis are among those diseases that ought to receive a high priority. The Committee urges the agency to coordinate with the Health Resources and Services Administration in translating the results of these efforts into guidance for public health programs, including State newborn screening programs.

Iron overload illnesses.—Hereditary hemochromatosis is among the most common genetic disorders, which results in excess iron accumulation, tissue damage, and systemic organ failure. Funds are available to further study and to implement strategies for the prevention of this disease.

Radioactive iodide study.—The Committee has included sufficient funds to continue the followup study of the Utah cohort exposed to fallout from the Nevada Nuclear Weapons Test Site. The Committee further expects that administrative costs charged to this project be minimized.

Lead poisoning

The Committee recommendation includes $38,205,000 for lead poisoning prevention activities, $341,000 above the 1998 appropriation and $307,000 above the President's request.

Since its inception in fiscal year 1990, the CDC program has expanded to about 40 project areas that encompass States, local areas, and numerous communities and screens an estimated 1,750,000 children annually.

The Committee was pleased to learn that, with CDC's support and participation, the Food and Drug Administration had given final approval to a portable lead screening device. The Committee believes that this device holds great promise for increasing childhood screening rates in many underserved urban communities in the United States and throughout the world.

Breast and cervical cancer mortality prevention

The Committee's recommendation includes $145,000,000 for breast and cervical cancer mortality prevention activities, $1,515,000 above the request and $2,221,000 more than the 1998 appropriation.

While some progress has been made recently in reducing deaths from breast cancer, many women who develop these cancers and who are at highest risk for premature death from cancers of the breast and cervix are minorities and/or the economically disadvantaged. These populations of women still have not showed reductions in deaths from breast cancer, in large measure due to not having access to preventive services such as screening mammograms and pap smears.

In fiscal year 1998, 65 States, territories, and American Indian tribal organizations will receive resources for comprehensive programs. Funds provided for fiscal year 1998 will help improve access for all women to preventive services, and assist State programs in: informing women of the value of early detection; educating physicians about recommended screening guidelines; ensuring the quality of screening mammography and pap tests; and monitoring program effectiveness through appropriate surveillance and evaluation activities.

The Committee commends the CDC for utilizing funding for the breast and cervical screening program to continue to build programs nationwide, and to develop programs consistently from State to State that include minimum standards for participating States. Continued priority for breast cancer screening should be given to postmenopausal, low-income, underinsured and uninsured women.

The Committee commends CDC for the development and expansion of the national breast and cervical cancer early detection program. This program, now active in every State, has provided lifesaving mammography and Pap smear screenings to over 1 million low-income women. In addition, the program coordinates with State/local health departments and other health care providers to ensure that women with abnormal screening results receive appropriate followup care.

The Committee also continues to be pleased with the progress of CDC's Wisewoman Program. This demonstration program provides low-income women participating in the national breast and cervical cancer early detection program with additional preventive screenings and medical referrals. The Committee encourages CDC to continue its planned expansion of the Wisewoman initiative.

The Committee is concerned with the disproportionately high prevalence of cancer among disadvantaged and minority populations, particularly higher mortality rates among African-American women from breast and cervical cancer. Within this amount, funding is available for early screening and treatment programs specifically designed to address the needs of this population. The Committee encourages CDC to work with community-based organizations such as Swope Parkway Health Center in Kansas City, MO, in reaching and treating this population.

Injury control

The recommendation by the Committee includes $50,765,000 for injury control efforts. This is $1,429,000 above the President's request and $1,001,000 more than the fiscal year 1998 appropriation. The recommendation includes an additional $6,000,000 from the violent crime reduction trust fund for domestic violence activities authorized by the Violence Against Women Act. This is the same level as the 1998 appropriation. These funds will continue to support community program demonstrations on domestic violence.

The Center is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by: fires and burns; poisoning; drowning; violence; lack of bicycle helmets, seatbelts, and baby seats; and other injuries. The national injury control program encompasses nonoccupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized both for intramural and extramural research as well as for assisting State and local health agencies in implementing injury prevention programs. The Committee recognizes the important role that CDC provides as a focal point for all Federal injury control activities.

The Committee recognizes the outstanding achievements of the injury control research centers [ICRC's]. Based at universities across the Nation, the ICRC's have excelled in discovering what prevention and treatment measures work and in disseminating these measures to State and community injury prevention programs.

Each year, approximately 300 bicyclists 17 years and younger are fatally injured, and over 150,000 are treated in hospital emergency rooms for bicycle-related head injuries. Research has shown that 85 percent of these head injuries can be prevented by the use of helmets. Despite this fact, and the successful effort in many communities to promote bicycle helmet usage, it is estimated that less than 15 percent of American children wear them. The Committee encourages the Center to organize a national campaign to promote bicycle helmet usage. Such efforts should involve private and public partners, and include organizations interested in child health, safety, brain injury prevention, and cycling.

Sufficient funds have been provided to enable the Center to support and expand effective prevention programs for traumatic brain injury consistent with the Traumatic Brain Injury Act. The Committee is supportive of a science-based process that identifies the most practical and effective steps communities can undertake to prevent suicide in high-risk populations.

Suicide and suicidal behavior is a major public health risk, particularly for the elderly, adolescents, and young adults. The Committee recommendation includes funds for the Center to sustain suicide prevention research and intervention.

The Committee recognizes CDC's contribution to national efforts to reduce violence and prevent domestic violence. With over 1 million children a year the victims of abuse and neglect, the Committee again recommends the Center give consideration to extending its focus on violence by supporting an initiative directed to the prevention of physical and emotional injuries associated with child maltreatment and neglect. The Committee encourages the NCIPC to collaborate with relevant national organizations and with academic institutions, including schools of social work, in the development and implementation of this initiative.

The Committee recommendation maintains the proviso included in the House bill prohibiting the use of funds to advocate or promote gun control.

The Committee is pleased with the efforts of the National Program for Playground Safety and the level of public interest which has been generated by this program. The Committee recognizes that implementation of the plan requires additional resources and encourages an increase in funding for this project, and in particular for the development of a model playground to serve the needs of children below the age of 3.

The Committee reiterates its concern over child sexual abuse. CDC is strongly encouraged to consider the working ideas offered by nongovernmental entities that show promise in reducing the contributing factors for child sexual abuse. The Committee is aware of the Stop It Now Program and urges the agency's full and careful consideration of its ideas and proposal for collaboration with CDC.

The Committee understands that efforts to ensure children sit with proper restraining equipment in the rear seats of motor vehicles significantly reduces injuries and deaths arising from motor vehicle accidents. The Committee urges CDC to consider developing research and community-based intervention trials to promote the positioning of children in rear seats of the vehicles in which they are riding.

The Committee is aware of a proposed study to determine the cost effectiveness of trauma care by comparing the functional outcomes of patients provided care by trauma center and nontrauma center facilities. The Committee urges CDC to consider initiating this activity and encourages it to consider a cooperatively determined methodology from the managed care industry, the American Trauma Society, and participating agencies, including the Institute of Medicine.

The Committee is supportive of efforts by CDC to establish a nationwide 1–800 number for the "Mr. Yuk" poison control effort which would link current poison control centers to a nationwide data bank. A tollfree number would enable parents to access real time information and medical assistance in cases in which children accidentally ingest a potentially toxic substance.

Occupational safety and health

The Committee's recommendation includes $200,000,000 for the National Institute for Occupational Safety and Health [NIOSH], $14,436,000 above the budget request and $12,787,000 more than the 1998 appropriation.

The National Institute for Occupational Safety and Health [NIOSH] in CDC is charged with conducting a national program of occupational safety and health research and information dissemination to ensure safe and healthful working conditions for American working men and women. Occupational injuries occur at twice the rate of injuries in the home or in public places. Severe occupational trauma is second only to motor vehicle incidents as a cause of unintentional death in the United States. The majority of all of these deaths and injuries are preventable.

To prevent work-related hazards, NIOSH conducts applied research with a corps of occupational safety and health professionals operating in multidisciplinary teams comprised of engineers, epidemiologists, industrial hygienists, physicians, and toxicologists. Intramural efforts are complemented by grants, contracts, and cooperative agreements to form a comprehensive and integrated program consisting of four components: Identification of hazards; research on causes and prevention of occupational injuries and illnesses, dissemination of research findings and recommendations; and training of those involved in preventing disease and injury at work.

Sufficient funding is provided to continue the farm health and safety initiative. This important initiative, begun in 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the millions of agricultural workers and their families in the United States. The Committee is particularly pleased with the research being undertaken by the agricultural research centers and expects that this program will continue at no less than the level of funding provided in fiscal year 1998.

The Committee is pleased that the number of injuries in the building and construction trades has declined by nearly one-third since 1990, and is encouraged by the progress that has been made on construction safety and health during the past 5 years. Funding has been included to continue this initiative.

The Committee is aware of recent evidence that excessive ultraviolet radiation exposure [UVR] from sunlight, both in recreational and occupational settings, generates an increased risk for skin cancer, which is preventable. The Committee is further aware that no governmental standards exist concerning exposure protection for outdoor workers. The Committee urges the Director to give consideration to supporting this area of research.

The Committee commends the work of the 15 university-based education and research centers [ERC's] and the smaller single discipline training project grants [TPG's]. These regional centers are integral to efforts to improve the health and safety of working men and women, and important to the future efforts of NIOSH to implement the national occupational research agenda [NORA]. The Committee supports the research and training roles of the ERC's and TPG's, and has included additional funding to expand these efforts.

The Committee is encouraged with the progress by NIOSH on implementing the National Occupational Research Agenda [NORA]. The Committee is supportive of NIOSH's efforts to further its partnerships with the occupational safety and health community and the broader public and private public health research community, and believes these partnerships will be important in the implementation phase. The Committee urges NIOSH to work with its partners to augment resources available to the Institute for NORA research. In particular, the Committee strongly encourages NIOSH to continue partnering with the National Institutes of Health to cosponsor and fund extramural research in relevant NORA priority areas.

The Committee has included sufficient funds to meet the request for intramural research and staffing on work-related diseases at the new laboratory in Morgantown, WV.

The recommendation includes consolidated funds for the former U.S. Bureau of Mines mine safety and health research activities. In fiscal year 1996 these activities were transferred from the U.S. Bureau of Mines to NIOSH. The former Bureau of Mines research activities address a broad spectrum of issues which target worker safety, disaster prevention, and health in the mining industry.

While NIOSH has had responsibility for occupational safety and health research aimed at industry in general, the Committee understands that many mine safety and health research needs are either unique to mining or require mining-specific emphasis. The Committee, therefore, expects the NIOSH to continue to preserve the integrity of the mine safety and health research unit of the Bureau so that the collective experience and expertise of that group can be maintained within NIOSH.

The Committee is supportive of the concept of establishing NIOSH regional surveillance centers, based upon the successful Alaska model, and notes that Hawaii and the Pacific basin region would be an ideal region for such a center. The Committee understands that in 1987, the Institute of Medicine reported that occupational illness and injury surveillance systems have been inadequate. By developing the regional center concept, NIOSH would be able to include relevant local and unique data in its efforts to evaluate and compare various health risks and hazards.

The Committee has included $1,000,000 within this account to augment activities of the Colorado School of Mines.

Epidemic services

The Committee's recommendation includes $69,844,000 for epidemic services, $25,072,000 less than the request and $2,499,000 over the 1998 appropriation. Additional funds for this activity are available within the Public Health and Social Services emergency fund.

The objectives of the epidemic services activity are to: provide for the investigation, prevention, or control of epidemics, develop, operate, and maintain surveillance systems, analyze data, and respond to public health problems when indicated; train public health epidemiologists [EIS]; carryout quarantine regulations; reduce the importation of disease from developing countries; publish the morbidity and mortality weekly report; develop, coordinate, and provide

efficacious, effective, and economic prevention strategies; and assist in the improvement of State infrastructure.

The Committee is concerned about the high numbers of childbirth complications; it has been estimated that one in four women who deliver a baby in the United States each year will experience a serious complication during labor, including bleeding, high blood pressure, or infection. The Committee notes the need for enhanced tools to effectively monitor, research, and prevent maternal deaths and strongly encourages CDC to develop means of replicating the pregnancy risk assessment monitoring system [PRAMS] to additional States.

The Committee encourages the agency to support the development of a rapid toxic screen to measure human exposure to a wide variety of toxic substances.

Health statistics

The recommendation of the Committee includes $84,573,000 to be provided from PHS 1 percent evaluation and set-aside funds. This is the same as the request and the fiscal year 1998 level.

CDC's National Center for Health Statistics [NCHS] is the Nation's principal health statistics agency, whose mission is to provide statistical information that will guide actions and policies to improve the health of the American people.

The increase provided is for the national health and nutrition examination survey [NHANES]. This is the same as the request and will provide for full funding of this important component of the Nation's health information strategy. When fully implemented, NHANES provides unique information from direct physical examinations, biochemical measures, interviews, and nutritional analysis from a large, representative sample of persons. This survey is the only national source of objectively measured health status data, and is essential to interpreting information from other survey components.

Sarcoidosis.—The Committee encourages the National Center for Health Statistics to collect data on the prevalence of sarcoidosis by making sarcoidosis a reportable disease and by establishing a national sarcoidosis patient registry, in collaboration with NHLBI, NIAID, and the Sarcoidosis National Network.

Human immunodeficiency virus

The Committee recommendation includes $631,779,000 for HIV/AIDS activities, $6,835,000 more than the fiscal year 1998 appropriation and $9,555,000 more than the request.

The Committee continues to support CDC's strategy to develop community planning to direct resources to where the most critical needs are.

The Committee is very supportive of the hemophilia consumer-based patient involvement programs that have been successful in HIV/AIDS risk reduction and in the prevention of the complications of hemophilia. The Committee has included funds to maintain and strengthen hemophilia and other hematologic program activities focused on preventing and reducing the crippling, debilitating complications, and death caused by such bleeding disorders.

The Committee is aware that racial and ethnic minorities continue to be disproportionately affected by HIV disease. The Committee expects the CDC to target and include racial and ethnic minority communities in HIV prevention efforts through the existing community prevention planning process. Furthermore, the Committee recommends that any additional resources for HIV prevention activities be prioritized for State and local health department cooperative agreement grants to address these health disparities. The Committee stresses the need for close collaboration between State and local public health departments and the CDC in devising and implementing HIV prevention measures to systematically address disparities in racial and ethnic populations.

The Committee recommends that $1,000,000 of the funds provided for HIV prevention be used to support demonstration projects to achieve HIV, STD, and reproductive health integration. These efforts should include integration of planning, service delivery, and evaluation at the State and local level. It is anticipated that these projects will focus on minority communities, low-income women, and adolescents who are disproportionately affected by these three issues.

Building and facilities

The Committee recommendation includes $6,800,000 for repair and renovation of CDC facilities, $8,000 over the request and $34,704,000 below the fiscal year 1998 appropriation. Funds are provided for the most needed repair and improvement projects as facilities age and programs change.

Prevention research

For this activity, the Committee has provided no funding. The administration proposed $24,969,000 for extramural research programs, information systems and laboratory activities.

Office of the Director

For the Office of the Director, the Committee recommends $23,020,000, which is $8,000,000 below the President's request and $10,641,000 below the fiscal year 1998 appropriation. This line item includes amounts previously attributed to program management activities.

The "Program management" account primarily supports the activities of the Office of the Director of the CDC. The vast majority of administrative costs are captured throughout the program accounts within the CDC.

The recommendation includes bill language providing the Director with authority to transfer funds available from the sale of surplus vaccine from the vaccine stockpile to other activities within the jurisdiction of the Centers for Disease Control and Prevention. In the event the Director exercises this transfer authority, the Committee is to be notified immediately.

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, including the coordination of preventative care with substance abuse centers.

The Committee understands that under the Clinical Laboratory Improvement Act [CLIA], the FDA was given the responsibility to categorize the complexity of new invitro diagnostic [IVD] devices. The Committee continues to be concerned that this dual responsibility has resulted in a process that causes confusion, unnecessary conflict, and duplication of effort. The Committee continues to encourage discussions between FDA and CDC on returning to FDA the role of categorizing CLIA complexity evaluations and expects to be informed regarding the efficiencies to be gained from such a transfer, the ways in which FDA review can result in waived status for certain technologies, and any impediments to FDA reasserting to its role.

Health disparities demonstration

The Committee has included $10,000,000 for the new demonstration projects to address racial health disparities. This amount is $19,963,000 less than the President's request and $10,000,000 over the fiscal year 1998 appropriation. These funds will support research demonstration projects which address six identified areas of health disparities—infant mortality, cancer, heart disease, diabetes, HIV infections, and child and adult immunizations.

Violent crime reduction trust fund

The Committee recommendation includes $43,000,000 from the violent crime reduction trust fund which is $8,000,000 below the fiscal year 1998 level and $62,000 above the budget request for activities authorized by the Violence Against Women Act in the crime bill. Included is $37,000,000 to augment rape prevention services supported by the States through the preventive health and health services block grant and $6,000,000 for grants to public and private nonprofit organizations to support community programs to prevent domestic violence. The Committee further provides $8,000,000 in regular appropriations, for a total of $45,000,000, to sustain current rape prevention activities.

The funds for rape prevention and services will be used by States to expand support for rape crisis centers and State coalitions, to support rape crisis hotlines, victim counseling, professional training of police officers and investigators, and education programs in colleges and secondary schools.

The Committee is concerned with the distribution of funds for rape prevention and education that are provided with funds from the violent crime reduction trust fund and sent to the States through the preventative health and health services block grant. States should comply with the statutory language and congressional recommendations accompanying the use of these funds. Funds should be used to supplement rape crisis centers and State sexual assault coalition's rape prevention and education efforts and not to supplant funds from other sources.

It is the Committee's expectation that the Centers for Disease Control and Prevention take the lead in a collaborative effort between CDC and the Department of Justice in researching the behavioral and psychosocial factors relating to violence against women.

The Committee urges CDC to ensure that States receiving funds from the grants for assistance to victims of sexual assault support State sexual assault coalitions and community-based rape crisis centers whose work is focused on ending sexual violence, operating hotlines for victims of sexual violence and their families, and those who provide crisis intervention, advocacy, and self-help services to victims. The Committee also urges that similar nongovernmental nonprofit agencies show a demonstrated effectiveness in carrying out the work achieving these goals in order to receive funds. The Committee further encourages CDC work to have States devote adequate resources from their allocation for rape prevention and education for middle, junior, and high school youth in both school and nonschool settings.

NATIONAL INSTITUTES OF HEALTH

Few of the Federal Government's actions affect the lives, well-being, and security of as many Americans as its investment in medical research. Similarly, few Federal investments have such far-reaching effects on this Nation's academic and economic standing throughout the world. The National Institutes of Health have often been referred to as the crown jewel of this country's research infrastructure and the world's preeminent medical research enterprise. It is those things and more. For millions of cancer and heart disease survivors it is the taproot of new drugs and surgical techniques that have added new years to life. It is the font of vaccines that save the lives of children who would have been considered hopeless cases only a few decades ago. And for the million of baby boomers who are shouldering their way into old age, it offers the only source of hope against the ruinous effects of Alzheimer's disease, stroke, arthritis, and Parkinson's.

But past success is not self-sustaining; nor can tomorrow's challenges be left to chance. Scientific advances are cumulative and often slow to bear fruit. More likely than not, today's cure or treatment is likely to be the product of investigation begun years ago. Future life-saving breakthroughs depend on what this Nation is willing to invest today.

This Committee views its decisions with regard to the National Institutes of Health as a significant responsibility. But responsibility falls as well on the various research Institutes and on the research community as a whole to balance the most promising scientific opportunities and the most pressing public health needs. The Committee generally has limited the amount of specific directives given in this report. However, this should in no way be construed to mean that the Committee has abandoned its prerogatives with respect to setting overall direction and guidance. To be sure, NIH must weigh a variety of factors when assigning research priorities, not the least of which are the desires of those who ultimately finance Federal research activities—the taxpayer. The Committee will continue to monitor this situation closely but in the meantime encourages NIH to consider carefully the recommendations set forth in the Institute of Medicine's report entitled, "Scientific Opportunities and Public Needs," particularly those calling for greater public input.

The Committee recommendation includes $15,622,386,000 for the National Institutes of Health. This is $819,073,000 more than the budget request and $2,000,000,000 more than the fiscal year 1998 appropriation.

NATIONAL CANCER INSTITUTE

Appropriations, 1998	$2,542,559,000
Budget estimate, 1999	2,768,635,000
Committee recommendation	2,927,187,000

The Committee recommends an appropriation of $2,927,187,000 for the National Cancer Institute [NCI]. This is $158,552,000 more than the budget request and $384,628,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

The Committee continues to regard scientific investigation into the cause, cure, prevention, and treatment of cancer as one of the Nation's top priorities. Research offers the only hope for putting a stop to a disease that wastes precious human resources and contributes to spiraling health care costs. The Committee was pleased to learn of recent studies documenting a reduction in death rates and improved rates of cancer morbidity and mortality as a result of smoking cessation. While a testament to past investments in research, those findings should not be taken as a sign that the problem is solved. In fact, the incidence of many types of cancer continues to rise, and progress has not been seen across all populations, such as African-Americans.

Breast cancer.—While recent data continues to show a drop in deaths from breast cancer, this disease still is expected to strike over 180,000 women in 1997. The Committee continues to believe that an intensive research program on breast cancer should be among the top priorities of the NCI and the NIH. More research is needed to better understand the underlying mechanisms of this disease, and to improve the ability to detect, diagnose, and treat breast cancer. Research also is needed to develop new prevention strategies with respect to this form of cancer. The Committee urges the NCI to strengthen its funding commitment to breast cancer research. The Committee also encourages the NCI to expand research into the occupational causes of breast cancer, tumor biology, immunology, molecular medicine, and development of new treatment methods. Research is also needed to develop better prevention and detection strategies.

The Committee notes that breast cancer incidence and mortality are higher than the national average in several States in the Northeast. The Committee encourages the Institute to provide increased funding for regional breast cancer centers that would tar-

get areas of the country where the morbidity and mortality rates of breast cancer are higher than the national average.

The Committee notes the need for a comprehensive initiative designed to assist in minority cancer control, prevention, and treatment. The Early Detection Breast Cancer Program consortium in south Florida is currently addressing the needs of the minority population with a concentrated and coordinated research and treatment effort.

The Committee encourages the Institute to provide increased funding for a breast cancer research initiative designed to assist in minority cancer control, prevention, and treatment, particularly among Asian-American women.

Cancer coordination.—The Committee encourages NCI to continue its leadership role as coordinator of the National Cancer Program. As the facilitator of the Nation's fight against cancer, the NCI specifically is encouraged to continue to work in collaboration with private/voluntary sector organizations, the CDC, and other Federal agencies to address the coordination challenges outlined in the National Cancer Advisory Board's report entitled "Cancer at a Crossroads."

Cancer information service.—The Committee commends NCI for their creation of the toll-free cancer information services; however, it is aware of a May 1998 report issued by the HHS Inspector General which concluded that nearly one-third of those who call the toll-free number have failed to reach a cancer information specialist. The Committee notes that residences of Florida had the highest busy rate, with more than one-half the callers getting busy signals. The Committee further notes the report concludes that resources were not equitably allocated among the 19 regions. The Committee requests that the Director of NCI to issue a report to the Congress not later than May 1, 1999, which provides specific initiatives to address the concerns raised in the report of the HHS Inspector General.

Clinical trials.—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 a 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.

Digital mammography.—Digital mammography technology is currently undergoing testing for FDA approval to demonstrate the safety and efficacy. However, large-scale testing of approximately 100,000 women is necessary to quantify its increased detection success relative to conventional film mammography. The Committee believes the National Cancer Institute should provide the Congress with a plan to manage such a large-scale trial in its fiscal year 2000 hearings.

Bone diseases.—The Committee is extremely pleased with the important strides that have been made in research connecting osteoporosis and breast cancer, and encourages further investigation to determine how these insights may be used in the prevention of breast cancer. The Institute is also encouraged to further intensify and expand its research to determine the basis for skeletal me-

tastasis of those malignancies with high preference for growth in bone, such as myeloma, breast cancer, and prostate cancer. The Committee further encourages the development of therapies directed at the bone that would prevent or ameliorate metastatic disease.

Hepatitis C.—The Committee is aware that several of the significant new research recommendations of the NIH-sponsored Hepatitis C [HCV] Consensus Development Conference impacts directly on the research portfolio of the NCI. This research includes the NCI recommendation that studies are needed regarding the mechanism of development of hepatocellular carcinoma in patients with HCV. The Committee encourages the NCI to initiate research in a manner fully responsive to professional judgment recommendations.

Lymphoma.—The Committee recognizes that lymphoma is one of the fastest growing cancers, striking more than 85,000 Americans each year, resulting in a 50-percent mortality rate. The Committee further recognizes that approximately 600,000 Americans today are living with lymphoid malignancies. Accordingly, the Committee encourages the NCI to increase funding for lymphoma research through use of all available mechanisms, including program announcements and requests for applications; convening a scientific workshop to examine the current state of lymphoma research and identify opportunities for further study; and expanding its current research into potential environmental factors responsible for lymphoma.

Neurofibromatosis.—Enormous advances continue to be made in research on neurofibromatosis [NF] since the discovery of the NF1 and NF2 gene, including the recent discovery that NF is involved with the c-AMP pathway affecting learning disabilities in addition to its cancer-fighting tumor suppressor functions. The Committee encourages NCI to strengthen its NF research portfolio in such areas as continued development of animal models, natural history studies, and therapeutic experimentation and clinical trials. The Committee further encourages the following funding mechanisms, as appropriate: requests for applications; program announcements; the national cooperative drug discovery group program; and small business innovation research grants. The Committee requests that the Institute continue to coordinate its efforts with NINDS and be prepared to discuss the status of the NF research program, including progress in implementing these recommendations, at its hearings on the fiscal year 2000 budget.

Translational research.—The Committee has been made aware of the extraordinary explosion of scientific advances in cancer biology, immunology, and molecular biology and genetics that have occurred in recent years as a result of previous investments in basic research. These advances provide unprecedented opportunities to develop new therapies, early detection technologies, and prevention strategies. The Committee is concerned that the translation of these promising discoveries into practice is not keeping pace with the opportunities that exist due to changes in the health care marketplace and weakness in the infrastructure for translational research. The Committee requests that the NCI evaluate the barriers and impediments that inhibit clinical testing of new technologies

such as vaccines, gene therapies, monoclonal antibodies, and be prepared to discuss the steps needed to remove these barriers at next year's appropriations hearing.

Pancreatic, prostate, and colon cancer.—The Committee supports increased efforts in the areas of pancreatic, prostatic, and colon cancer. Pancreatic cancer afflicts 30,000 new patients per year and leads to 29,800 deaths. Prostate cancer afflicts 185,000 Americans yearly and causes 39,000 deaths. Colon cancer afflicts 60,000 Americans yearly and causes 40,000 deaths. A portion of the amount provided should be devoted to research programs in these areas, particularly programs that utilize the newly discovered CaSm gene for gene therapy of pancreatic cancer; the newly implicated ETS2 gene for prostatic cancer; and the well described DRA gene for colon cancer. Antisense and gene therapy, and immunotherapy approaches can be supported to utilize these genes for the control of the indicated diseases.

The Committee continues to be very concerned about the high rates of incidence and mortality related to prostate cancer, particularly among African-American males. Prostate cancer is the second leading cause of cancer death in men, and African-American males are 66 percent more likely to be stricken with the disease. The Committee is encouraged by NCI's collaborations with the Department of Defense in combating this devastating disease and urges NCI to continue to strengthen and expand its prostate cancer research portfolio.

The Committee encourages NCI to explore the feasibility of developing a national model research, education, training, and treatment center focusing on early diagnosis, prevention, and treatment of prostate cancer.

The Committee also requests that the Director of the National Institutes of Health, together with the Director of the NCI, submit a report to the Appropriations Committees, no later than April 1, 1999, outlining the activities NIH is undertaking to enhance prostate cancer research programs.

Smoking intervention study.—Consistent with the budget request, the Committee agrees that the American stop smoking intervention study [ASSIST], be moved to CDC. The Committee expects the NCI to transfer the $25,000,000 expended in fiscal year 1998 for ASSIST to the CDC to continue this program. The Committee continues to believe that NCI has a critical role to play in preventing and reducing tobacco use and its adverse health consequences. Tobacco use is responsible for at least one-third of all cancers and NCI resources should better reflect this. The Committee believes that NCI must expand its existing tobacco-related research portfolio with a greater emphasis on behavioral, community, and State intervention research.

Outreach and public education.—The Committee commends the NCI's dedication to the National 5-A-Day Campaign. This campaign is an important facet of NIH's overall commitment to the prevention of nutrition-related disease. The practical value of research is dependent on the translation of that research into practice by the public. The Committee recognizes that a diet including a minimum of five servings of fresh fruits and vegetables is a critical factor in reducing cancer risk. The Committee encourages NCI

to consider increasing its communications and communications research for the 5-A-Day Program from its previous levels and increase its research in fruits and vegetables nutrition.

Gene therapy.—The Committee notes the outstanding progress being made by organizations studying the use of gene therapy in finding a cure for several forms of cancer. The Committee is impressed by the progress being made by the Human Gene Therapy Research Institute at the Iowa Methodist Medical Center in Des Moines, IA, in finding a cure for breast cancer. The Committee encourages the Institute to support organizations like this conducting breast cancer research utilizing autogolous bone marrow transplantation and gene therapy methods.

Primary immune deficiency diseases.—These genetic disorders, which affect as many as 1 million Americans, most of whom are children, are characterized by unusually high incidences of several forms of cancer. The relationship between the genetics of the immune system and the genetics of cancer is an area ripe for scientific endeavor. For this reason, the Committee urges NCI to establish a transinstitute initiative with NIAID, NICHD, and NHGRI by sponsoring a symposium of leading experts in cancer, immunodeficiencies, pediatrics, and genetics to explore the most promising areas of research and develop a comprehensive agenda for future research initiatives.

Urological cancers.—Urological cancers such as kidney, bladder, and prostate cancer afflict thousands of people each year. Research funding for such cancers has not kept pace with other diseases. Therefore, the Committee strongly urges NCI to significantly expand its research programs for these urologic cancers.

Nutrition and cancer.—The Committee continues to be extremely supportive of the Cancer Prevention Program, particularly the nutrition research component. Recent developments highlight the significance of diet in relation to prostate cancer and breast cancer. The Committee hopes that the Cancer Prevention Program and nutrition research will have added significance in the new organizational structure recently implemented at NCI. The Committee is particularly concerned that NCI utilize existing clinical nutrition research units and general clinical research centers to carry out investigation regarding the role of nutrition in cancer prevention.

Imaging systems technologies.—The Committee is aware of the striking advances in high-resolution imaging technologies of magnetic resonance imaging and spectroscopy and position emission tomography, and optical coherence tomography for detecting small abnormalities in tissues and for determining the structure of important cellular mollicules. Given the recent data showing a high rate of false-positive diagnoses of breast cancer from current mammographic technologies, the Committee believes that there is a critical need to bring important new technologies to full development so that the breast cancer can be detected at earlier stages than currently exists. Therefore, the Committee encourages the NCI to accelerate development and implementation of these advanced imaging systems.

Ovarian cancer.—In 1998, 25,400 women will be diagnosed with ovarian cancer and over 14,500 women will die from the disease. The Committee understands that more than 70 percent of women

with ovarian cancer are diagnosed by their physicians for the first time when the disease is in its advanced stages, apparently because only vague symptons appear in its early stages. As survival rates for women with ovarian cancer increase dramatically if the cancer is found in its earliest stages the Committee encourages the NCI to support expanded research into improved methods for early detection, diagnosis, and staging of ovarian cancer and also encourages the Institute to set up a specialized program of research excellence for ovarian cancer.

Diethylstilbestrol.—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. NCI and other Institutes, along with the Office of Women's Health, have developed a plan for expanded research activities in this area. The Committee has included sufficient funds to carry out this plan. In addition, educational materials for consumers and health professionals have been developed as a result of a demonstration project funded by the Committee in previous years. The Committee has included sufficient funds for NCI to contract with CDC to undertake educational efforts targeting consumers and health professionals on a national basis. The Committee expects NCI and other agencies to continue to consult with organizations representing individuals impacted by DES as DES research and education efforts are carried out.

Complementary and alternative cancer therapies.—The Committee expects NCI to work collaboratively with the Office of Alternative Medicine to support expanded research on promising complementary and alternative cancer therapies, and on their integration with traditional therapies. Thousands of Americans are turning to these therapies and consumers will benefit from the results of rigorous scientific review. The Committee expects to be briefed on the progress of the Institute's efforts prior to the next appropriations cycle.

Cancer in minorities.—The Committee remains concerned over recent statistics citing higher incidences of cancer among the native Hawaiian population. In comparison to other ethnic and racial groups, native Hawaiians have the highest incidence of the most common forms of cancer such as breast, colon, and lung cancer. The Committee encourages continued research in the areas of prevention and detection, utilizing nurse practitioners in community-based centers for screening and education for the underserved populations.

Heat shock problems.—The Committee is aware of the development of a new technology that employs heat shock proteins to provide a genetic fingerprint of cells that allows for the identification of irregularities in cells. This technology could lead to the development of vaccines based on irregularities found in particular cells. The Committee encourages NCI to support further investigation into this area.

Behavioral science research.—The Committee is pleased to learn that cancer rates have dropped significantly, much of this due to the adoption of healthy behaviors. The Committee urges NCI to increase its investigations into the underlying factors that promote

the adoption of healthy behaviors as well as those mitrigate against obstruct such behaviors.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 1998	$1,582,924,000
Budget estimate, 1999	1,709,534,000
Committee recommendation	1,793,697,000

The Committee recommendation includes $1,793,697,000 for the National Heart, Lung, and Blood Institute [NHLBI]. This is $84,163,000 more than the budget request and $210,773,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

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 innovative basic, clinical, population-based, and health education research.

Asthma research, education, and prevention.—The Committee is pleased with the early efforts of the Asthma Clinical Network to determine the effectiveness of asthma drugs and to identify better asthma management practices. During its first 4 years, the network has completed and published the results of two clinical trials of medication usage in patients with mild and moderate asthma. Two ongoing studies are evaluating the effects of asthma medications in altering clinical outcomes and airway inflammation in moderate and severe asthma. Another study, to establish doses of different inhaled corticosteroids, is expected to be completed in the near future.

The Committee recognizes the strong commitment of the NHLBI to learn more about asthma in minority populations, and is pleased at recent efforts by the Institute to extend its educational programs for these groups. In particular, the Committee has learned that the NHLBI plans to modify existing educational materials on asthma management to produce documents, audiovisual materials, and information packages for general dissemination and for targeted groups of patients, families, and health care providers at the community level, based on sociodemographic and cultural considerations.

The Committee was pleased to learn that the National Asthma Education and Prevention Program [NAEPP] has published updated asthma management guidelines. The Committee was also encouraged to hear that the NAEPP is working with national and local organizations to increase guideline use. The NAEPP has published a summary of asthma self-management approaches for use by local asthma coalitions. Professionals will be encouraged to use the materials to support patient education efforts.

Cooley's anemia.—The Committee is pleased that the Institute has included sufficient funding in its fiscal year 1999 budget for the development of a network of collaborative clinical centers that will facilitate research into Cooley's anemia and possibly other diseases, as recommended by several special emphasis panels. The Committee looks forward to receiving a report from the Institute on

the status of this network, and the expected areas of research on which it will concentrate, prior to next year's hearings.

Sarcoidosis.—Ongoing NHLBI sarcoidosis research includes studies to identify the cause(s) of the disease; to determine the pattern of inheritance in African-Americans and the role for major and minor genes in disease development; and to examine the immunological and inflammatory processes that occur in pulmonary sarcoidosis. Research findings are expected to improve understanding of sarcoidosis and lead to better treatment and perhaps to a cure. The Committee strongly supports these efforts.

Comprehensive sickle cell centers.—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 increase the number of comprehensive sickle cell centers by awarding four additional grants on a competitive basis, targeting regions with a significant African-American population not already served by such a center.

Cardiovascular disease.—The Committee recognizes the seriousness of heart attack, stroke, and other cardiovascular diseases and is concerned that cardiovascular disease continues to remain America's No. 1 killer and a major cause of disability. The Committee encourages the Institute to increase funding for the extramural heart program to support increased heart- and stroke-related research programs and to invest in promising heart- and stroke-related initiatives.

Abnormal heart rhythms.—Abnormal heart rhythms, or arrhythmias, can make the heart beat too fast, too slow or irregularly, and decrease the heart's ability to pump blood effectively. Ventricular arrhythmias cause most of the 250,000 sudden cardiac deaths each year, while atrial fibrillation, which occurs in about 2 million Americans, causes 90,000 strokes yearly. The Committee urges the Institute to expand research that may lead to new treatments for arrhythmias, improved preventive measures for Americans at risk of arrhythmic death, and reduce stroke as a complication of cardiac arrhythmias.

Origins of atherosclerosis.—Atherosclerosis (hardening of the arteries) causes blockages which lead to heart attacks and stroke. The Committee encourages the Institute to expand and initiate research using techniques of vascular biology, gene therapy and noninvasive, nonradioactive imaging that could lead to the identification and treatment of high-risk individuals before heart attack or stroke strikes. The Committee further encourages expansion of research into the role that bacteria and viruses might play in causing inflammation of the artery, research that could lead to the development of effective prevention strategies.

Congestive heart failure.—Heart attacks, high blood pressure, and congenital heart defects can result in a damaged heart muscle and can cause congestive heart failure. It is estimated that over 5 million Americans are afflicted with this disorder. The Committee encourages the Institute to explore promising new treatment options such as removal of nonfunctioning heart muscle, mechanical assist devices, animal hearts for transplant, transplantation of healthy heart cells, and the role of programmed cell death in the

development of congestive heart failure. The Committee further encourages the Institute to support research on cardiomyopathy, a heart muscle disease afflicting about 50,000 Americans who are also prone to congestive heart failure.

Congenital heart defects and specialized centers of research.—Congenital heart defects remain America's most common birth defect, and are the major cause of birth defect-related infant deaths and a significant cause of childhood disability. The Committee encourages the Institute to continue and expand research in emerging areas such as the use of new genetic tools to identify genes that control heart development, and improved diagnosis, treatment and prevention methods.

Congenital heart defects affect 32,000 newborns in the United States each year, killing about 2,300 children in their first year of life. Scientists often do not know why these defects occur. The Committee encourages NHLBI to support an additional three specialized centers of research in pediatric cardiovascular diseases and to continue research in emerging areas such as the use of new generic tools to identify genes that control heart development.

High blood pressure.—The Committee is pleased to learn that the National High Blood Pressure Education Program has released the sixth guideline for primary care clinicians on prevention and management of hypertension. Hypertension, an important public health problem, exists in all sectors of society, but is more prevalent in African-Americans and older Americans. The Committee recognizes the work of the National High Blood Pressure Education Program.

Prevention of heart disease and stroke.—The Committee supports NHLBI research to prevent heart disease and stroke and encourages expansion of this effort, particularly with respect to thrombosis, or blood clot formation. Blood clots are responsible for a host of life-threatening events, including heart attack and stroke. Research on the genetics of thrombosis, coupled with use of highly sensitive imaging techniques, may someday enable physicians to identify persons at risk for heart attack and stroke and intervention to prevent the occurrence of these deadly events.

A healthful lifestyle.—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 obese, and have unhealthful diets, high cholesterol, and elevated blood pressure. The Committee encourages the Institute to expand and initiate research into behavior modification in order to create public health interventions that help promote healthful behaviors. The Committee further encourages the Institute to expand research into the causes of and treatment for obesity, especially in children and young adults.

Thirty to forty percent of coronary heart disease deaths can be attributed to obesity, high blood pressure and high cholesterol; one-half of adult Americans have cholesterol levels above the desired level. The Committee continues to support the initiatives taken by NHLBI in the nutrition and obesity area, particularly clinical research in nutrition and obesity.

The Committee further encourages the Institute to work in collaboration with NCI, NIDDK, and other Institutes in this effort.

Primary pulmonary hypertension.—The Committee was pleased to learn that the NHLBI is expanding its research program in primary pulmonary hypertension. The Institute recently released a program announcement to encourage new investigations into cellular and molecular events underlying the disease and cosponsored a conference on mechanisms for eliminating vascular diseases. The Committee strongly urges NIH to actively pursue and increase funding for opportunities for fixture research, expanded studies at the cellular and molecular level; mapping the locus of familial PPH and screening for genetic mutations in and new treatment modalities; and developing animal models to investigate how prostacyclin may achieve a regression of vascular disease.

Hemophilia.—The Committee remains supportive of NHLBI's hemophilia gene therapy research program and encourages expanded research emphasis in this critical area. In light of the research opportunities in hemophilia gene therapy, the Committee urges NHLBI to develop a collaborative research plan with NIDDK, the National Human Genome Research Institute, and the hemophilia scientific and medical community for the development of promising hemophilia gene therapy technologies. The Committee requests a report on the steps taken by March 31, 1999.

Acute respiratory distress syndrome [ARDS].—ARDS, a devastating and incurable form of respiratory failure, remains a significant health threat for many seriously ill people. The ARDS Network, consisting of 10 critical care treatment groups, has been established by the NHLBI to identify effective therapies through prospective, randomized multicenter clinical trials. The Committee is pleased to learn that the ARDS Network will be used to evaluate a promising investigational toxicity modifier. The Committee believes that these types of innovative public/private collaborations, will serve to rapidly translate research into practice. The Committee looks forward to hearing about this important initiative at next year's hearing.

Alternative research resources.—The Committee is very interested in matching the increased needs of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource, has supplied thousands of human tissues and organs, and therby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

National Cholesterol Education Program.—The Committee encourages the National Heart Lung and Blood Institute to continue its efforts to persuade the National Committee for Quality Assurance to accredit health plans based on their ability to reach treatment goals established by the National Cholesterol Education Program in treating patients with hypercholesterolemia.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 1998	$209,026,000
Budget estimate, 1999	228,811,000
Committee recommendation	233,588,000

The Committee recommendation includes $233,588,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. This is $4,777,000 more than the budget request and $24,562,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDCR supports research and research training to improve the oral health of the American people. The Institute emphasizes ways to prevent disease in high-risk groups, including the elderly, minority populations, and people with medical conditions and medications that compromise oral health. The research agenda includes studies of craniofacial genes and birth defects; bone and joint diseases; AIDS, other infections, and immunity; oral cancer; chronic pain; epidemiology; biomaterials; and diagnostic systems.

Early childhood caries.—The Committee is aware of the findings of the Early Childhood Caries Conference that dental caries has reached epidemic proportions in many low socioeconomic preschool children in the United States. The Committee encourages the NIDCR to expand its research on this problem and, to the extent possible, collaborate with the Agency for Health Care Policy and Research to identify effective means of preventing and treating early childhood caries.

Periodontal disease.—The Committee is aware of the impressive work being done in periodontal disease at many of this Nation's research institutions. The Committee encourages the NIDCR to support research that focuses on the biofilm etiology of periodontal disease. This type of research could show promise for future treatments.

Bone disease.—The Committee notes the growth of research in osteoporosis, Paget's disease, and osteogenesis imperfecta and encourages the Institute to provide additional funds in this area in order to further expand and intensify the research programs on bone disease.

Temporomandibular joint disorders [TMJ].—The Committee remains interested in research on temporomandibular joint disorders [TMJ]. Last year, NIDCR convened a Technology Assessment Conference on the Management of TMJ. The Committee urges the Institute to expand its efforts to implement this agenda. The Committee again calls on NIDCR to form an interinstitute committee along with representatives of the Office on Women's Health, AHCPR, and CDC to develop a short- and long-term research agenda. Further, a study of TMJ patients who are suffering craniofacial and systemic problems as a result of dental implants is recommended.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 1998	$872,231,000
Budget estimate, 1999	941,544,000
Committee recommendation	994,218,000

The Committee recommends an appropriation of $994,218,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is $52,674,000 more than the administration's request and $121,987,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDDK provides leadership for a national program in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. The NIDDK plans, conducts, fosters, and 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.

Polycystic kidney disease.—Polycystic kidney disease [PKD] is a life-threatening genetic disease. The Committee understands that PKD science has progressed rapidly over the past several years and for that reason, the Committee has consistently recommended substantial increases in this area. The Committee further understands that a number of scientists are now predicting new therapies will emerge in the near future. The Committee, therefore, strongly recommends that NIDDK accelerate its research effort on PKD, including the creation of four PKD interdisciplinary centers. At least two of these centers should be broadly based to allow a wide range of skills and experience to be brought to bear in the development of therapies for PKD.

Interstitial cystitis.—Interstitial cystitis [IC] is a serious and debilitating bladder disorder that primarily affects women. The Committee is pleased that in fiscal year 1998 the NIDDK continued to fund IC clinical research and initiated the second phase of the IC data base, consisting of clinical centers to develop and test treatment protocols. The Committee encourages the Institute to continue and expand research and investigators on IC and to pursue proposals through a series of request for applications for individual research grants and pilot studies to investigate promising new strategies for IC symptom relief, epidemiology, and further understanding the basic science of IC. The Committee requests that the NIDDK be prepared to report to the Committee during the fiscal year 2000 hearings on ongoing research studies and areas for research solicitations, demonstrating where advances can be made in the effective treatment and prevention of IC.

Oxalosis.—The Committee is encouraged to learn that the Institute will hold a workshop on oxalosis, a pediatric disease that crosses disciplines in genetics, urology, metabolic, kidney, liver, and transplants.

Benign prostatic hypertrophy [BPH].—The incidence of benign prostatic hypertrophy [BPH] is staggering, affecting more than 12 million men over age 50. The Committee urges NIDDK to increase its research into prostate growth factors and related issues. Further, the Committee encourages a collaborative program with the Agency for Health Care Policy Research to better define the clinical and pathological spectrum of BPH, and to determine the most ef-

fective medical and surgical treatments for the various categories and stages of this disease.

Women's urological health.—The Committee is pleased that NIDDK has responded to its recommendation for a women's urological health initiative by hosting a conference to identify research issues. The Committee strongly encourages the Institute to implement the conference recommendations and provide increased funding in this area.

Urology research.—The Committee remains concerned that no research support is targeted on several critical areas in urology, including male infertility and impotence, congenital anomalies of the genitourinary tract, and kidney stone disease. The Institute should be prepared to report on the state of urology research with recommendations for new programmatic activities during the fiscal year 2000 hearings.

Digestive diseases.—Diseases of the digestive system continue to affect more than one-half of all Americans at some time in their lives. Serious disorders such as colon cancer, inflammatory bowel disease, irritable bowel syndrome, and viral hepatitis take a significant toll in terms of human suffering, mortality, and economic burden. The Committee encourages NIDDK to enhance 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.

Inflammatory bowel disease.—The Committee is encouraged by recent discoveries related to inflammatory bowel disease [IBD], Crohn's disease, and ulcerative colitis. These extremely complex disorders represent the major cause of morbidity and mortality from intestinal illness. The Committee encourages NIDDK to give priority consideration to the following areas of IBD research: investigation into the cellular, molecular, and genetic structure of IBD; identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups; coordination and integration of basic investigations designed to clarify mechanisms of action and disease pathogenesis into clinical trials; and IBS education and scientific symposiums.

Irritable bowel syndrome [IBS].—The Committee remains 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 tremendous human suffering and disability. The Committee encourages the NIDDK to provide adequate funding for irritable bowel syndrome/functional bowel disorders research.

Alternative research resources.—The Committee is very interested in matching the increased needs of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research, has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these

research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

Prostatitis.—The Committee is pleased that the NIDDK has begun to address the public health issues of prostatitis. It has been brought to the Committee's attention that a number of reports suggest that there is a strong familial occurrence of the disease and that chronic prostatitis is a precursor to both benign prostatic hyperplasia [BPH] and prostate cancer. The Committee encourages the Institute to increase research to explore the genetics and molecular epidemiology of the disease, and the relationship between chronic prostatitis and other diseases of the prostate.

Pediatric kidney disease.—Despite medical advances in the care and treatment of children and adolescents, kidney diseases continue to be a significant cause of illness and death among this vulnerable population. It is estimated that 150,000 young people suffer from kidney diseases for which there is no cure or effective treatments. As many as 10,000 suffer from chronic kidney failure, require kidney dialysis treatment, or have had a kidney transplant. Thousands more will fall victim to urinary tract infections that permanently damage kidney tissue, develop the early signs of progressive kidney disease, or be stricken with diabetes and eventually require dialysis or a kidney transplant.

In its fiscal year 1998 report, the Committee urged NIDDK to develop and implement an interagency action plan for adult and pediatric kidney disease research. The Committee made that distinction because young people are especially vulnerable to problems not encountered by adults, involving growth and development, a higher potential for learning disabilities, and the effectiveness of immunosuppressive drugs. The Committee, therefore, urges NIDDK to submit a status report prior to next year's hearings, outlining specific actions taken to address the special research needs of children and adolescents suffering from kidney disease.

Digestive disease centers.—The Committee notes that the digestive disease centers program has been highly successful in addressing a wide range of maladies that cost the economy an estimated $56,000,000,000 per year. Nevertheless, there remain many areas that could benefit from additional attention through this program. Included among them are pancreatic disease, genetic disease (hemochromatosis) and gene therapy, pediatric GI disease, hepatitis C, IBS, and IBD, H. pylori, inflammatory cytokines, and food safety. The Committee supports the expansion of the digestive disease centers program to create up to six additional categorical centers in these important areas in the next 3 to 5 years.

Bone diseases.—The Committee is pleased with the growth of research on osteoporosis, Paget's disease, and related bone diseases and encourages the Institute to further expand and intensify its research programs on these bone diseases.

Nutrition research and prevention.—Nearly one-third of adult Americans are overweight. Poor diet and lack of physical activity are associated with over 300,000 deaths per year. Obesity is a major risk factor for type 2 diabetes, stroke, and hypertension. The Committee encourages the Institute, working in collaboration with NCI, NHLBI, and other Institutes, to expand research in the basic and clinical areas and to develop nutrition interventions to manage

obesity. The Committee further directs the NIDDK to foster development of collaborative clinical research programs in nutrition and obesity between clinical nutrition research units, obesity research centers, and general clinical research centers.

Hemophilia.—The Committee encourages NIDDK to work with NIDDK, NHLBI, and NHGRI to expand research on effective hepatitis treatments for persons with hemophilia and to advance research on gene therapy technologies for hemophilia and other genetic disorders.

Hepatitis C.—The Committee is aware that many of the significant new research recommendations of the NIH-sponsored Hepatitis C [HCV] Consensus Development Conference relate directly to the research portfolio of the NIDDK. These recommendations include: initiation of large-scale, long-term studies to better define the natural history of hepatitis, especially to identify factors associated with disease progression to cirrhosis; studies of the pathogenesis and mechanism of liver cell injury by HCV; the development of better diagnostic tests for hepatitis C; and the development of a hepatitis clinical trial group with laboratory support to identify optimal treatment regimens. The Committee urges NIDDK to initiate this research in a manner fully responsive to professional judgment recommendations and, as the NIH Institute with lead responsibility on liver disease, to facilitate the transinstitute research required to fully address the HCV threat.

Liver and biliary disease.—The Committee is aware that 25 million Americans—or 1 of every 10 individuals—are or have been afflicted with liver, bile duct, or gallbladder diseases. The Committee urges a high priority on research to prevent, cure, and better treat liver diseases. The Committee is pleased with the development of the liver and biliary disease strategic plan and urges the NIDDK to coordinate its liver disease research efforts with the other institutes identified in the strategic plan.

Cooley's anemia.—The Committee has long supported research in the area of Cooley's anemia. Due to the numerous red blood cell transfusions that Cooley's anemia patients must undergo, iron accumulates in the major organs. The effective removal of this iron by chelating drugs requires an accurate assessment of iron levels in the patient. Accuracy is impeded, however, by the lack of a quality, noninvasive test to measure iron overload. The Committee, therefore, encourages NIDDK to move forward in an effort to develop an accurate noninvasive test to measure iron overload in patients with Cooley's anemia as well as other conditions. Treatment could be further enhanced by the development of an iron chelator drug that can be taken orally.

Diabetes.—Diabetes affects 16 million Americans and is a leading cause of blindness, kidney disease, heart disease, and amputations. Given the enormous human and economic costs of diabetes, the Committee urges the Director to expand current research efforts in this area. The Committee further encourages increased research into the causes and treatments of juvenile diabetes.

Diabetes in native American, Hawaiian, and Alaskan populations.—The Committee recognizes the Institute's interest in studying the incidence of diabetes in native American, Hawaiian, and Alaskan populations, and encourages the NIH to include na-

tive Hawaiian and Alaskan populations, the Mississippi Band of the Choctaw Indians, and the Eastern Band of the Cherokee Indians in diabetes studies.

Biomaterials.—Promising research is now underway in the development of biomaterials that offer more effective alternatives for tissue repair and replacement. The Committee encourages NIDDK to expand support for this effort.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 1998	$779,257,000
Budget estimate, 1999	841,828,000
Committee recommendation	903,278,000

The Committee recommends an appropriation of $903,278,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. This is $61,450,000 more than the budget request and $124,021,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NINDS conducts and supports a broad range of research and research training on the normal function of the brain, spinal cord, and peripheral nerves, and on neurological and neuromuscular disorders. Neurological research includes epidemiology studies to identify risk factors for disease; laboratory studies to examine the structure and function of nerve cells; and brain imaging studies to understand how the brain is affected by disease and how it operates to carry out tasks such as learning and memory. New approaches for the diagnosis, treatment, and prevention of brain disorders are evaluated in studies with patients and those at risk for brain disorders.

Alzheimer's disease.—The Committee is pleased to note that NINDS has been one of the leaders in the support of research on Alzheimer's disease and related disorders. Through research supported by NINDS and others, scientists have learned that Alzheimer's disease begins to attack brain cells several years before outward symptoms appear. By that time, it is too late to reverse the disease process. The Committee encourages NINDS, in collaboration with the National Institute on Aging, the National Institute of Mental Health, and other Institutes, to launch a prevention initiative aimed at identifying those therapies that hold the greatest potential for delaying or preventing the onset of Alzheimer's disease.

Parkinson's disease.—The Committee is encouraged by continuing discoveries in the genetics, pathophysiology, and treatment of Parkinson's disease, and continues to seek intensified efforts by NINDS to speed the development of effective therapies for this devastating disorder. The Committee also recognizes the benefits of research breakthroughs in this area on other disorders within the Institute's scope.

The Committee acknowledges the 1997 enactment of the Udall Parkinson's Research Act as a timely recognition of the huge potential in this field. The Committee is encouraged by initial efforts to implement the act's authorization of expanded Parkinson's-focused research. The Committee has provided sufficient funds to increase such initiatives, in coordination with NIA and other relevant Insti-

tutes, in order to carry out the full intent of the act and fully fund its authorization for research focused on Parkinson's disease.

Autism.—The Committee urges the NINDS to explore the link between seizure activity and autism. Additionally, the Committee recommends the Institute, along with the NIMH, explore more effective neural imaging strategies for young children.

Multiple sclerosis [MS].—The Committee continues its strong interest in an aggressive research program on MS. The Committee is aware of recent progress in treating MS patients with recurrent/remissive forms of the disease and urges the Institute to continue and expand its support for basic and applied research on MS.

Spinal cord injury [SC].—The Committee encourages the Institute to provide additional funds to continue and expand research regarding SC. Over 250,000 Americans are living with the consequences of SC and more than 10,000 new cases will occur each year. The Committee is aware of the extensive work that the Department of Veterans Affairs has developed in the research and treatment of SC. The Committee encourages the NIH and the Veterans Administration to work together on a collaborative research effort to marry the strengths of these two agencies to lead to a more effective coordinated Federal research effort.

Epilepsy.—The Committee seeks intensified and expanded efforts by the Institute to create breakthroughs in the prevention, treatment, and eventual cure of epilepsy. The Committee urges the Institute to maintain the crucial antiepileptic drug development program which has led to the discovery of many important antiepileptic medications. The Committee further encourages the Institute to consider additional resources directed specifically to intractable or uncontrolled epilepsy, which affects approximately 750,000 of the nearly 3 million individuals with epilepsy. This devastating disorder, which most often begins in childhood, is strongly associated with cognitive dysfunction, apparently because of the impact of uncontrolled seizures on the developing brain in its pediatric victims. The Committee is also interested in the progress being made in understanding the critical issues affecting women with epilepsy, in particular the relationship between women's seizures and the hormonal cycles. During the fiscal year 2000 appropriations hearings, NINDS should be prepared to present specific plans for advancing research in these important areas.

Neurofibromatosis [NF].—Recent advances in NF research have linked NF to cancer, brain tumors, and learning disabilities. Researchers have demonstrated that the protein made by the NF gene is part of a pathway which is known to control learning and memory, while at the same time being implicated with NF's cancer fighting tumor suppressor functions. This discovery has created new opportunities for drug and genetic therapies for NF patients. The Committee encourages NINDS to continue to increase its NF basic and clinical research portfolio though the use of: requests for applications; program announcements; the national cooperative drug discovery group program; and small business innovation research grants. The Committee also urges the Institute to continue to coordinate its efforts with NCI and be prepared to report on the status of the NF research program, including progress in imple-

menting these recommendations, at its hearings on the fiscal 2000 budget.

Amyotrophic lateral sclerosis [ALS].—ALS, more commonly known as Lou Gehrig's disease, is a progressive, fatal neurological disorder for which no cure exists. The Committee understands that recent developments in the use of animal models that are genetically identical to humans, for the first time, enabled researchers to study the biological basis of ALS. These animal models may help researchers learn what causes motor neurons to die; what the diagnostic markers are for this disease; and lead to the development of early diagnostic tests. The Committees encourages the Institute to expand and intensify research into the causes and cures of ALS.

Alternative research resources.—The Committee is very interested in matching the increased need of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource, has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

Neurodegenerative disorders.—The Committee strongly supports the increased emphasis placed on the study of neurodegenerative disorders within NINDS and across NIH. The Committee encourages the NIH to continue to support research which investigates the role of neurotransmitters in neurodegenerative disorders.

Dystonia.—The Committee supports efforts to encourage extramural initiatives in dystonia-specific research, and encourages NINDS to work closely with other organizations having an interest in dystonia research. This includes collaboration on joint research programs encouraging investigators to study dystonia, particularly in light of the recent discovery of the gene for early onset dystonia, which has prompted many new dystonia-related research options. The Committee also supports the establishment of an epidemiological study on dystonia.

Batten's disease.—The Committee continues to be concerned with the slow pace of research on Batten's disease. The Committee encourages the Institute to actively solicit grant applications for Batten's disease, and take the steps necessary to mount a vigorous research program. The Committee understands that there have been four significant breakthroughs with regard to gene localization in Batten's disease, including the identification of the single protein that is absent in late infantile Batten's disease.

Restless leg syndrome.—The Committee encourages the NINDS to follow up on recent scientific publications highlighting the public health significance of restless legs syndrome [RLS] and periodic limb movement disorder [PLMD]. The Committee also encourages the Institute to conduct studies to investigate the relation of RLS and PLMD to pregnancy, diabetes, renal disease, fibromyalgia, spinal cord injuries, neuropathies and attention deficit hyperactivity disorder.

Systemic lupus erythematosus (lupus).—The Committee encourages the Institute to expand research into the area of central nervous system [CNS] involvement in lupus. CNS involvement in lupus patients is one of the least understood clinical manifestation of this disease. CNS lupus is diffuse and reversible yet it constitutes one of the major causes of death among lupus patients. Research in this area could improve significantly with the development of new techniques to assess organ involvement and new animal models to explore the pathogenesis of the disease. The committee also urges collaboration between NIAMS and the NINDS.

Stroke.—Stroke remains America's third leading killer, the leading cause of permanent disability and a major contributor to late-life dementia. Stroke survivors often face years of debilitating physical and mental impairment, emotional distress and overwhelming medical costs. Now, opportunities to improve prevention and to treat stroke in progress have never been greater. The Committee encourages the NINDS to expand its stroke education program and initiate and continue innovative approaches to improve stroke diagnosis, treatment, rehabilitation and prevention.

Ataxia-telangiectasia.—The Committee encourages the NINDS to continue and expand clinical research efforts aimed at understanding and treating the pediatric neurodegenerative disorder known as ataxia-telangiectasia.

Spinal muscular atrophy [SMA].—SMA is a neuromuscular disease affecting voluntary movement and is the No. 1 genetic killer of children under the age of 2. The Committee urges the Institute to intensify its efforts to develop methods of treatment and cure for this devastating disease. The Committee further urges that NINDS utilize all available mechanisms as appropriate, including requests for applications and the exploration of areas of promising research identified in the 1998 International Workshop Sponsored by Families of SMA.

Fascioscapulahumeral-dystrophy [FSHD].—The Committee encourages the Institute to continue and expand research efforts focused on aiding in the diagnosis and treatment of FSHD.

Tourette syndrome.—Tourette syndrome is a disorder that begins in childhood, often with simple tics, and progresses to multiple, complex movements including respiratory and vocal tics. The Committee urges the NINDS to expand its research efforts into this disorder and initiate innovative approaches to improve diagnosis and treatment.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 1998	$1,349,135,000
Budget estimate, 1999	1,466,144,000
Committee recommendation	1,540,102,000

The Committee recommends an appropriation of $1,540,102,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is $73,958,000 more than the budget request and $190,967,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, in-

cluding AIDS, and diseases caused by, or associated with, disorders of the immune system. The NIAID is the lead NIH Institute charged with developing new and improved vaccines and supporting research on acquired immunodeficiency syndrome, tuberculosis, sexually transmitted diseases, and tropical diseases. The NIAID's research goal is to improve the health and quality of life of people by improving diagnosis, treatment, and prevention of diseases.

Tuberculosis.—The Committee encourages the NIAID to continue its support for tuberculosis [TB] research. This support is critical in developing improved diagnostic tests and treatments in response to the reemergence of TB in the United States. The Committee understands that NIAID-supported researchers have begun to understand multidrug resistant TB [MDR TB] and hope to develop methods to quickly determine which drug therapy is appropriate for MDR TB strains so patients can begin an appropriate treatment therapy immediately, thus reducing the risk of transmitting the disease to others. The Committee recognizes NIAID's cooperation with the Fogarty International Center [FIC] and the U.S. Agency for International Development [USAID] in coordinating U.S. domestic and international TB control efforts and encourages continued cooperation.

Asthma.—The Committee notes that the number of asthma patients and asthma-related deaths have increased dramatically in the past decade. In particular, the morbidity and mortality rates among minority and inner-city populations continue to be disproportionately high. The prevalence of asthma is higher in African-American children than in white children. The Committee urges NIAID to strengthen research in this area.

The Committee recognizes the leadership role the Institute has played in the inner-city asthma study where results have shown that home-based interventions coupled with a counselor-based intervention program have led to a reduction in asthma symptoms for children with severe asthma. The Committee commends the Institute for research into these community-based intervention strategies for treating and managing asthma.

Alternative research resources.—The Committee is very interested in matching the increased need, of the hundreds of researchers who rely upon human tissues and organs to study human diseases and to search for cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource for nearly 20 years, has supplied thousands of human tissues and organs necessary to produce a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

Hemophilia.—Last year the Committee encouraged NIAID, working with national hemophilia organizations, to determine further research steps to address the complications of hemophilia, including treatment for vimi hepatitis. The Committee urges NIAID to develop a research action plan, working with the hemophilia scientific and medical community that fully addresses the complications of hemophilia and other bleeding disorders. The Committee

further urges that in developing the plan, NIAID should work collaboratively with NIDDK on how to improve hepatitis treatment options for persons with hemophilia. The Committee requests a report by March 31, 1999, on the status of these efforts.

Hepatitis C.—The Committee is aware that several of the significant new research recommendations of the NIH-sponsored Hepatitis C [HCV] Consensus Development Conference impact directly on the research portfolio of the NIAID. These recommendations include: initiation of large-scale, long-term studies to better define the natural history of hepatitis, studies on the recovery from and persistence of viral infections as well as the pathogenesis and mechanism of liver cell injury by HCV; development of tissue cultures and small animal models; the development of better diagnostic tests for HCV; the development of a hepatitis clinical trial group with laboratory support to identify optimal treatment regimens; and the development of a vaccine for HCV. The Committee urges initiation of this research.

The Committee understands that additional treatment options for hepatitis C have been approved by the FDA since the NIH Consensus Development Conference held in March 1997. The Committee urges NIAID, in collaboration with NIDDK, to undertake the necessary efforts to expand upon the consensus conference's treatment recommendations to include these new FDA-approved options.

Organ transplantation.—The Committee is aware that NIAID is the leading NIH institute for organ transplantation research and is pleased that NIAID has funded behavioral research to focus on the issue of organ donation. The Committee urges additional research in this area as well as in basic and clinical transplantation immunology. The Committee hopes that this research will further our understanding of the immunologic mechanisms of transplantation tolerance, acute and chronic transplant rejection, and the mechanism of immunosuppression in experimental and clinical transplantation. The Committee encourages the NIAID to continue to sponsor workshops for the development of research questions in these areas. In addition, the Committee commends the NIAID for their continued leadership in facilitating cooperative clinical trials in pediatric renal transplantation, and for their efforts to promote industry and academic cooperation in basic research and clinical trials.

Malaria.—Malaria continues to be one of the most devastating infectious diseases. The Committee applauds NIH and NIAID for their leadership at home and abroad in advancing the international collaborative research project, and for implementing NIAID's research plan for malaria vaccine development. The Committee urges NIAID to continue to expand an aggressive malaria research program.

The Committee strongly encourages NIAID to establish at least one tropical disease research unit that would focus on multidisciplinary approaches to the study of this disease including medical entomology, molecular biology, biology of parasites and immunology, and the development of a vaccine or new drugs that can neutralize malarial infection. The Committee further encourages the

Institute to include collaboration with scientists in countries with endemic malaria.

Tropical disease research.—The Committee encourages NIAID to continue and expand research programs on global health including international collaborations in infectious disease research, tropical disease research units, and tropical medicine research centers. NIAID's support for international tropical disease research is critical for the advancement of the scientific understanding of emerging, reemerging, and other tropical diseases.

Allergic diseases.—Allergic diseases describes a myriad of medical conditions such as asthma, allergic rhinitis, atopic dermatitis, food allergies, and anaphylaxis. The Committee understands that one of the most effective research mechanisms to address asthma is the asthma, allergic, and immunologic diseases cooperative research centers, which provide an infrastructure and collaborative environment to study the complex problems associated with these diseases. The Committee encourages the Institute to continue basic and clinical research initiatives through these centers to improve the diagnosis, prevention, and treatment of these diseases.

Pediatric immune deficiency disease.—These 70 diseases, of which there are 500,000 diagnosed cases and another 500,000 that have not been diagnosed, strike most severely at children. The Committee urges NIAID to maintain and expand its research focus on these disorders. In particular, the Committee believes that the Centers of Excellence in Immunology that the Institute will create in fiscal year 1999 represents an ideal vehicle for high-quality, peer-reviewed research into these genetic diseases and is pleased that the Institute's plans include a concentration on this category of diseases. The Committee also believes that collaboration with existing immunodeficiency research centers provides the most rapid means of addressing these needs. In addition, the Committee strongly encourages the Institute to expand and enhance its role in educating physicians, raising public awareness, and rapidly translating basic research findings into clinical practice.

The Committee encourages NIAID to maintain its research focus on these devastating disorders and is pleased that NIAID recently expanded its clinical research registry for primary immune deficiencies.

Sarcoidosis.—The Committee recognizes NIAID's past support of the sarcoidosis national network, a national network of sarcoidosis patients, their family members, and the public health community. The Committee encourages NIAID's continued support of this effort, and urges NIAID to continue its examination of the infectious disease component of sarcoidosis.

Postpolio syndrome.—The Committee encourages the Institute to continue and expand research into postpolio syndrome, including providing rehabilitation alternatives for postpolio patients.

Women and HIV/AIDS.—The Committee contends that HIV-related prevention, treatment and care needs of women, particularly minority women in underserved areas, should be a top priority in defining the HIV research agenda. The Committee encourages NIAID to continue to work in collaboration with NICHD, using nurse practitioners to educate women in the utilization of female controlled barrier methods of HIV prevention and treatment and

use of psychologists to educate women about the mental health aspects of HIV/AIDS prevention and awareness.

Chronic fatigue.—The Committee understands that chronic fatigue syndrome [CFS] represents an extremely disabling illness that is undiagnosed in millions of Americans. The Committee urges the Institute to examine this illness, addressing a comprehensive variety of care needs which include educating providers in assessment, diagnosis and treatment, case management, rehabilitative efforts and the establishment of chronic fatigue assessment and treatment centers.

Inflammatory bowel disease.—The Committee notes with interest a recent scientific research agenda entitled: "challenges in inflammatory bowel disease [IBD] that identifies strong linkages between the immune system and IBD. The Committee encourages the Institute to aggressively support research in this important area.

Microbicides.—Given the disproportionate impact of STD's and the increase of HIV infection among women, the Committee encourages the Institute to support enhanced research into the basic, behavioral, and biomedical aspects of microbicides.

Foodborne disease.—The Committee is concerned about the significant impact, in both human and economic terms, of foodborne disease. A 1996 report by the U.S. Department of Agriculture identified staphylococcal food poisoning as the No. 1 cause of economic loss due to foodborne illness in the United States, with more than 12 million Americans effected each year, with approximately 100,000 fatalities.

The bacterium E. coli 0157 causes an estimated 10,000 to 20,000 cases of human illness a year, with about 250 deaths. Economic losses are estimated at more than $200,000,000 a year, which typically include the necessary destruction of millions of pounds of otherwise nutritious food. However, E. coli is considered an emerging pathogen and, absent an aggressive response, losses are expected to increase in future years.

Also of serious concern is the emergence of multiple-drug-resistant staphylococci and other diseases, such as toxic shock syndrome.

The Committee notes that the University of Idaho is a leader in such critical food safety research, including efforts on staphylococcal food poisoning, strains of E. coli, salmonella species, and listeria monocytogenes. Research on vaccine-like treatments is a promising area of future research, and may also have applications in enhancing immune responses and treating cancer. The Committee encourages the Institute to continue and expand its research efforts in the area of foodborne disease.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 1998	$1,063,959,000
Budget estimate, 1999	1,142,086,000
Committee recommendation	1,197,825,000

The Committee recommendation includes $1,197,825,000 for the National Institute of General Medical Sciences [NIGMS]. This is $55,739,000 more than the budget request and $133,866,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, and biological chemistry, study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supplies 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 regularly find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia to maintain U.S. leadership in biomedical science.

Trauma.—The Committee recognizes that injury is the leading cause of death for Americans age 1 through 44, the leading cause of lost work productivity and, at a cost of $200,000,000,000 each year, is also one of the Nation's most costly public health problems. The Committee also recognizes, as reported in 1994 by the National Institutes of Health Trauma Research Task Force, that less than 1 percent of NIH funding is allocated to trauma-related research.

The Committee urges the Director of the NIH to develop a coordination process focused on trauma and burn care research with the appropriate Institute Directors, including the NIGMS, NINDS, NIAMS, NICHD, NIA, and the National Center for Rehabilitation Research. The Institute Directors should be charged by the NIH Director with a goal of realizing the opportunities presented by basic science research by applying that knowledge to clinical research in trauma and burn care in order to significantly ameliorate the enormous impact of injury on both the patient and society.

Training.—The Committee encourages NIGMS to support behavioral research training as part of its mandate to support basic research training in all areas of health related research.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 1998	$673,509,000
Budget estimate, 1999	725,006,000
Committee recommendation	748,482,000

The Committee recommends an appropriation of $748,482,000 for the National Institute of Child Health and Human Development [NICHD]. This is $23,476,000 more than the budget request and $74,973,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NICHD is that component of the National Institutes of Health which is responsible for conducting and supporting research on maternal and child health, the population sciences, and medical rehabilitation. Research encompassed by these areas targets infant mortality; genetic diseases, including birth defects; mental retardation; contraceptive development and evaluation; pediatric, maternal, and adolescent AIDS; developmental biology; vaccine development; demographic and behavioral research; and restoration or enhancement of function in individuals experiencing physical disability due to injury, disease, or birth defect.

Demographic research.—The Committee commends NICHD for its continued support of demographic research, which provides objective, policy-relevant scientific information about population trends. The Committee supports NICHD's initiative to conduct important demographic studies such as those of poor families and neighborhoods, adolescent health, welfare-to-work transitions, and child care. The Institute's leadership in research and developing new data on fatherhood will help to fill a serious gap in understanding of family formation, family strengths, and the development and well-being of children. The Committee applauds NICHD's successful coordination with other Federal units in developing and supporting these studies, and encourages NICHD to assure that sufficient funds are provided for training the next generation of demographic scientists to carry on this important research.

Sudden infant death syndrome [SIDS].—The Committee commends NICHD for its aggressive efforts to reduce SIDS death through the national collaborative back to sleep campaign. This campaign has facilitated a 30-percent reduction in SIDS rates, the highest reduction in infant mortality rates in 20 years. To continue this progress, the Committee encourages the Institute to continue supporting the SIDS 5-year research plan. The Committee also recommends that NICHD review the progress of the last two 5-year plans to determine if a third plan is needed. The Committee encourages the Institute to continue to provide outreach to underserved populations, minorities, and to day-care providers.

Fetal alcohol syndrome.—The Committee encourages the Institute to continue to develop effective interventions for the treatment of children with fetal alcohol syndrome. The Committee also encourages support of demographic research for understanding alcohol consumption and related high-risk behaviors in women of childbearing age.

Juvenile arthritis.—The Committee encourages NICHD to work in collaboration with NIAMS on arthritis-related research. NIAMS would prove to be an important partner, particularly for collaboration on such issues as clinical trials in juvenile arthritis, bone metabolism in children, and long-term effects of immunosuppression in children.

Diet and nutrition.—The Committee is concerned about the large number of girls who are engaged in restrictive dieting and the consequences of dieting on their health and development. The Committee urges NICHD to further investigate behavioral, social, and cultural factors that affect adolescent girls' eating habits, with the goal of learning how to prevent and treat eating disorders.

Alternative research resources.—The Committee is very interested in matching the increased needs of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource, has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in

these research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

Osteogenesis imperfecta.—NICHD is to be commended for its research on the mapping of gene markers associated with several diseases, including osteogenesis imperfecta [OI]. OI is a genetic disorder characterized by bones that break easily from little or no apparent cause. The Committee encourages the Institute to further expand and intensify its research efforts on OI.

Learning disabilities.—The Committee is pleased that NICHD has placed a high priority on learning disabilities research. The Committee has been impressed with the recent accomplishments reported from the research program on reading development and disability, and looks forward to learning the results of the new research program on mathematics. In addition, the Committee encourages NICHD to take the lead in coordinating this research effort with NINDS, NIMH, and NIDCD. The Committee also urges research on the outcome and effectiveness of primary and preventive health care for mothers to prevent learning disabilities in infants and children. The Committee is also pleased with the significant Medicaid fee for service, and early school health data available at the perinatal data center that will facilitate this research.

Primary immune deficiency diseases.—The Committee is pleased with the establishment of peer-reviewed, collaborative research projects between the Institute and the Jeffrey Modell Foundation and urges the Institute to continue these efforts. In addition, the Committee notes that the NICHD has played the leading governmental role in supporting efforts to educate physicians and initiate national awareness campaigns concerning the early diagnosis and effective treatment of these diseases. The Committee urges NICHD to build on its past success in translating basic research to clinical research and then to clinical application through education and awareness programs, in conjunction with nonprofit foundations.

Pelvic floor dysfunction and incontinence in women.—The Committee understands that the NICHD is moving forward with plans to hold a workshop in the area of pelvic floor dysfunction (including prolapse) and incontinence in women to determine future directions for research. The Committee is pleased with these efforts and encourages continued collaboration among NICHD, NIDDK, the NIA, and the Office of Research on Women's Health.

Fragile X.—The Committee commends the NICHD for its continuing support for Fragile X research, and includes funds necessary for the Institute to further expand and strengthen its research activities on this disorder. Fragile X is the most common inherited cause of mental retardation. It is unique among developmental disorders because NICHD-funded research has identified the cause: the failure of a single gene to produce a specific protein. Although the protein can be produced synthetically, no cure or effective specific treatment has been found. The Committee urges the Institute to increase its efforts to find a cure for Fragile X, and to expand our understanding of the role of the Fragile X protein in brain function. The Committee is pleased that the NICHD is cosponsoring with the FRAXA Foundation an international Fragile X conference in December 1998. The Committee looks forward to receiving a report on the recommendations and goals set at the con-

ference. An important portion of the conference will address increased research efforts to develop effective treatments for individuals with Fragile X, including testing of existing medications and development of new psychopharmacologic medications that are safe and effective. The Committee is pleased that NICHD has added Fragile X patients to its expanded program of autism research, and urges the Institute to include Fragile X patients in the pediatric psychopharmacology clinical trials being conducted by autism investigators as another effort to develop safe and effective medications for individuals with Fragile X.

Autism.—Autism is a developmental disability that usually appears during the first 3 years of life. At present, there is no prevention, treatment, or cure for this disorder. The Committee commends the NIH for the research efforts focused on the neurobiology and genetics of autism and encourages continued research.

The Committee commends the work of the Inter-Agency Autism Coordinating Committee and encourages the coordinating committee to meet regularly, to make those meetings open to the public, and to report to Congress on the goals set and progress made prior to the fiscal year 2000 hearings. The Committee is encouraged by the current program announcement for research on autism spectrum disorder and urges the Institute to intensify its investment in autism-focused research. The Committee further encourages that centers of excellence be selected to speed the pace of progress in autism research and an awareness program be started to regard the advances in the diagnosis and treatment of autism to educate doctors and other health professionals so that children can be diagnosed as early as possible.

Chromosome 18.—The Committee recommends that the Institute expand and intensify research into the treatment of mental retardation caused by chromosome abnormalities, especially the syndromes of chromosome 18.

Vulvodynia.—Hundreds of thousands of women suffer from vulvodynia, a painful and often debilitating disorder of the female reproductive system. Despite its prevalence, very little attention has been paid to the disorder by health professionals or researchers. In April 1997, NIH convened an international symposium to exchange information and develop a research agenda to address this problem. Last year, the Committee and the conference committee called on the NICHD to support research on the prevalence, causes, and treatment of vulvodynia. To date, no RFA has been issued. While the Committee supports the NICHD initiative on pelvic floor disorders, it expects NICHD to fund research on vulvodynia prior to the end of fiscal year 1998. Also, the Committee encourages that additional funds be provided above the budget request in fiscal year 1999 for research on vulvodynia and expects NICHD to issue a RFA within the first quarter of fiscal year 1999.

Infertility and contraceptive research.—The Committee continues to place high priority on research to combat infertility and speed the development of improved contraceptives. NICHD is urged to continue aggressive activities in this area, including individual research grants and those of the infertility and contraceptive research centers.

Behavioral and social sciences.—The Committee recognizes the NICHD's mission to study issues related not only to individuals but to families and distinct population groups within the United States. In furtherance of this mission, the Committee encourages NICHD to support projects that investigate family functioning and child rearing practices and their effects on child well-being and success among cultural minority groups. The Committee is particularly interested in the University of Hawaii Center on the Family's study on differential family and parental practices among Asian and Pacific Islanders. While they are among the fastest growing cultural groups in the United States, little research has been conducted in this area.

The Committee commends NICHD for building an infrastructure to enhance research on child development and behavior. The Committee supports new initiatives to identify how behavioral roots of chronic diseases are established, and to help mediate critical behaviors that can lead to life threatening events such as automobile accidents, AIDS, and lung cancer. These include initiatives to prevent health risk behaviors and promote healthy behaviors in middle childhood.

The Committee understands that NICHD has undertaken several steps to further strengthen its commitment to behavioral research and training, to include an initiative entitled: "Progress and Promise in Behavioral Sciences" and a reorganization of the Institute's behavioral research programs into a new Child Development and Behavior Branch. The Committee commends these actions and urges NICHD to develop a plan and a timetable for implementing the findings of the progress and promise initiative.

In many respects, a decaying urban environment can have enormous implications on human growth and development. The Committee encourages NICHD to support research on the biological and chemical effects on childhood as well as the effects of behavioral and societal influences.

Child care.—Over the past 5 years, over $22,000,000,000 in public funds, most of which are Federal, have been invested in child care subsidies. Over 1 million children are affected each year as a result. The Committee strongly reiterates its request that the Institute determine the quality of care provided by federally funded child care programs. The purpose of this study is to determine the extent that recent research on the brain development of young children is being applied in federally supported child care programs and to make recommendations to improve quality in these settings.

NATIONAL EYE INSTITUTE

Appropriations, 1998	$355,026,000
Budget estimate, 1999	383,174,000
Committee recommendation	395,261,000

The Committee recommends an appropriation of $395,261,000 for the National Eye Institute [NEI]. This is $12,087,000 more than the budget request and $40,235,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NEI is the Nation's Federal resource for the conduct and support of 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.

Clinical research.—The Committee was pleased to hear about the increase in mentored clinical research development awards at the NEI. The Committee encourages the Institute to continue to support investigators in their efforts toward translating the results of research into future cures and treatments for the millions affected by eye disease and blindness.

Health services research.—The Committee is pleased that the Institute is conducting health services and epidemiologic research aimed at improving the delivery of vision services by eye care professionals. The NEI is urged to continue to expand upon these health services and epidemiologic research projects to study the effect of ocular disease on quality of life, utilization of eye care services, and to determine the cost-benefit and utility of eye care services.

Underserved populations.—The Committee is also pleased that the Institute is supporting studies on the eye care problems of minority populations in the United States. These specific projects will help provide the basis for directing manpower and resources appropriately toward the major eye health needs in traditionally underserved populations.

Myopia.—The Committee encourages the Institute to continue the clinical research projects it is conducting on possible treatments for myopia, which is estimated to affect 25 percent of the adult population in the United States. These studies have great potential in filling in gaps in scientific knowledge about the eye health needs of all Americans.

Glaucoma.—The NEI reported upon the commercial impact its research has had in the area of glaucoma drug development. NEI-supported laboratory research led to the discovery of two new drugs and an almost fourfold increase in vision-related patents. The NEI is urged to continue to foster this productive relationship with the visioncare industry in order to hasten the availability of cost-effective new products to improve the vision care of the American people.

Alternative research resources.—The Committee is very interested in matching the increased need, of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for their cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 1998	$329,492,000
Budget estimate, 1999	353,792,000
Committee recommendation	375,743,000

The Committee recommends an appropriation of $375,743,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is $21,951,000 more than the budget request and $46,251,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The mission of the NIEHS is to define how environmental exposures affect our health; how individuals differ in their susceptibility to these effects; and how these susceptibilities change with time. This knowledge, coupled with prevention and communication programs, can lead to a reduction in environmentally associated diseases and dysfunctions.

Endocrine disruptors.—Endocrine disruptors are compounds in our environment which may have an impact on thyroid and reproductive function and development. The Committee encourages additional research in this area to determine the nature and extent to which endocrine disruptors affect humans and urges NIEHS to continue to support research in this area, especially as it relates to certain anabolic steroids.

Lymphoma.—The Committee recognizes that lymphoma is one of the fastest growing cancers, striking upward of 85,000 Americans each year with a 50-percent mortality rate. The Committee further understands that environmental factors may contribute to the growing incidence of lymphoma. Accordingly, the Committee encourages the NIEHS to expand its current research into potentially environmental factors responsible for lymphoma and to continue and expand its collaboration with the National Cancer Institute in exploring this issue.

Marine and freshwater biomedical science centers.—The Committee commends the research NIEHS is supporting relating to the diagnosis, treatment, and prevention of human diseases and disorders caused by environmental chemicals and other factors. The Committee encourages NIEHS to support research in the field of ecotoxicology as it relates to human health.

Cockroach allergens.—The Committee recognizes the collaborative effort between NIEHS and the 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 cooperation by supporting the prevention/intervention phase of the project designed to reduce exposure to these allergens. The study will determine how reducing exposures to cockroaches, dust mites, 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. The Committee encourages NIEHS to continue research on the causes of asthma and other pulmonary disorders related to environmental

exposures with special attention given to populations with high exposures.

Harmful algal blooms.—The Committee is pleased that NIEHS has played an early leadership role in addressing the emerging issue of Pfiesteria and other algal blooms. The Committee supports the NIEHS' efforts to study the impact of algal blooms, especially Pfiesteria, on human health, including neurocognitive studies, molecular genetics studies, basic neurotoxicology mechanisms, toxin purification and characterization, and regulation of toxin production. The Committee supports the Institute's ongoing connections with Middle Atlantic States health and environment agencies, as well as other Federal agencies, in order to provide expert technical assistance in the design of appropriate detection, research, and prevention strategies to address public health concerns related to harmful algal blooms. The Committee encourages NIEHS to continue its research efforts related to these organisms.

Environmentally sound research facilities.—The Committee has learned from otolaryngologists that NIEHS is leading an effort to help make the medical research field more environmentally sound, by working with both intramural and extramural laboratories. The Committee strongly supports this activity as it recognizes that virtually every environmental or pollution problem is, or will become, a medical or public health problem.

Environmental health sciences centers.—The Committee continues to strongly support the environmental health sciences centers program and believes that a fully funded centers program is critical to carrying out the expanding mission of NIEHS. The Committee encourages the Institute to utilize funds provided above the request to fund centers at peer-reviewed levels.

Parkinson's disease.—The Committee remains interested in the role of environmental exposures in the cause and pathogenesis of Parkinson's disease, given the significant and growing body of data linking the two. The Committee recommendation provides sufficient funds to increase the Institute's initiatives in this area, as part of the coordinated expansion of Parkinson's research pursuant to the 1997 Morris K. Udall Parkinson's Disease Research Act.

Volcanic emissions.—The Committee continues to be concerned about the public health aspects of volcanic emissions [VOG] in Hawaii and urges the Institute to collaborate with NINR in developing a multidisciplinary approach to this problem.

Waste treatment management.—The Committee urges NIEHS to study the issue of waste treatment management by indigenous native Hawaiians, and to explore the public health implications with organizations such as Partners in Development which is implementing the living machines approach to waste management

Mercury study and public awareness campaign.—The Committee is aware that, while there is a growing body of information on sources of mercury and its deposition, recent research efforts have not quantified the effects of mercury on high-risk populations such as pregnant women and their fetuses, women of child-bearing age, children, and individuals who subsist primarily on fish. In addition, despite the known health risks associated with mercury, there have been an increasing number of incidents involving children bringing mercury into schools, endangering themselves and others. The

Committee encourages NIEHS to fund a national effort to characterize and quantify the potential mercury-related health effects on high-risk populations and to conduct a public awareness and prevention campaign targeted on schoolchildren and other populations most at risk from exposure to mercury.

Study of deformities.—The Committee is concerned about the increasing number of findings of deformities in frogs throughout the Nation. The Committee urges NIEHS to provide sufficient funds to conduct detailed analytical work to help determine the cause of these abnormalities.

Glutaraldehyde.—The Committee is aware that many medical workers, most of whom work in hospital operating rooms, are experiencing unexplained illness and disability, possibly as a result of exposure to glutaraldehyde, a chemical used for x-ray processing and disinfection of medical equipment. The Committee, therefore, encourages NIEHS to conduct research into the short-term and long-term effects of human exposure to glutaraldehyde.

Green links.—The Committee encourages the Institute to give consideration to supporting the green links environmental research and development network. This 5-year program is expected to demonstrate a cost-effective transfer methodology to assure that the results of millions of dollars expended by the U.S. Government on research, new technology development, and innovative programming reaches our communities and our small- and medium-sized businesses.

NATIONAL INSTITUTE ON AGING

Appropriations, 1998	$518,312,000
Budget estimate, 1999	556,364,000
Committee recommendation	596,521,000

The Committee recommendation includes $596,521,000 for the National Institute on Aging [NIA]. This is $40,157,000 more than the budget request and $78,209,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

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. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease.

Alzheimer's disease.—An estimated 4 million Americans have been stricken with Alzheimer's disease and, by the time the baby boom generation reaches the age of greatest risk, as many as 14 million persons and their families will suffer the consequences of this disease. The Committee recognizes that while research to learn how best to treat those already suffering with Alzheimer's disease must be accelerated, the only way to avoid a catastrophic rise in Alzheimer victims is by determining how to prevent or delay the onset of the disease. The Committee believes that the magnitude of this fast-approaching epidemic warrants a concerted and sustained research effort on the part of NIH. While the Committee encourages the Institute to continue the research on understanding the basic mechanisms of Alzheimer's disease, there is a pressing

need to find a way to stop the disease in those who may not exhibit symptoms for another decade or more. The Committee encourages the Institute to initiate a full-scale prevention initiative that encompasses: multisite clinical trials in healthy people to determine which therapies can delay or prevent onset; identification of risk factors, biological markers, and reliable tests to identify those persons most at risk; development of laboratory models to learn how the disease progresses and test promising therapies; and a search for more cost-effective methods of care and treatment.

Pancreatic, prostate, and colon cancer.—The Committee supports increased efforts in the areas of pancreatic, prostatic, and colon cancer. Pancreatic cancer afflicts 30,000 new patients per year and leads to 29,800 deaths. Prostate cancer afflicts 185,000 Americans yearly and causes 39,000 deaths. Colon cancer afflicts 60,000 Americans yearly and causes 40,000 deaths. A portion of the amount provided should be devoted to research programs in these areas, particularly programs that utilize the newly discovered CaSm gene for gene therapy of pancreatic cancer; the newly implicated ETS2 gene for prostatic cancer; and the well-described DRA gene for colon cancer. Antisense and gene therapy, and immunotherapy approaches can be supported to utilize these genes for the control of the indicated diseases.

Arthritis in the elderly.—Given the high impact of some forms of arthritis on the elderly population, and the anticipated increase in the size of this population in the near future, increased involvement by the NIA is an appropriate avenue for support of arthritis research. The Committee encourages the Institute to consider research on the epidemiology of osteoarthritis, disability from arthritis in the elderly, and investigations related to two conditions predominant in elderly patients: temporal arteritis and polymyalgia rheumatica.

Demographic research.—The Committee continues its strong support for the demographic research being carried out at the NIA. Of particular interest is the research being conducted on disability trends, and the findings from the health and retirement study and the implications for Medicare and Social Security. The Committee encourages the NIA to develop NIH-wide activities on population models of disease processes, and to develop innovative approaches to building leadership within diverse research communities. Special attention should be placed on training and career development, as well as on the aging centers program, so that such research can continue to flourish.

Cardiovascular aging research.—Heart attack, congestive heart failure, stroke, and other cardiovascular diseases remain America's No. 1 killer of older men and women and a main cause of disability. The Committee encourages the Institute to make cardiovascular research a top priority and to expand ongoing studies and innovative extramural and intramural cardiovascular research programs.

Claude D. Pepper Older American Independence Centers.—The Committee continues to strongly support these successful centers, which focus on developing innovative and cost-effective ways to enhance the independence of older Americans. The centers also play the critical role of developing top level experts in geriatrics. The Committee urges NIA to expand these centers and to assure that

the special needs of Alzheimer's disease victims are addressed by center activities.

Gingko biloba.—There have been a number of preliminary studies indicating the potential role gingko biloba may play in combating dementia and Alzheimer's. Therefore, the Committee urges NIA to collaborate with the Office of Alternative Medicine in supporting clinical trials on this low-cost natural product, as part of the prevention initiative discussed above.

Roybal Centers for Research on Applied Gerontology.—The Committee encourages NIA to continue to place a high priority on funding for the Roybal centers. The Roybal centers are designed to improve the quality of life of older adults by translating the results from behavioral and social research on aging into practical outcomes that will benefit the lives of older people.

Cognitive aging.—The Committee is pleased that NIA is examining its portfolio in cognitive psychology and related behavioral aspects of aging. Understanding the effects of aging on such cognitive functions as memory, language, attention, and communication is critically important in addressing many of the serious health concerns of the elderly population, particularly in underserved and rural areas. The Committee strongly encourages NIA efforts in this area.

Parkinson's disease.—The Committee recognizes that Parkinson's disease continues to exact a costly toll on the Nation, both in human and financial terms. With the average age of diagnosis of 57 years, the demographic surge known as the baby boomers will vastly increase this problem. The consequences will include not only incalculable human suffering but a further strain on Federal entitlement programs. The Committee is encouraged, however, by continued discoveries in the genetics, pathophysiology, and treatment of Parkinson's disease, and by growing opportunities for collaboration with Alzheimer's disease.

Given the aging-related impact and the tremendous potential for development of more effective treatments, the Committee has provided sufficient funds for the Institute to develop programs to implement the 1997 Parkinson's Disease Research Act for increases in Parkinson's-focused research, in coordination with the Neurology Institute and other relevant Institutes.

Alternative research resources.—The Committee is very interested in matching the increased needs of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource, has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 1998	$274,248,000
Budget estimate, 1999	294,700,000
Committee recommendation	304,320,000

The Committee recommends an appropriation of $304,320,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is $9,620,000 more than the budget request and $30,072,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

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; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of the NIAMS addresses many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care and lost productivity. The research activities of this Institute serve the concerns of many different special populations, including women, minorities, children, and the elderly.

Skin diseases.—The skin is now viewed as a complex organ that is intimately responsive to the body's immune system. The Committee has learned of the efforts by skin disease researchers and patient advocate organizations to develop a comprehensive analysis of research opportunities and a plan for future activities aimed at finding cures and improving care for patients with skin diseases. The Committee applauds this initiative and encourages the NIAMS to publicize and support widespread use of this comprehensive analysis.

Arthritis.—Millions of Americans suffer from some form of arthritis. There are more than 100 diseases that cause this condition. These diseases are typically chronic—causing pain and disability in individuals of all ages. The Committee encourages the Institute to increase patient-based research in arthritis, with a special emphasis in areas of disease mechanisms in humans. The Committee further encourages the Institute to expand clinical trials and explore the role that genetic factors play in arthritis.

Bone diseases.—The Committee is pleased with the important strides that have been made with the establishment of an osteoporosis and related bone disease national resource center. The Committee urges the NIAMS to expand support for the resource center's activities to broaden its information services. The Committee also notes the growth of research on osteoporosis, Paget's disease, and osteogenesis imperfecta and encourages the Institute to further expand and intensify its research programs on these bone diseases.

Women's sports injuries.—The Committee has been informed that as more women participate in recreational and organized sports,

knee injuries, such as anterior cruciate ligament injuries, are having a dreadful impact on women athletes and have been found to affect women in greater numbers than men. With the steady increase in the number of sports activities available to women, the Committee encourages the Institute to pursue research into the prevention, causes, and treatment of athletically related musculoskeletal injuries that are unique to women and to coordinate efforts with the Office of Research on Women's Health.

Growth plate injuries.—The Committee is pleased with the steps the Institute has taken to bring together basic and clinical investigators to address the current knowledge in the field of growth plate injuries in children and to identify promising future research directions. The Committee encourages the Institute to continue to expand research in this area and to keep the Committee informed of its progress.

Quality of life.—The Committee is concerned that chronic disabling disorders will become a greater burden to the American people as our country ages, diminishing quality of life and threatening the financial solvency of the Medicare Program. The Committee urges the NIAMS to increase research in the area of skeletal deformities, musculoskeletal disorders, connective tissue disease, skin diseases, and other developmental abnormalities that begin in childhood and persist into adulthood.

Scleroderma.—Scleroderma is a chronic, degenerative disease which causes the overproduction of collagen in the body's connective tissue. It affects between 300,000 to 500,000 Americans and is often life-threatening, yet it remains relatively unknown and underfunded. The Committee urges NIAMS to work collaboratively with the Scleroderma Research Foundation to perform basic scientific work aimed at capitalizing on recent breakthroughs in understanding the fibrotic and vascular problems in scleroderma. The Committee further recommends that NIAMS establish a national patient data base and tissue registry in scleroderma.

Fibromyalgia.—Fibromyalgia syndrome [FMS] is a clinically diagnosed disorder which is poorly understood, difficult to treat, and the cause of debilitating, chronic, and widespread pain and fatigue. The Committee encourages the NIH to take appropriate steps to increase the research on this disease.

Chronic fatigue and immune dysfunction syndrome [CFIDS].—Despite overall increases in NIH funding and the Committee's report language directing NIH to provide additional resources for CFIDS research, it appears that funding for CFIDS research has been underfunded. The Committee encourages the Institute to expand efforts in the area of extramural grants focused on promising areas of CFIDS research, particularly those investigations which will define the pathophysiology of the illness and identify diagnostic markers. The Committee strongly urges NIH to issue a special program announcement dedicated to the study of all facets of pediatric CFIDS.

Facioscapulohumeral disease.—The Committee was pleased with the Institute's response to last year's request which encouraged NIH to stimulate research in the area of facioscapulohumeral disease [FSHD]. However, the Committee notes that NIAMS has not responded in developing a plan for enhancing FSHD research, and

has not addressed the question of whether an intramural program in this area would be beneficial. Therefore, the Committee urges NIAMS to conduct a research planning conference in the near future in order explore scientific opportunities in FSHD research, both intramurally and extramurally.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 1998	$200,321,000
Budget estimate, 1999	215,084,000
Committee recommendation	229,887,000

The Committee recommends an appropriation of $229,887,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. This is $14,803,00 more than the budget request and $29,566,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Human communication.—The Committee is pleased to learn of the Institute's work with sensory imaging to study human communication, specifically the manipulation and production of language. The Committee looks forward to learning what these imaging tools will reveal about learning disabilities which affect one's ability to speak.

Regeneration of hair cells.—The most common form of hearing loss is the loss of hair cells within the inner ear. The Committee encourages the Institute to aggressively pursue research exploring methods to enhance hair cell regeneration in mammals.

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 NIDCD intramural and extramural study into spasmodic dysphonia and encourages continued efforts in this area of research.

Alternative research resources.—The Committee is very interested in matching the increased need, of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for cures. The Committee is aware that the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these research advances, expects the Director to participate in a multi-institute initiative to expand support for NDRI.

Meniere's disease and otitis media.—The Committee encourages the Institute to continue to support randomized clinical trials and especially endorses the continuation of the ongoing clinical trials of autoimmune inner ear disease and Meniere's disease. The Committee further encourages that current research findings on otitis media be disseminated to health care professions.

Economic and social realities of communications disorders.—The Committee is pleased to learn that the Institute, as requested by this Committee, held a conference on the economic and social realities of the communication differences and disabilities, in cooperation with the Department of Education and the Department of Labor. The conference focused on those disorders and differences of hearing, voice, speech, and language that frequently underlie social and economic disadvantage. Actions can be taken now to prevent, alleviate, or cure many communications disorders and disease, resulting in an improved quality of life, improved job opportunity and productivity, and contributing greatly to the social well-being and economy of the Nation.

Research opportunities.—It is clear from testimony that there is an abundance of research opportunities available. The Committee urges the Institute to seize the opportunity to determine the genetic bases for disorders of human communication. Also, an unprecedented opportunity is available to protect the ear from the principal causes of acquired deafness: noise and drugs. Further research should be encouraged to preserve the auditory nerve in the sensory impaired ear, and research to develop the techniques of gene therapy to prevent and treat sensorineural hearing loss should be increased. The Committee also encourages the Institute to support research and preclinical trials into the causes of acquired deafness and the effects of noise and drugs on hearing.

Imaging.—The Committee is pleased that NIDCD has supported the use of imaging in communication disorders and urges it to continue studies in this field.

Screening for newborns.—As universal newborn hearing screening is implemented throughout the Nation, intervention services for varying degrees of hearing impairment, from mild to profound, are needed for infants. The NIDCD is encouraged to pursue research on these intervention strategies.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 1998	$63,478,000
Budget estimate, 1999	68,149,000
Committee recommendation	69,834,000

The Committee recommends an appropriation of $69,834,000 for the National Institute of Nursing Research [NINR]. This is $1,685,000 more than the budget request and $6,356,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Institute of Nursing Research [NINR] supports clinical and basic research on biological and behavioral aspects of critical national health problems. The Institute's programs have established a scientific basis for research that seeks to reduce the burden of acute and chronic illness and disability for individ-

uals of all ages; improve the quality of life by preventing and delaying the onset of disease or slowing its progression; and establishing better approaches to promoting health and preventing disease. The NINR supports programs essential to improving clinical environments by testing interventions which influence patient health outcomes and reduce costs and demands for care.

Culturally sensitive approaches to health care.—The NINR efforts to understand and reduce the burden of health problems in multiple socioeconomic, race, and age groups are particularly responsive to society's present needs. The Committee recommends that NINR's efforts in ethnic, rural, and other special populations be expanded, to include Native Alaskan and native Hawaiian populations. The Committee also calls attention to Malama, an innovative, culturally sensitive community partnerships program which addresses the prenatal care needs of minorities in Hawaii.

Behavioral changes and interventions.—The Committee agrees that research is needed to understand the complex relationship between behavior and the immune system. An area of importance in this initiative is the prevention of low birthweight infants in undeserved areas, such as rural areas of Alaska and Hawaii. The Committee strongly supports research initiatives by NINR to study modulation of immune functions by behavioral interventions.

Telehealth.—The Committee encourages the Institute to explore the relationship among telehealth, nursing, and increased access to care for prevention and treatment, particularly in underserved areas of the State of Hawaii. The Committee is aware that there is limited data on the efficacy of telehealth nursing interventions and encourages the NINR to partner with Tripler Army Medical Center in examining telehealth and nursing research issues.

End-of-life issues.—The Committee understands that NINR has been designated as the lead Institute in a new NIH initiative that addresses health issues at the end of life. The NINR initiative emphasizes improved treatment for pain and improved diagnosis and treatment of behavioral symptoms such as cognitive problems, delirium, and depression. With its research in symptom management, decisionmaking for patients, care giving, and optimal environments for critically ill patients, the Committee feels that NINR brings impressive experience to this research effort and commends the Institute for its leadership in this area.

Nurse scientists.—The Committee notes that NIH has established several innovative mechanisms to provide training in health research careers. The Committee strongly encourages collaboration between NINR and other Federal nursing agencies in developing innovative training opportunities for enhancing nursing research at the doctoral and postdoctoral level.

Nursing research centers.—The Committee notes that the development of a strong field of nursing research depends on continued support of trainees and provision of research resources. The Committee agrees with the emphasis placed by the NINR on renewing its core centers program in 1999, and encourages the development of an additional center focused on the problems of rural populations, such as those residing in Alaska and Hawaii.

Nurse managed clinics.—The Committee encourages NINR to explore a collaborative relationship with the University of Hawaii

School of Nursing for developing research projects that focus on the use of nurse practitioners and psychologists as primary care providers in nurse-managed community-based centers serving rural native Hawaiian populations.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 1998	$226,752,000
Budget estimate, 1999	245,037,000
Committee recommendation	259,747,000

The Committee recommends an appropriation of $259,747,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. This is $14,710,000 more than the budget request and $32,995,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome [FAS], genetics, and moderate drinking.

Alcohol and hepatitis C.—Nearly 4 million Americans are infected with the hepatitis C virus, resulting in 8,000 to 10,000 deaths per year. Nearly 20 percent of these deaths are due to the interaction between alcohol and hepatitis C. The Committee encourages NIAAA to study the mechanisms whereby alcohol accelerates the course of viral hepatitis, suppresses the immune system, and reduces the efficacy of interferon therapy for chronic hepatitis C infection.

Hepatitis.—The Committee is aware that several significant new research recommendations of the NIH-sponsored Hepatitis C [HCV] Consensus Development Conference impacts directly on the research portfolio of the NIAAA. These recommendations include studies of the interaction between HCV and obesity, diabetes mellitus, iron, and medications. The Committee encourages the Institute to pursue research in this area.

Fetal alcohol syndrome [FAS].—The Committee recognizes that FAS is a leading cause of mental retardation in the United States and the most preventable cause of birth defects. The Committee supports the work of NIAAA in creating an Interagency Coordinating Committee on Fetal Alcohol Syndrome [ICCFAS], and is pleased with the plans of the ICCFAS to focus on prevention, basic research, early childhood diagnosis of neurological defects, surveillance, epidemiology, and the state-of-the-art of treatment and research on children with FAS. The Committee requests that the ICCFAS prepare a report within 120 days of enactment of this act, describing: the plans for the upcoming fiscal year, including rec-

ommended priorities, coordination with patients, professional, and academic groups; and how the ICCFAS will partner with national patient groups to disseminate materials to educate the general population and academic health centers on the prevention of FAS. The Committee further encourages the Institute to conduct and evaluate community-based research on preventing women from drinking during pregnancy.

Epidemiology.—The Committee encourages the Institute to continue work on the epidemiology of alcohol use and abuse in the general population. Additional understanding of the factors that affect the incidence and prevalence of drinking and the prevalence of drinking problems by gender, race, and socioeconomic status are important factors in understanding both the causes and the means of prevention of alcohol abuse and dependence.

Neuroscience.—The Committee understands that unlike other drugs of abuse, alcohol interacts with a variety of different brain receptors to produce its effects. These diverse molecular interactions greatly complicate efforts to learn how alcohol produces intoxication, tolerance, and dependence. The Committee encourages the Institute to continue research into defining specific molecular targets of alcohol, the molecular biological techniques to learn how alcohol interacts with specific regions of brain receptors, and to support the design of potent new medications for the treatment of alcoholism. The Committee further encourages the Institute to pursue large-scale clinical trials of medications to treat alcohol addiction to determine their side effects, optimal use, and long-term benefits.

Behavioral science.—The Committee commends NIAAA for its support of behavior research on alcohol abuse and alcoholism. An increased commitment in research about the social, environmental, and cultural factors influencing changes in youth drinking behaviors and the targeting of preventive interventions is now needed.

Behavioral research on alcoholism.—The Committee understands that NIAAA is expanding its behavioral science research activities with new initiatives in the social psychology of group identification; behavioral genetics to understand the biological and environmental factors in vulnerability to alcoholism; the psychophysiology of alcoholism; and basic behavioral research on craving and on the effects of alcohol abuse on memory and cognition. The Committee strongly encourages the Institute to continue this expansion and looks forward to hearing about progress in these areas.

Training.—The Committee strongly encourages NIAAA to adopt the B/START (behavioral science track awards for rapid transfusion) mechanism for training new behavioral science researchers to enhance efforts to expand its basic behavioral research portfolio.

Health services research plan.—The Committee understands that the National Advisory Council on Alcohol Abuse and Alcoholism has developed a comprehensive plan for health services research, improving the delivery of alcohol treatment and prevention services. The Committee views health services research as an essential part of alcohol treatment and prevention, and would like the Institute to report on its progress in implementing this plan during the next round of appropriations hearings.

Moderate alcohol consumption.—The Committee encourages the Institute to support studies of the benefits and risks of moderate alcohol consumption. The Committee furthers encourage research into the health effects of alcohol on atherosclerosis, osteoporosis, cerebrovascular diseases, women's health, and effects of alcohol and medications.

The Committee is pleased to see a joint research project between NIAAA and SAMHSA on the effects of alcohol advertising on drinking behavior, especially the effect on the age of initiation of drinking by youth. The Committee urges NIAAA and SAMHSA to place a high priority on the continuation of this important research project.

Drug development and biology of addiction.—New methods of molecular modeling are emerging which may permit scientists the ability to identify the manner in which alcohol changes the function of brain receptors. Developing models of alcohol's binding sites with brain receptors may lead to the development of drugs that would block alcohol's effects. Similarly, animal and human studies are producing an improved understanding of the biology of alcohol addiction. NIAAA is currently pursuing large-scale clinical trials aimed at determining the side effects, optimal use, and long-term benefits of three medications. The Committee encourages NIAAA to expand research into the design and development of new medications for the treatment of alcoholism, and to explore new therapeutic agents that prevent alcohol-induced liver damage, cardiomyopathy, and other tissue damage.

Study of drunk driving enforcement and treatment programs.—The Committee is concerned about the problem of underage drinking and driving. For instance in the State of Vermont recent studies show that 68 percent of teens that died on highways were victims of alcohol-related crashes. The Committee urges NIAAA to support research to examine risk factors for alcohol abuse among teens, and the effectiveness of enforcement and treatment programs currently in place to combat this problem especially in areas with a high incidence of alcohol-related teen deaths.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 1998	$526,192,000
Budget estimate, 1999	575,110,000
Committee recommendation	603,274,000

The Committee recommends an appropriation of $603,274,000 for the National Institute on Drug Abuse [NIDA]. This is $28,164,000 more than the budget request and $77,082,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and addiction is a treatable disease. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce dependence, and contributes to understanding how the brain works. In addition, NIDA research

identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA's mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings.

Nicotine research.—The Committee encourages NIDA to expand its support for basic research on the biological, pharmacological, and behavioral bases of nicotine addiction. The Committee further urges NIDA to conduct research targeting children and adolescents, to improve strategies to prevent smoking initiation, and to increase support for research that will lead to more effective long-term smoking cessation, by developing medications in combination with behavioral strategies.

Clinical trials.—The Committee commends NIDA for having launched a major treatment initiative and encourages NIDA to develop a clinical trials infrastructure, and to move rapidly to test the efficacy of promising pharmacological, behavioral, and psychosocial treatments through large-scale, multisite clinical trials.

Children and adolescents.—The Committee urges NIDA to continue research on preventing or diminishing the health and developmental consequences associated with drug abuse and addiction, looking particularly at prenatally exposed children to understand the long-term consequences of drug exposure in later childhood and adolescence.

Methamphetamine.—NIDA research has shown that methamphetamine is a powerfully addictive stimulant associated with many physical and behavioral changes. The Committee encourages NIDA to study the development of antimethamphetamine medications, to clarify the long-term neurological and behavioral consequences of the use of these drugs, and to continue to study the epidemiological trends of methamphetamine use.

The Committee is disturbed by the explosion in methamphetamine abuse across the Nation. The problem is especially acute in Iowa and other Midwestern States. The Committee is pleased that NIDA plans a conference in Des Moines, IA, to focus attention and expand understanding of this growing problem. The Committee urges NIDA to expand its research on improved methods of prevention and treatment of methamphetamine abuse.

Drug abuse treatment.—The Committee commends NIDA for the progress in neuroscience research, and encourages NIDA to continue its efforts to develop pharmacological and behavioral drug abuse treatments.

Social work research.—The Committee commends NIDA for supporting social work research and for dissemination on behavioral and psychosocial treatment and prevention related to drug abuse, addictions, and HIV/AIDS. The Committee also applauds NIDA's efforts to support the development of research capacity within graduate schools of social work to carry out drug abuse treatment and health services research.

Sobriety programs.—The Committee remains acutely concerned with the high incidence of alcoholism and alcohol abuse among children and adolescents of Native Alaskan and native Hawaiian de-

scent. The Committee urges the NIDA to work with existing native American and native Hawaiian organizations to assess and increase their effectiveness.

Behavioral science research.—The Committee understands that in many cases behavioral intervention is the only available treatment for drug addiction, and that even in instances where medications are available, behavioral intervention is required. Recent NIDA research shows that the effectiveness of newly developed medication for cocaine addiction is contingent on having a behavioral intervention first. This example underscores the important role of behavior intervention in addressing and preventing drug abuse and addiction. The Committee continues to support NIDA's expansion of its behavioral science portfolio and views NIDA as a model of how to approach its behavioral science and public health responsibilities.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 1998	$748,841,000
Budget estimate, 1999	807,582,000
Committee recommendation	861,208,000

The Committee recommends an appropriation of $861,208,000 for the National Institute of Mental Health [NIMH]. This is $53,626,000 more than the budget request and $112,367,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The research programs of the Institute lead the Federal effort to identify the causes of—and the most effective treatments for—mental illnesses, which afflict more than one in five Americans. Severe mental illnesses affect 2.8 percent of the U.S. adult population annually, or approximately 5 million people. These individuals suffer from disorders such as schizophrenia, manic-depressive illness, major depression, panic disorder, and obsessive-compulsive disorder. One result of the Federal research investment has been a growing awareness that undiagnosed and untreated mental illness, in all its forms and with all of its consequences, is as damaging as physical illness is to the Nation's well-being.

A recent study from the World Bank, WHO, and Harvard University found that mental disorders currently account for 4 out of 10 leading causes of disability in the United States for individuals above the age of 5. These alarming statistics make it clear that mental disabilities have a profound social and economic impact.

Research has provided clear evidence that mental illnesses are diagnosable, treatable, and real diseases affecting the brain. The Committee has recently received from the National Advisory Mental Health Council [NAMHC] the report requested in its fiscal year 1998 appropriations report and notes the impact of managed care on keeping costs of parity at a low level. The Committee requests that the NAMHC prepare an additional report on its findings from emerging health services research data from both the private and public sectors, and submit it under provisions of section 406(g) of the Public Health Service Act. Where possible, the report should address both employer direct costs, and the impact of indirect cost

savings from successful treatment of employees. This report should, to the extent possible, also consider the costs and quality of coverage for children, and the development of outcome measures of quality for all mental health coverage.

Neuroscience.—NIMH's recent conference on the science of emotion, held with the Library of Congress, served to point out progress in understanding the neural mechanisms of human emotion and behavior. These types of accomplishments have been achieved through NIMH's support of basic neuroscience. The Committee encourages NIMH to continue to support this research, which provides the foundation of scientific knowledge that will combat the stigmatization of mental illness and will lead to novel treatments.

Genetics.—Studies of mental disorders have conclusively demonstrated a significant genetic component for major mental illnesses. The Committee encourages NIMH in its emphasis on this area of research and urges collaboration with other Institutes at NIH. The Committee also endorses the B–MAP project, a collaborative effort with the National Institute of Neurological Disorders and Stroke, aimed at understanding patterns of gene expression in the brain.

Alzheimer's disease.—The Committee is pleased to note that NIMH has played an integral role in advancing sciences' understanding of Alzheimer's disease. NIMH-supported researchers, for example, found that a particular gene product, APO E–4, is associated with increased behavioral disturbances in Alzheimer's disease. Further information about APO may prove to have implications for tailoring pharmacologic treatments to slow or halt the progression of Alzheimer's disease. Given the projected increase in the number of Americans who will be stricken with Alzheimer's disease, the Committee urges NIMH, in collaboration with the National Institute on Aging and the National Institute of Neurological Disorders and Stroke, to launch a prevention initiative whose goal is to discover therapies that delay or prevent the onset of Alzheimer's disease.

Mental disorders in children.—The Committee is distressed to learn that as many as 10 million children in the United States suffer from mental disorders, such as depression, anxiety, attention deficit-hyperactivity disorder, and autism. All of these are sufficiently severe to compromise a child's ability to function optimally. The Committee wishes to commend NIMH for placing high priority on children's disorders and encourages the Institute to support scientific studies into the development of the brain and behavior that will provide insights to guide clinical researchers in understanding how brain disorders and disabling emotional states arise, eventually leading to effective treatment methods for specific disorders.

Behavioral science.—The Committee notes the efforts of the NIMH to advance behavioral science and to train more behavioral researchers. The Committee encourages the NIMH to continue to make behavioral science more relevant to the public health and to create linkages to advances in the brain sciences.

Clinical trials.—The Committee encourages NIMH to expand its clinical trials of treatments for mental illnesses, especially in the area of psychotherapeutic drugs for children and the elderly. The

Committee also encourages trials of new medications and their effectiveness on severe mental disorders such as schizophrenia and manic-depressive illness.

Eating disorders.—The Committee urges additional funding be provided for prevention research on eating disorders (anorexia nervosa, bulimia, and binge eating disorder). The Committee defines prevention research as the development of psychosocial and behavioral interventions and strategies aimed at reducing the incidence of these disorders.

Rural mental health.—The Committee is aware that the Office of Rural Mental Health has explored collaboration with the USDA Extension Services as a vehicle for the delivery of behavioral and mental health services in rural and underserved areas. The Committee encourages the Institute to pursue research in these areas.

Learning disabilities.—The Committee commends NIMH for collaborating with NICHD in the area of learning disabilities research and encourages NIMH to continue this productive relationship to explore these neurological disorders.

Basic behavioral research.—For several years, the Committee has urged NIMH to strengthen its portfolio in basic behavioral research and prevention. The Committee continues to see basic behavioral research and prevention as two of NIMH's core responsibilities and urges the Institute to establish, in consultation with leading experts from the field, specific research and training initiatives to develop the base of theoretical knowledge on behavioral aspects of mental health, mental illness and prevention as a means of improving the connections between basic and clinical research.

Violence against women.—The Committee encourages the National Institute of Mental Health to focus more attention on research into prevention, treatment, and intervention and subsequently to pursue large-scale clinical trials of violence against women, including behavioral and psychosocial factors.

Social work research development centers.—The Committee commends NIMH for funding its seventh social work research development center, and urges NIMH to give consideration to expanding the number of centers.

Human brain project.—The Committee supports NIMH's efforts to support functional brain imaging technologies and knowledge of behavior and neural circuits to pinpoint abnormalities in mental disorders. The Committee also remains very interested in the trans-NIH and transagency initiative called the human brain project, which supports research and development of tools to better analyze and understand data from brain research. The Committee requests that NIMH provide an update of the project before the fiscal year 1999 hearings.

Autism.—The Committee recognizes that research into the genetics of autism is being supported by several Institutes at the NIH. Given the difficulty of recruiting multiplex families, the Committee requests that researchers be strongly encouraged to collaborate and share this important resource. To that end, the Committee recommends the NIMH consider supporting a collaborative autism gene bank and notes that one is already in existence, the autism genetic resource exchange.

The Committee commends the work of the Inter-Agency Autism Coordinating Committee and encourages the coordinating committee to meet regularly, to make those meetings open to the public, and to report to Congress on the goals set and progress made prior to the fiscal year 2000 hearings. The Committee is encouraged by the current program announcement for research on autism spectrum disorder and urges the Institute to intensify its investment in autism-focused research. The Committee further encourages that centers of excellence be selected to speed the pace of progress in autism research and an awareness program be started to regard the advances in the diagnosis and treatment of autism to educate doctors and other health professionals so that children can be diagnosed as early as possible.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 1998	$217,297,000
Budget estimate, 1999	239,421,000
Committee recommendation	249,891,000

The Committee recommendation includes $249,891,000 for the National Human Genome Research Institute [NHGRI]. This is $13,608,000 more than the budget request and $32,594,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NHGRI coordinates extramural research and research training for the NIH component of the human genome project, an international 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, data base management and analysis, and studies of the ethical, legal, and social implications of human genome research. The division of intramural research [DIR] 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. Since its establishment in 1993, the intramural program has developed a strong research program and forged collaborative ties with several of the NIH research institutes to unravel the complexities of genetic diseases such as diabetes, breast and colon cancer, and melanoma.

Human genome project.—The Committee commends the NHGRI for its leadership in research and policy development related to the ethical, legal, and social implications [ELSI] of the human genome project. The early commitment to devote 5 percent of the Institute's extramural research budget to study the ethical, legal, and social implications of genome research has generated important information and recommendations regarding research and public policy. The Committee is particularly pleased with the Institute's attention to protecting the genetic information of individuals from misuse in health insurance and employment and its development of concise policy recommendations in both areas. The Committee supports the NHGRI's ongoing efforts to examine the privacy and fair use of genetic information in these settings and the many other important issues related to human genetics research and its con-

sequences, including: the appropriate use of genetic tests; the protection of human subjects who participate in genetic research; the development of policies with regard to research into genetic variation; and the attention to complex issues, such as concepts of race and ethnicity and behavioral genetics.

The Committee also commends the NHGRI for its collaboration with the American Medical Association and the American Nurses Association in founding the National Coalition for Health Professional Education in Genetics. The Committee supports the work of the coalition to ensure that our Nation's health care providers have the knowledge, skills, and resources to integrate powerful new genetic knowledge into health care rapidly and responsibly.

The Committee is aware of the recent announcement by two private sector companies of their intent to form a new company to produce a draft of the human genome within 3 years. The Committee is pleased to learn of the interest in the private sector in human sequencing. This reaffirms the enormous value of human genome project [HGP] products and the wisdom of this Committee's investment in the HGP over the last 9 years. The Committee continues to support the public project's central aim to produce a highly accurate, publicly available characterization of the complete set of human genetic instructions, as well as to pursue a vigorous agenda of other genome initiatives that will make this profoundly important information more interpretable. The Committee understands that the success and role of the announced private sector initiative will not be known for at least 12 to 18 months and looks forward to discussing the HGP and the private sector efforts during the fiscal year 2000 budget hearings.

Bleeding disorders.—The Committee encourages NHGRI to explore collaborative ties with other NIH Institutes to encourage the development of promising gene therapy technologies for persons with bleeding disorders.

NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 1998	$453,035,000
Budget estimate, 1999	513,570,000
Committee recommendation	554,819,000

The Committee recommends an appropriation of $554,819,000 for the National Center for Research Resources [NCRR]. This is $41,249,000 more than the budget request and $101,784,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin research to maintain and improve the health of our Nation. The NCRR programs develop a variety of research resources; provide biomaterial and resources for complex biotechnologies, clinical research, and specialized primate research; develop research capacity in minority institutions; and enhance the science education of precollege students and the general public.

Extramural facilities.—The Committee has included $30,000,000 for extramural biomedical facility renovation and construction, $10,000,000 above the amount requested by the administration.

These funds are to be awarded on a competitive basis consistent with section 481(A) of the Public Health Service Act.

The Committee directs the Director to cap extramural facility awards at 25 percent of project costs, or a 3-to-1 match, on any new awards made in fiscal year 1999. The Committee further requests that the Director review the need for extramural facilities, the impact of increasing construction funds on expanding the base of scientific knowledge, and how best to distribute these funds to the neediest institutions. The Committee further requests that the Director report on the amount of indirect costs currently being used from research grants for renovation and construction of research facilities.

The Committee encourages that every appropriate consideration be given to supporting the Children's Hospital and Medical Center of Seattle. The medical center is in need of large medical laboratory equipment for NIH funded research at eight laboratories within the hospital and at the new pediatric clinical research center.

It has been brought to the Committee's attention that biomedical research is positioned to make substantial advances based on large-scale application of high-performance computing and communication technologies. The Pittsburgh Supercomputing Center has provided the bulk of the access to high-performance computing for the Nation's biomedical researchers with the support of the National Science Foundation Supercomputing Program. The Committee understands that without the access to the PSC's resources that the computational needs of researches could be severely hampered. The Committee encourages that every consideration be given to support the Pittsburgh Supercomputing Center.

It has come to the Committee's attention that the existing animal research facility at the University of North Dakota School of Medicine, the only medical school located in the State, needs to be updated. The medical school lacks procedure rooms, adequate pathogen and biohazard protection, the ventilation is inadequate and there is no facility to produce transgenic animals. The Committee encourages that every consideration be given to support the project outlined above.

It has come to the Committee's attention that the existing animal research facility at the University of South Dakota School of Medicine, the only medical school in the State, needs to be renovated and expanded. The current facility lacks a quarantine room and does not have adequate space to fulfill the animal housing needs of the faculty researchers. The Committee encourages full and fair consideration to the University of South Dakota School of Medicine to support the project outlined above.

The Committee strongly urges that full consideration be given to a proposal from the University of Nebraska Medical Center to develop two centers of excellence specializing in: (1) neurovirology and neurodegenerative research; and (2) stem cell biology. These centers will provide an interdisciplinary environment for furthering research in geriatric neurology and virological research and solid organ stem cell biology, embryonic stem cell biology, hematopoeitic stem cell biology, and immunobiology.

The Committee is aware of the Robert Wood Johnson Medical School's Child Health Research Institute and encourages that every consideration be given to this project.

The Committee encourages consideration be given a proposal from the Center for Research in Human Nutrition and Chronic Disease Prevention at the Wake Forest University School of Medicine.

IDeA grants.—The Committee has provided $10,000,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is $4,800,000 over both fiscal year 1998 and the budget request. The program is intended to broaden the geographic distribution of NIH funding of biomedical research by enhancing the competitiveness of biomedical and behavioral research institutions which historically have had low rates of success in obtaining funding. The Committee intends that the increase will be used in eligible States to cofund high quality applications for shared instrumentation and RO–1 proposals to those who would otherwise not receive support under the normal peer-review cycle. The Committee believes that the existing Shannon Awards Program can serve as the model for deciding which grants should be selected by NCRR for funding under the expanded IdeA Program.

Cystic fibrosis data monitoring center.—The Committee strongly endorses efforts to speed the development of new therapies for rare diseases, such as NCRR's work to establish a pilot data monitoring center at a general clinical research center [GCRC]. This pilot, which is jointly supported by the Cystic Fibrosis Foundation, is designed to expedite the collection, manipulation, and evaluation of data gathered across multicenter trials on cystic fibrosis. Should this approach prove successful, the Committee urges NCRR to develop similar partnerships with rare disorder organizations to provide referral networks and data management resources across GCRC's.

General clinical research centers.—As the Nation's academic medical centers have come under financial pressure, they have been forced to eliminate expenditures for the personnel and infrastructure required for clinical research. These institutions now rely almost exclusively on NCRR General Clinical Research Center grants to provide the facilities essential to the conduct of clinical research. In the past three decades, NIH spending for GCRC's has declined. This shift in resources has caused the NCRR to fund GCRC's at well below the Advisory Council approved budgets. The Committee believes that the NCRR must reverse this trend and has provided $20,000,000 above the President's requested level of $180,500,000 to fund existing centers, start new centers, and expand the Clinical Associate Physician Program.

The Committee is encouraged by the efforts of the NCRR to collaborate with other NIH Institutes and agencies regarding clinical studies and GCRC's. The Committee urges the NCRR to expand this activity and, in particular, to foster the development of collaborative clinical research in the area of nutrition and obesity between NIDDK nutrition and obesity centers and GCRC's.

The Committee encourages the Institute to consider establishing pediatric research units devoted to neurobehavioral analysis, with a special emphasis on rare brain disorders. These units could man-

age acute medical problems while accommodating pediatric patients with visual, auditory, communication, and behavioral disorders.

Research centers in minority institutions.—The Committee recognizes the critical role to be played by minority institutions at both the graduate and undergraduate level in addressing the health research and training needs of our minority populations. These programs help facilitate the preparation of a new generation of scientists at these institutions. The Research Centers in Minority Institutions [RCMI] Program continues to impact significantly on these problems. The Committee encourages NIH to strengthen participation from minority institutions and increase resources available in this area.

The Committee encourages NIH to work with minority institutions with a track record of producing minority scholars in science and technology.

The Committee recognizes the health research and training needs of Alaska Natives and Aleuts and requests that the National Center for Research Resources recognize the University of Alaska as a minority school for purposes of qualifying for support under its Research Centers in Minority Institutions Program.

Biomedical research support grants.—The Committee recognizes the value of maintaining research facilities and equipment and providing initial support for young investigators and bridge support for established researchers. In the past, the NIH utilized the biomedical research grants program to provide flexible funds to strengthen and stabilize NIH-supported researchers, research programs, and academic health centers. In fiscal year 1999, however, no funds have been requested for the BRSG program. 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 placed enormous pressure on research programs at academic medical centers. The Committee requests that the NIH address the feasibility of reestablishing a revised biomedical research support grants program or creating an alternative mechanism to address with unmet needs in this area. The Committee expects that funds would be provided for direct costs only, would be rigorously peer-reviewed at the institutional level, and would be administered with full accountability.

Research equipment.—The Committee is aware of the critical need for shared instrumentation grants, including standard and digital mammography, MRI and PET scan equipment, ultrasound, and stereotactic biopsy devices for breast cancer research. The Committee encourages additional funding for these grants.

Alternative research resources.—The Committee is very interested in matching the increased need of researchers who rely upon human tissues and organs to study human diseases and to search for cures. The Committee is aware that the national disease research interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee is encouraged by NDRI's role in these re-

search advances and expects the Director to participate in a multi-institute initiative to expand support for NDRI.

Clinical laboratories.—The committee encourages the NIH to place a greater emphasis on clinical laboratories and increase the investment in research infrastructure.

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

Appropriations, 1998	$28,236,000
Budget estimate, 1999	30,353,000
Committee recommendation	35,426,000

The Committee recommends an appropriation of $35,426,000 for the Fogarty International Center [FIC]. This is $5,073,000 more than the budget request and $7,190,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The primary function of the FIC is 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.

Global health priorities.—The Committee commends the FIC for its efforts to create an international training network to build capacity on research, prevention, and control of emerging and re-emerging infectious diseases, including tuberculosis and malaria, and encourages the FIC to expand its efforts in this vital area. In this regard, the Committee notes the importance of sharing skills and knowledge directed toward the prevention of the proliferation of biological warfare agents. In consultation with other NIH Institutes, the FIC is encouraged to expand its international training efforts to improve international preparedness to develop and deploy such critical tools as antimicrobial drugs, diagnostic agents, and vaccines. The Committee also encourages FIC to collaborate, where appropriate, with the NIAID and CDC to address the issue of emerging infectious diseases.

The Committee notes that tuberculosis [TB] continues to be a global public health concern, and is concerned with the development of multidrug resistant TB in the United States and internationally. The Committee recognizes FIC's increased efforts to train experts in TB surveillance and treatment programs, and encourages FIC to continue its collaborative efforts with governmental and nongovernmental organizations to support training of professionals for TB control.

The pace of international research in infectious disease and other disease priorities is accelerated through the use of state-of-the-art communications and computing technologies. FIC has provided a valuable programmatic resource to NIH investigators through its international initiative in medical informatics training. The Committee encourages FIC to expand this initiative in sub-Saharan Africa and, if possible, to extend this to other regions of the world

where the establishment of Internet linkages and other information technologies would augment collaborative research programs.

Scientific opportunities for women.—Medical research depends on talented groups of individuals from diverse cultures working toward the same objective, and the Committee is pleased that FIC fosters broad participation in the scientific enterprise through its existing programs. The Committee encourages FIC to strengthen these efforts, in particular to increase opportunities for women scientists from the United States and abroad to participate in international research and training, including mentoring activities.

In view of the Committee's strong support for these FIC initiatives, additional funds have been provided above the President's fiscal year 1999 request for FIC.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 1998	$160,885,000
Budget estimate, 1999	174,210,000
Committee recommendation	181,309,000

The Committee recommends an appropriation of $181,309,000 for the National Library of Medicine [NLM]. This is $7,099,000 more than the budget request and $20,424,000 more than the 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Library of Medicine is the Federal institution that for more than 150 years has collected, organized, preserved, and disseminated the world's output of biomedical literature in all forms. As a result of this activity NLM is the world's largest library of the health sciences, its holdings numbering more than 5 million items. The NLM has pioneered innovative methods to disseminate bibliographic information. Basic to the mission of the NLM is a wide-ranging research program to improve how medical information is communicated. This responsibility is aided by a grants program and by specialized services in toxicology, environmental health, and biotechnology.

Outreach.—The Committee is pleased that NLM has made its MEDLINE data base available free via the World Wide Web. The Committee encourages NLM to continue its outreach activities aimed at educating health care professionals, health information specialists, and the general public about the Library's products and services. To continue its success in this area, the Committee encourages NLM to coordinate its outreach efforts with medical librarians and other health care professionals.

The Committee notes that senior citizens would benefit greatly from expanded access to NLM's data bases and has, therefore, included funds for a demonstration of different means to this end, including Internet access at senior centers and congregate meal sites.

Telemedicine.—The Committee is pleased with the success of NLM's numerous telemedicine sites and recognizes the positive impact that these programs are having on the delivery of health care in underserved communities. The Committee encourages NLM to continue the expansion of its research and development efforts in the areas of telemedicine and the next generation Internet [NGI].

The Committee further encourages the Department to improve access to and quality of cost effective interactive telemedicine sys-

tems in the area of pediatric health care for patients in medically underserved rural and native American areas and encourages NLM to give every consideration to a proposal to serve the WWAMI region.

Next generation Internet.—The Committee continues to be pleased with the innovative efforts NLM has fostered related to health applications of the next generation Internet. The Committee fully supports NLM's continuing efforts to assure that the unique needs of medicine and health are accounted for in the development of the next generation Internet. An especially important aspect of the next generation Internet is that relating to molecular biology information and the NIH human genome program. The tremendous growth in the size and use of NLM's GenBank data base of sequence information demonstrates the need for the increased capabilities of the NGI. Because of the needs for the transmission of medical information to be highly reliable and the highest integrity, the Committee endorsees NLM's efforts in this area and urges that additional resources be made available for these efforts.

Information for the consumer.—The Committee is pleased with the Library's response to its outreach mandate to publicize its products and services, and supports NLM's recent accomplishments in making its information widely available, and free of charge, to health professionals and the public alike. The Committee urges NLM to publicize its services even more widely by disseminating its annual reports, planning documents, catalogues of its exhibitions, and other appropriate materials.

OFFICE OF THE DIRECTOR

Appropriations, 1998	$241,101,000
Budget estimate, 1999	264,060,000
Committee recommendation	302,947,000

The Committee recommends an appropriation of $302,947,000 for the Office of the Director [OD]. This is $38,887,000 more than the budget request and $61,846,000 more than the fiscal year 1998 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research. The recommendation also includes $43,493,000 within the Office of the Director to support the activities of the OAR as proposed in the budget request.

Mission.—The Office of the Director provides leadership and direction to the NIH research community, and coordinates and directs initiatives which crosscut the NIH. The Office of the Director 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 operation of the NIH.

Urological research.—The Committee remains concerned with the adequacy of the peer review system for reviewing urologic research grant applications. While the Institute has responded by creating a special emphasis panel to review urology grant applications, the Committee believes the NIH Director should consider further steps to provide more input from the urological research community. The Committee requests the Director be prepared to discuss on what

further steps should be taken to rectify this at the fiscal year 2000 appropriation hearing.

Pediatric research.—The Committee encourages the NIH to expand pediatric research to strengthen its portfolio of basic, behavioral, and clinical research for children. The Committee requests that the Office of the Director provide, by May 1999, an update on the amount of funding devoted to extramural pediatric research by Institute and by age bracket. The Committee is also pleased to learn that NIH will implement, effective October 1, a new policy to increase the participation of children in NIH-supported clinical research trials.

Assistive technology.—The Committee encourages that funds be used to expand the research and development efforts of assistive technology. This technology can improve the lives of over 50 million Americans with physical or mental disabilities.

Recombinant DNA Advisory Committee [RAC].—The Committee commends the NIH Director for his continued support of the Recombinant DNA Advisory Committee and strongly encourages the Director to restore the RAC's mandate to approve or disapprove human gene therapy protocols. The RAC provides a valuable service relevant to information gathering, and public discussion far in advance of the review of novel applications with possible societal implications. The Committee urges the Director to consider expanding the RAC's responsibilities into the areas of xenotransplantation and germ-line gene transfer.

Chronic fatigue and immune dysfunction syndrome.—The Committee encourages the NIH to provide additional funds for grants which focus on promising CFIDS research, particularly those investigations which will define the pathophysiology of the illness and identify diagnostic markers. The Committee strongly urges NIH to issue a special program announcement dedicated to the study of all facets of pediatric CFIDS. Finally, the Committee urges NIH officials to identify appropriate NIH advisory committees for CFIDS representation and ensure appointment of qualified individuals to these committees.

Cardiovascular diseases and stroke.—Advances have been made in the identification and treatment of risk factors for heart attack, stroke, and other cardiovascular diseases. The Committee encourages the Director to convene a transagency National Conference on Cardiovascular Diseases and Stroke to assess progress and opportunities and to develop a comprehensive research and prevention agenda for the 21st century in the battle against heart attack, stroke, and other cardiovascular diseases. Participants should include representatives from all Federal agencies involved in heart disease and stroke prevention and research, including the NIH, CDC, AHCPR, and pertinent voluntary nonprofit organizations, foundations, and experts in the field.

Nutrition and obesity.—The Committee encourages the Director to expand clinical research programs in nutrition and obesity. These collaborative programs will develop existing clinical nutrition research units, obesity research centers, and general clinical research centers, with an emphasis on the integration of molecular genetics and clinical studies. The Committee encourages NIH to

work collaboratively with the CDC to aid the development of a CDC prevention initiative on nutrition and obesity.

Child abuse and neglect research.—The Committee recognizes the magnitude and significance of the problem of child abuse and neglect. The Committee is pleased that the NIH, under the leadership of NIMH, convened a working group of its component organizations to facilitate collaborative and cooperative efforts on child abuse and neglect research. The Committee urges the continuation of the working group and the implementation of the recommendations. The Committee further encourages the working group to hold a conference on child abuse and neglect to assess the state-of-the-art science and make recommendations for a research agenda in this field. The Committee requests that NIH be prepared to report on current and proposed NIH efforts in this area at the fiscal year 2000 hearings.

Alzheimer's disease.—NIH documents submitted to the Committee indicate that approximately $350,000,000 will be allocated to Alzheimer's disease research in fiscal year 1999. As noted elsewhere in this report, the Committee believes that the projected increase in the number of Americans who will be stricken with Alzheimer's—to as many as 14 million persons—warrants special priority. The Committee, therefore, encourages that additional funds be used over the budget request for the National Institute on Aging, National Institute of Neurological Disorders and Stroke, and the National Institute of Mental Health to launch an Alzheimer's disease prevention initiative. Given the potentially ruinous efforts Alzheimer's disease could have on the Medicare and Medicaid programs, the Committee believes that the Health Care Financing Administration also has an important stake in the effort. The Committee strongly urges the NIH to develop a plan for undertaking a prevention initiative and reporting on its progress during the fiscal year 2000 hearings.

Office of Women's Health.—The Committee encourages the Director to provide funds to the Office of Women's Health to enter into a contract with the Institute of Medicine to conduct a study to validate the concept of sex and gender comparisons and analyses in basic biological research. This study should utilize the information and findings in the report of the task force on the NIH women's health research agenda for the 21st century. The IOM study should augment the findings of that report and seek to determine the continuing need for basic sex and gender studies in both Federal and private sector research, and address how to accomplish these desired goals. This study would have implications for research, clinical practice, disease prevention, medical education, health services research, and health care policy.

Director's discretionary fund.—The Committee has recommended no funding for this activity.

Trauma and burn care research.—The Committee recognizes that injury is the leading cause of death for Americans from age 44 and under, and the leading cause of lost work productivity. The Committee urges the Director of the NIH to develop a coordination process focused on trauma and burn care research with the appropriate Institute Directors, including NIGMS, NINDS, NIAMS, NICHD, NIA, and within it the National Center for Rehabilitation

Research. This collaborative effort should focus on the goal of realizing the opportunities presented by basic science research by applying that knowledge to clinical research in trauma and burn care in order to significantly ameliorate the enormous impact of injury on both the patient and society.

Center for Complementary and Alternative Medicine.—The Committee strongly supports the work of the Office of Alternative Medicine [OAM] and has included $50,000,000 to support its activities to investigate, evaluate, and validate alternative therapies. The Committee directed NIH to establish this office in 1991 with the intent of assuring that alternative therapies be rigorously reviewed to provide consumers reliable information. However, it is now clear that without greater authority and independence—including the initiation of research projects and development of its own peer review panels—alternative therapies will not be adequately reviewed and inefficiencies will remain. Currently, scarce time and resources are wasted because the Office must work through an Institute in order to carry out research projects. To address these shortcomings, the Committee has included bill language creating a Center for Complementary and Alternative Medicine [CCAM].

The Committee expects that support for the centers supported by CCAM will be expanded significantly. The Committee directs CCAM to undertake field investigations and a program for the collection and evaluation of outcome data on promising alternative therapies, including new clinical trials of herbal natural products and other CAM therapies. The Committee also expects CCAM to continue and expand its work with CDC on field investigations and with AHCPR on literature reviews. Finally, the Committee continues to be concerned with the lack of adequate staff resources dedicated to this Center. The Committee notes that this Center has only eight FTE's while other NIH entities with comparable budgets have considerably larger professional staffs. Therefore, the Committee expects that the CCAM will be provided sufficient FTE's.

The Committee believes that Federal policy in a number of areas is failing to keep up with the increased use of complementary and alternative therapies. An amount of $1,000,000 has been provided to support the establishment and operation of a White House Commission on Complementary and Alternative Medicine Policy to study and make recommendations to the Congress on appropriate policies regarding research, training, insurance coverage, licensing, and other pressing issues in this area.

The Committee notes the growing popularity of natural medicines and the relative paucity of research focusing on these promising treatments. This research gap creates consumer safety issues and prevents the Nation from realizing the full potential of natural medicines. The Committee, therefore, strongly encourages NIH, working through its Center for Complementary and Alternative Medicine, to increase funding support for the development and evaluation of natural medicines. The Committee is aware of a collaborative effort by the National Center for the Development of Natural Products [NCDNP] at the University of Mississippi, Georgetown University's Center for Drug Development Science [CDDS], and the presentation health system in South Dakota to identify and develop natural products with potentially efficacious

medical uses, perform the clinical testing of these products, and evaluate the data to determine their safety and efficacy. Full and fair consideration should be given to the project described above.

Office of Dietary Supplements.—The Committee continues to strongly support the important work of this Office. Use of dietary supplements has increased significantly among Americans who want to improve their health and prevent disease. There is a great need for additional research to better inform consumers of the health benefits of supplements. The President's Commission on Dietary Supplements recently recommended that ODS be funded at its fully authorized level to meet this need. The Committee has included $2,000,000 in additional funds for the Office to expand its efforts and to develop a botanical research centers initiative with major research institutions across the Nation.

The Committee also notes that 1999 marks the 30th anniversary of the landmark White House Conference on Food, Nutrition, and Health which lead to many major advancements in nutrition and health policy. The Committee encourages the Institute to plan and convene a conference to develop human nutrition policy recommendations for the next century. This conference should be developed in cooperation with the Agriculture Department and ensure full and appropriate private sector involvement.

Training.—The Committee received the Director's response to the 1994 National Academy of Sciences recommendations on training needs for health research. The Committee appreciates NIH's decision to increase stipends as recommended, but is concerned that the NAS recommendations for increasing the number of awards in behavioral science, health services research, oral health, and nursing research were not included in this decision. The Academy articulated compelling national needs for increased training in these areas and its recommendations were developed with every awareness of the cost implications. Given the importance of a stable supply of high-quality scientists in the areas specified in the NAS report, the Committee urges NIH to revisit the NAS recommendations. The Committee would like to receive a report on NIH's system for considering the NAS recommendations and establishing training policies in general.

Office of Behavioral and Social Sciences.—The Committee has included $12,853,000 for the Office of Behavioral and Social Sciences. The Committee understands that behavioral science is an area of exceptional promise for understanding and ameliorating some of the Nation's most serious health concerns, many of which are due to behavior, and commends OBSSR for it's efforts to increase the visibility of behavioral science at NIH. The Committee recognizes that OBSSR's budget is extremely limited, and urges the Director to examine OBSSR's budget in order to increase the number of cross-NIH behavioral research and training initiatives.

The Committee recognizes that stress contributes to a host of medical conditions confronted by health care practitioners, and current pharmaceutical and surgical approaches cannot adequately treat stress-related illnesses. Mind/body approaches, particularly those of the relaxation response and those related to utilizing the beliefs of the patients, have been used successfully to treat these disorders. The Committee is aware that the Mind/Body Medical In-

stitute at the Harvard Medical School is at the forefront of research on mind/body interactions and their clinical applications. The Committee is encouraged by the results of this research and the health and cost benefits of mind/body approaches. The Committee encourages OBSSR to establish pilot mind/body medical centers to make more visible the benefits of mind/body medicine; to expand its scientific base; and to teach and train health care professionals in these approaches. The Committee further encourages the Director to establish 10 mind/body centers around the Nation, and report to the Committee prior to the consideration of next year's request on the status of the establishment of these centers.

Peer review reorganization.—The Committee notes with interest that NIH is in the process of reorganizing its systems for reviewing research grant proposals. This reorganization was triggered by the integration of systems of NIMH, NIDA, and NIAA, which is adding considerably more neuroscience and behavioral research as an opportunity for NIH to significantly strengthen its behavioral science infrastructure. Because of the enormous budgetary and public health implications of NIH grant review, the Committee will continue to monitor this reorganization, including a plan for evaluating the changes by September 30, 1998.

Hepatitis C [HCV].—The Committee notes that the March 1997 Hepatitis C Consensus Development Conference made significant new research recommendations that impact several NIH Institutes, most particularly NIDDK, NIAID, NCI, NHLBI, NIDA, and NIAAA. The Committee urges that priority consideration be given to continuing and expanding this research. In addition, the Committee recently received the requested report which provides a strategic research plan for addressing liver and biliary diseases. The Committee requests that the Director implement and coordinate the plan to assure the new transinstitute research opportunities respond most effectively to the HCV epidemic and other liver diseases as detailed in the Consensus Development Conference and the livery and biliary strategic plan.

Grant opportunities.—The Committee has been impressed with the efforts of the NIH to apply the technology of the Internet and specifically its weekly electronic mail service announcing grant opportunities. The Committee encourages the Department and those components that make funds available through grants and cooperative agreements to supplement the publication in the Federal Register with a weekly listserv to all interested parties, that links back to the full document. In addition, the Department should announce such availability in the Federal Register and at each of the Department's component pages. The Committee expects that this will improve the flow to all potential applicants concurrently in urban as well as in isolated communities, for example, Hawaii, Alaska, the western Pacific, and rural America that must now rely on the Federal Register to arrive in a timely manner to obtain the knowledge to apply for grant programs.

Brain molecular anatomy project.—The Committee recognizes the brain molecular anatomy project, an NIH-wide collaboration lead by NIMH and NINDS, which holds the promise of identifying all of the genes that direct brain development and function, mapping them in the brain, and developing public data bases. The Commit-

tee encourages NIH to continue to expand research in these areas so that the combined tools of molecular genetics and neuroscience and fundamental new insights into brain development, disease, and behavior can be achieved.

Breast implants.—Silicone breast implants are currently available only to women receiving reconstructive surgery after mastectomy, who have birth defects of the breast, or who need replacement of such implants due to leakage or rupture. The Committee encourages the Director to expand and intensify research regarding silicone implants, particularly clinical research, to increase understanding of the effects of implants on women's health.

Parkinson's disease.—In fiscal year 1998, the Labor, Health and Human Services, and Education Appropriations Act, included the Morris K. Udall Parkinson's Disease Research Act, which authorized appropriations for research focused on Parkinson's disease. The Committee encourages the Director to provide a level of funding for Parkinson's focused research, and award 10 core center grants consistent with the Morris K. Udall Parkinson's Disease Research Act. The Committee further encourages the Director to provide funding for other provisions of the Udall Act, such as the scientists training program, the national data system of Parkinson's patient population, a clearinghouse, and a national education program. The Committee further encourages the Director to form a coordinating committee to direct both intramural and extramural Parkinson's research, and to include, as a part of this committee, all of the Institutes currently conducting Parkinson's research. The Committee requests that the NIH report to the Appropriations Committees within 120 days of enactment of this act on its plans for implementation of the recommendations outlined above.

Extramural Associates Program [EA].—To provide increased opportunities for women and underrepresented minorities to participate in and contribute to biomedical and behavioral research, the Committee encourages the Director to provide additional funds for the EA program.

The Committee is pleased that the NIH Director has moved forward with initial efforts to address the training and career development of clinical investigators. However, because of delays in responding to the clinical research crisis, the Committee encourages the NIH to provide additional funds to launch a substantial initiative at this time. The Committee urges the NIH to fund significantly more mentored patient-oriented research career development awards and mid-career investigator in patient-oriented research awards proposed by NIH for fiscal year 1999. The Committee further encourages the NIH to move forward with grants to fund advanced degree training in clinical investigation as well as a loan repayment program for extramural clinical researchers. In addition, the Committee requests that the Director be prepared to discuss the feasibility of bonus supplemental support for investigators who add a patient-oriented or translational research component to their research project grants at the fiscal year 2000 hearings. Finally, the Committee commends the diligence of the NIH Director's advisory panel on clinical research and urges the NIH Director to actively involve the panel in the implementation of its recommendations.

High technology surgical display.—The Committee is aware of the project proposal by Virtual Vision of Redmond, WA, to develop a head mounted surgical display that would enhance the operational ability of surgeons. The Committee encourages NIH to investigate this technology for potential clinical applications.

Nutrition intervention for chronic illnesses.—The Committee encourages the Director to evaluate the use and effectiveness of nutrition intervention to reduce the level of prescription medications for patients with chronic diseases such as high blood pressure, renal disease, diabetes, and cardiovascular conditions. The Committee further encourages that the Director consult with health researchers and clinical practitioners with expertise in nutrition, including registered dietitians, and the American Dietetic Association.

BUILDINGS AND FACILITIES

Appropriations, 1998	$206,570,000
Budget estimate, 1999	258,227,000
Committee recommendation	263,822,000

The Committee recommends an appropriation of $263,822,000 for buildings and facilities [B&F]. Included in this amount is $40,000,000 for fiscal year 2000. The amount recommended is $5,595,000 more than the budget request and $57,252,000 more than the fiscal year 1998 appropriation.

Mission.—The buildings and facilities appropriation provides for the NIH construction programs including design, construction, and repair and improvement of the clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. This program maintains physical plants at Bethesda, Poolesville, Baltimore, and Frederick, MD; Research Triangle Park, NC; Hamilton, MT; Perrine, FL; New Iberia, LA; and Sabana Seca, PR.

Clinical research center.—The recommendation includes $90,000,000 in fiscal year 1999 for the fourth year of funding for the new Mark O. Hatfield Clinical Research Center. The recommendation includes the advance appropriation request totaling $40,000,000 as proposed in the budget request. This Center will replace the aging research hospital and related clinical laboratory facility and serve as the heart of the NIH intramural research program. To date, the design of the project has been substantially developed and site preparation is underway. The Committee requests that the Director provide notification of any revised project cost estimate that exceeds the current projected cost of the project.

Vaccine lab building.—The recommendation includes funding to construct a laboratory to house the newly established Vaccine Research Center at the NIH. The Center, which will be a joint venture of the National Cancer Institute and the National Institute of Allergy and Infectious Diseases, will begin by incorporating a core of NIH scientists with interest and expertise in immunology, virology, and HIV vaccine research. The primary focus for the Center will be to stimulate multidisciplinary research from basic and clinical immunology and virology through to vaccine design. Construction of this state-of-the-art facility will help in both the recruitment of accomplished scientists from outside the NIH ranks and in accelerating progress in developing a safe and effective AIDS vaccine.

OFFICE OF AIDS RESEARCH

Appropriations, 1998	
Budget estimate, 1999	$1,725,588,000
Committee recommendation	

The Committee recommendation does not include a direct appropriation for the Office of AIDS Research [OAR] as proposed in the budget request. Instead, funding for AIDS research is included within the appropriation for each Institute, Center, and Division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Directors of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Directors of the NIH and the OAR to shift up to 3 percent of AIDS research funding between Institutes and Centers throughout the year if needs change or unanticipated opportunities arise. These modifications to the budget recommendation are consistent with the manner in which funding for AIDS research was provided in fiscal year 1998. The Committee requests that the Director report on the fiscal year 1999 allocation plans for AIDS research within 60 days of enactment and provide notification to the Committee in the event the Directors exercise their 3 percent transfer authority.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

Prevention science working group.—The Committee commends the Office of AIDS Research for establishing the prevention science working group, one of the major recommendations of the 1996 comprehensive NIH AIDS review and evaluation report. The Committee urges the Office of AIDS research to broaden the scope of AIDS prevention by exploring research initiatives that link behavioral and biomedical approaches. The Committee is particularly interested in expanding research to identify distinctive patterns of behaviors and social conditions of women that determine their risk of infection and determine how women protect themselves against the spread of infection with partners who are infected or potentially infected with the disease.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 1998	$2,147,156,000
Budget estimate, 1999	2,274,643,000
Committee recommendation	2,151,643,000

The Committee recommends $2,151,643,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 1999, $4,487,000 more than the fiscal year 1998 level and $123,000,000 below the administration request. SAMHSA is responsible for supporting mental health, alcohol abuse, and other drug abuse prevention and treatment services throughout the coun-

try, primarily through categorical grants and block grants to States. The Committee has provided funding for the Knowledge, Development, and Application Program to each of three authorities: mental health, substance abuse treatment, and substance abuse prevention. Separate funding is provided for the Children's Mental Health Program, the PATH formula grant, the Protection and Advocacy Formula Grant Program, and for the two block grant programs.

The Committee has included bill language that retains the formula used in fiscal year 1998 for fiscal year 1999 calculations of State allotments of the substance abuse performance partnership block grant and the mental health performance partnership block grant. States would receive an allotment in fiscal year 1999 proportional to what they received in fiscal year 1998. This provision has been included to allow sufficient time for the authorizing committees of Congress to consider legislation to reauthorize the programs of the Substance Abuse and Mental Health Services Administration, including any revisions to the existing formula.

The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian and Alaska Native communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds to fund projects to increase knowledge about effective ways to deliver services to rural and native communities. Within the funds reserved for rural programs, the Committee intends that $4,000,000 be reserved for CSAP grants, and $6,000,000 be reserved for CSAT grants.

Knowledge developed and implemented through the CSAP and CSAT KDA grant systems should be coordinated to the fullest practical extent with the public alcohol and drug prevention and treatment system administered by the State alcohol and drug agencies. The Committee urges the agency to establish stronger linkages between KDA programs and the State network through regular consultation and coordination of effort with the State agencies and through other appropriate steps.

CENTER FOR MENTAL HEALTH SERVICES

Mental health, knowledge, development, and application

The Committee recommends $57,964,000 for the mental health, knowledge, development, and application program [KDA], the same as the comparable fiscal year 1998 amount and the administration's request. The following programs are included in the mental health center KDA: Community Support Program [CSP]; homeless and AIDS demonstrations; and training and AIDS training programs.

The Committee again restates its belief that mental health and substance abuse services are essential elements of primary care, and its concern about the impact of managed care on access to mental health services, and supports training of behavioral and mental health professionals for work in managed care settings, particularly in rural and underserved communities. The Committee

urges the development of standards and guidelines for the delivery of such services in managed care entities, including curricula design and training models. The Committee further encourages CMHS to collaborate with the Health Resources and Services Administration [HRSA] on the development of training protocols for mental health professionals in primary care settings.

The Committee has included sufficient funds to continue and expand the Farm Resource Center which provides outreach and counseling services in rural areas to displaced coal miners, farmworkers, and their families.

The Committee is pleased with the successful collaboration between the Center for Mental Health Services and the Bureau of Health Professions in HRSA to fund interdisciplinary health professions training projects, including training of behavioral and mental health professionals, for practice in managed care/primary care settings and urges that this joint effort be continued. The Committee encourages both agencies to develop technical assistance for use in health professions training programs for the purpose of enhancing primary care interdisciplinary models of practice. These efforts should be focused upon rural native populations that are at-risk for the problems most encountered by these health professionals.

The Committee notes that survivors of torture from abroad represent a significant element in many of our communities. For many survivors, the psychological effects of torture can be crippling, but with treatment, they can become contributing members of their communities. For these reasons, the Committee recommends that the Center for Mental Health Services provide funding for research, training, and proper treatment for victims of torture.

The Committee recognizes the need for comprehensive services for persons suffering from co-occurring disorders. An estimated 10 million persons in the United States have at least one mental disorder and at least one substance-related disorder in any given year. The Committee urges the Department to give priority to funding for treatment capacity programs that provide both mental health and substance abuse treatment services. Of the amounts provided, $3,000,000 is available from the Center for Mental Health Services and $2,000,000 from the Center for Substance Abuse Treatment for a joint award to fund the development of such an integrated service delivery system by the State of Alaska.

The Committee supports the work of the agency in effectively treating individuals with mental and addictive disorders. In order to provide the best possible care, the Committee encourages the agency to create an evidence-based methodology developed by a national medical organization in a scientifically rigorous manner and based on information from patients and providers. This methodology will allow the agency to assess the quality of care while reflecting the full range of clinical complexity, setting, and financing and delivery issues that may influence that care.

Clinical and AIDS training

The Committee is aware of the need for more trained health providers, including allied health professionals and social workers, to work with people suffering from HIV/AIDS. To the extent that funds are available, the Committee encourages SAMHSA to con-

tinue funding existing grants and contracts approved by SAMHSA under the current AIDS Training Program.

The Clinical Training Program trains mental health personnel to deliver services to designated underserved populations in exchange for a repayment through service to underserved or priority populations, including severely mentally ill adults, children, and adolescents with serious emotional disorders, and the elderly. The AIDS Training Program provides training for mental health providers to address the neuropsychiatric aspects of HIV spectrum infection.

The Committee recognizes that clinical training programs such as the Minority Fellowship Program have proven valuable in developing and disseminating new knowledge regarding mental health service delivery to SAMHSA's priority populations. Additionally, it remains a Federal priority to lead knowledge development and dissemination in this area, both for providers in need of inservice training, as well as for preservice trainees. The Committee urges the agency to fund training projects that foster cultural competencies, a diverse work force, collaboration among disciplines, and the use of interdisciplinary service delivery models, especially in rural areas such as Hawaii, where the cultural diversity factors predominate.

AIDS demonstrations

This program provides 4 year grants to public and nonprofit private organizations to provide innovative mental health services to individuals who are experiencing severe psychological distress and other psychological sequelae as a result of infection with HIV. One coordinating center is supported to independently evaluate the quality and effectiveness of these services. The Committee commends the Center for Mental Health Services for its commitment in disseminating knowledge gained from these demonstration projects. The Committee urges the center to maintain its support for projects that provide direct mental health services while at the same time using the findings from previous projects to develop new knowledge in this area. The Committee again commends CMS for its leadership in working cooperatively in demonstrating the efficacy of delivering mental health services to individuals affected by and living with HIV/AIDS. The Committee encourages the Secretary to maintain these agencies' support for this program.

Mental health block grant

The Committee recommends $275,420,000 for the mental health block grant, the same as the fiscal year 1998 amount and the President's request. States use these funds to support the development and implementation of innovative community-based services and maintain continuity of community programs. Funds are allocated to States by formula.

Children's mental health

The Committee recommends $72,927,000 for the Children's Mental Health Program, the same as the fiscal year 1998 level and the administration's request. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental dis-

orders. States must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

Projects for assistance in transition from homelessness [PATH]

The Committee recommends $25,000,000 for the PATH Program, $2,000,000 more than the fiscal year 1998 amount and the administration's request.

PATH is a critical program which provides outreach, mental health, and case management services and other assistance to persons who are homeless and have serious mental illnesses. The PATH Program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

Protection and advocacy

The Committee recommends $22,957,000 for protection and advocacy, $1,000,000 more than the fiscal year 1998 amount and the administration's request. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities and for 90 days following their discharge. Funds are allocated to States according to a formula based on population and relative per capita income.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Substance abuse treatment knowledge, development, and application

The Committee recommends $155,868,000 for the substance abuse treatment knowledge, development, and application program [KDA]. This amount is $40,441,000 more than the administration's request and the same as the comparable fiscal year 1998 amount.

The Committee has provided sufficient funds to continue all existing residential women and children grants. The Committee has provided funds to continue the supplemental demonstration and evaluation of enhanced children's services as part of the Center for Substance Abuse and Mental Health Centers' Residential Women and Children and Pregnant and Postpartum Women Programs.

The Committee reiterates its concern about the disproportionate impact of substance abuse in rural and native communities, and has included $6,000,000 for rural CSAT programs. The Committee again acknowledges the severe shortage of services in the State of Alaska, the pressing need to continue support of Alaska programs, and the need to develop knowledge about effective techniques for treating and preventing substance abuse in native populations. The Committee, therefore, expects that the increase provided will be reasonably allocated between expanding existing programs and initiating new programs, especially in Alaska.

The Committee supports CSAT's efforts to assist women with substance abuse problems and their children in residential settings. Of the funds provided, the Committee has included $1,000,000 to provide assistance to rural areas in Alaska to support the expansion of services for women and children as part of the Targeted Capacity Expansion Program.

The Committee recognizes the success of the Mental Health Association of Colorado [MHAC] as a leading educator and advocate on mental health and mental illness issues in the Rocky Mountain region and notes that sufficient funds are available to assist MHAC's efforts.

The Committee again recognizes the work of the model initiative in San Francisco for its comprehensive and community-based treatment on demand and substance abuse prevention. The Committee has provided sufficient funds to continue planning, implementation, and evaluation of this 5-year demonstration initiative. The Committee requests a report from SAMHSA by March 31, 1999, on the progress made from the first year of funding for this initiative.

The Committee is concerned that substance abuse among the Nation's homeless population remains a serious problem that receives limited attention. The Committee encourages the Department to address the unique needs and life circumstances of homeless people through a targeted treatment program.

The Committee is aware of the work of the Center Point Program in Marin County, CA, which provides comprehensive, affordable substance abuse, and related services to high-risk families and individuals. The Committee urges the agency to give full and fair consideration to a proposal from the program to design and evaluate an employment-related skills curriculum to prepare people battling addiction to make the transition to employment.

The Committee is concerned about the growing problem of substance abuse among children and teenagers. The Committee encourages the Department to develop and disseminate new treatment models for adolescents. These efforts should include a focus on effective school-based intervention.

In addition, the Committee recognizes that substance abusing youth are at a high risk for involvement in the juvenile justice system. Therefore, the Committee encourages the Department to support the development of models that foster linkages between school-based and juvenile justice interventions. Some promising approaches that warrant further testing include juvenile assessment centers, truancy interventions, mentoring, family empowerment, and juvenile drug courts.

The Committee is aware of the work of Home/Life Services, Inc., of New York in providing social services to single women and their young children in the Bronx. The Committee urges the agency to give full and fair consideration to a proposal by Home/Life Services to treat 170 drug abusers with the HIV/AIDS virus in order to enable these individuals to become self-sufficient.

The Committee is aware of efforts by the National Association of Alcoholism and Drug Abuse Counselors to document the history of the addiction counseling profession. The Committee commends the profession for its work in fighting alcoholism and drug addiction

and applauds the association for its efforts to document this important work.

The Committee understands that methamphetamine abuse has become a major problem in many areas of the country, in particular, the South and Midwest. The State of Iowa has experienced a particularly high incidence of methamphetamine abuse. The Committee has included sufficient funding for a demonstration project in Iowa targeting both the treatment and the prevention of methamphetamine abuse in Iowa by both expanding treatment capacity and strengthening prevention activities.

The Committee notes that the Department should strengthen the linkages between the block grant and the KDA grants to assure maximum leverage of Federal dollars. Linkages between the KDA's and the State grants will allow for the integration of KDA knowledge into the practice of substance abuse prevention and treatment on an individual State and nationwide basis.

Substance abuse block grant

The Committee recommends $1,310,107,000 for the substance abuse block grant, the same as the comparable fiscal year 1998 level and $195,000,000 less than the administration's request.

The substance abuse block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually. Each State's allotment for fiscal year 1999 will be determined using the statutory formula for distribution as applied in fiscal year 1998.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Substance abuse prevention, knowledge, development, and application

The Committee has provided $151,000,000 for the substance abuse prevention, knowledge, development, and application program, the same as the comparable fiscal year 1998 amount and $33,559,000 more than the administration's request.

The Committee also provides $7,000,000 for the purpose of making grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high risk youth, as authorized by section 517 of the Public Health Service Act as amended. The Committee is highly concerned about the extent of substance abuse among high risk youth. This population is vulnerable to initiating criminal activity against people and property, especially following the acute and chronic use of illicit substances and the abuse of alcohol. These grants are intended to strengthen local capabilities in confronting the complex interrelationships between substance and alcohol abuse and other activities that may predispose young individuals toward criminal, self-destructive, or antisocial behavior.

In implementing the State Incentive Grant Program, CSAP and the States should give priority in the use of available funds to work with new and existing community coalitions; use these coalitions to plan and implement cost-effective strategies; and fill the service

gaps identified through community level strategic planning and needs assessments.

The Committee expects that States receiving funding under the State Incentive Grant Program will give priority in the use of the 20 percent prevention set-aside in the block grant to: (1) working with community coalitions to develop communitywide strategic plans and needs assessments; and (2) filling program and service gaps identified by these community plans.

The Committee reiterates its concern about the disproportionate impact of substance abuse in rural and native communities, and has included $4,000,000 for CSAP programs which serve rural communities. The Committee intends this increase to be reasonably allocated between expanding existing programs and initiating new programs, especially in Alaska.

The Committee supports CSAP's efforts in reducing drug use among teenage girls and recognizes the importance of such activities in improving the long-term quality of life for teenagers by reducing teenage pregnancy.

The Committee believes that prevention programs need to start when children are young, and need to continue to help children make successful transitions. The Committee has included sufficient funds for evaluations of established school-based early prevention and transition programs and continues to be supportive of the efforts of the Corporate Alliance for Drug Education [CADE] which has been operating a program providing education and prevention services to 120,000 elementary school-aged children in Philadelphia.

The Committee is aware of a drug- and alcohol-free leadership training initiative being conducted by Green Mountain Prevention Programs in Vermont. Building teen-based support for activities that do not involve alcohol and drug use is an important way to prevent substance abuse and addiction. The Committee urges the Department to provide full and fair consideration to a $200,000 proposal from Green Mountain Prevention Programs for this purpose.

The Committee commends CSAP for recognizing problems created by past use of the phrase, "Alcohol and Other Drugs" [AOD]; however, many constituencies which rely on CSAP for leadership and funding are not aware of the agency's important policy change. The Committee urges CSAP to fully implement its move away from AOD terminology, through direct communications to other Government agencies including the Department of Education, nonprofit organizations, and other CSAP constituencies, without prescribing specific speech to grantees.

The Committee has included sufficient funds to continue the two new Iowa community schools projects first funded in fiscal year 1997.

Within the funds available, the Committee urges CSAP to continue the national effort to provide alcohol and substance abuse prevention and education to children of native Americans with alcoholism.

PROGRAM MANAGEMENT

The Committee recommends $55,400,000 for program management activities of the agency, $2,000,000 more than the President's request and $487,000 more than the 1998 level.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer the programs.

The Committee is aware of the administration's proposal to begin the process of sealing off and preservation of the buildings of St. Elizabeth's Hospital, to bring the complex closer toward the standard of care expected of its designation as a national historic landmark. The Committee further expects any additional funds for preservation to be derived from carryover balances from amounts previously appropriated for buildings and facilities.

DATA COLLECTION

The administration requested $22,000,000 to expand the national household survey on substance abuse to facilitate the development of State-level estimates of substance abuse and the impact of youth prevention programs. The Committee has recommended $18,000,000 for this activity, which is the same as the 1998 level.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 1998	$190,739,000
Budget estimate, 1999	201,635,000
Committee recommendation	201,635,000

The Committee provides an estimated $201,635,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the administration request and is $10,896,000 over the estimated payments for fiscal year 1998.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

Appropriations, 1998	$146,510,000
Budget estimate, 1999	171,055,000
Committee recommendation	171,055,000

The Committee recommends $50,000,000 in Federal funds for the Agency for Health Care Policy and Research [AHCPR]. In addition, the Committee provides transfers of $121,055,000 from funds available under section 241 of the Public Health Service Act. Total funding provided for the Agency is $171,055,000, which is $24,545,000 over the fiscal year 1998 funding and the same as the administration's request.

The Agency for Health Care Policy and Research was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHCPR is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHCPR provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides $140,914,000 for research on health costs, quality and outcomes [HCQO]. Of the amount provided, $93,255,000 is derived from section 241, 1-percent evaluation set-aside funds. This is a new budget activity; within this account the Administration proposes to incorporate activities previously identified as research on health care systems cost and access and as research on health care outcomes and quality. The combined expenditure of these two previously separate categories totaled $107,980,000 in fiscal year 1998, of which $19,906,000 was derived from section 241, 1-percent evaluation set-aside funds. HCQO research activity is focused upon improving clinical practice, improving the health care system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Improving women's health and the diagnosis of gynecologic cancers.—Information has been brought to the Committee's attention that of the more than the estimated 50 million pelvic examinations performed annually to detect gynecologic pathology, a significant fraction yield inconclusive results that often require expensive retesting and invasive medical procedures. The Committee is aware of the development of highly mobile and miniaturized digital ultrasound technology that holds the promise of higher efficiency, lower costs, and higher quality of care. The Committee encourages the agency to conduct outcomes research that would incorporate the use of ultrasound as a standard of care for women's health services.

Rural managed care program.—The Committee has included sufficient funds to continue rural managed care demonstration projects.

The Committee is aware of the rural cardiovascular managed care demonstration being planned by the Catherine and Charles B. Owen Cardiovascular Research Institute located in Asheville, NC, and encourages the agency to review its merits.

Collaboration with managed care organizations.—The Committee is aware of efforts by the agency to develop collaborative agreements with private managed care organizations, especially the Academic Medicine and Managed Care Forum. The Committee understands that a collaboration between Government, academia, and the managed care industry may yield useful findings, particularly in the area of health services research designed to demonstrate

how managed care principles can be applied to produce quality outcomes. The agency is encouraged to pursue such a collaboration.

Pharmaceutical outcomes research.—The Committee is aware of potential adverse reactions from prescribed medications. While development testing provides important information on potential adverse reactions, there remains inadequate national research capability to reduce the risks of prescription medications once they enter the market. Within the funds provided, the Committee encourages the agency to enhance research in this area and to consult widely with the Food and Drug Administration, consumer groups, and academic centers to develop a prospective plan to abate these risks.

Maternal and child health care systems research.—The Committee is concerned that significant cultural, organizational, and financial barriers to managed care providers access exist for Medicaid clients. The Committee is further concerned that significant numbers of undereducated and underemployed mothers and their infants and children are, therefore, not receiving adequate care and urges systems research on ways to assure high levels of access and promotion of preventative care and measurement of outcomes quality for this segment of the population.

Children's health.—The Committee is supportive of the Agency's efforts to establish a children's health services agenda. The Committee continues to encourage AHCPR to work with schools of nursing to identify the high risk areas requiring research to provide better direction in caring for this vulnerable group and to continue work with the Emergency Medical Services for Children Program at the Health Resources Services Administration to evaluate the potential impact of managed care on children's access to emergency medical care.

Minority and underserved populations.—The Committee remains very supportive of the Agency working with the State of Hawaii, its unique health insurance plan, and its culturally diverse population and encourages continued support of initiative.

Employee perspectives.—The Committee is supportive of efforts to solicit the perspectives of nonphysician health care professionals on enhancing quality of care and reducing costs. The Committee encourages research on contributing factors that enable employees to become effective contributors to care delivery, and urges the agency to consider developing a methodology to include health care employee perspectives on their role in health care delivery.

Childhood caries.—The Committee is aware that the Early Childhood Caries [ECC] Conference, which was held at the NIH in October 1997, found that the prevalence, seriousness, and societal costs of ECC have not diminished despite the worldwide declining rates of caries among school-aged children. Early detection and appropriate referral of at-risk children appear to be important, unresolved issues. The agency is encouraged to identify the extent of dental health services research currently being supported across the Federal Government.

HEALTH INSURANCE AND EXPENDITURES PANEL SURVEYS

The Committee provides $27,800,000 for health insurance and expenditures panel surveys [MEPS], which is the same as the ad-

ministration request and $8,500,000 below the 1998 level. The entire amount provided is derived from 1 percent evaluation set-aside funds. Within this category of activity, the Administration proposes to include activities previously designated as research on health insurance and expenditure surveys. MEPS is intended to obtain 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. It also develops cost and savings estimates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

Program support

The Committee recommends $2,341,000 for program support. This amount is the same as the administration request and is $111,000 higher than the 1998 level. This activity supports the overall management of the Agency.

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

Appropriations, 1998	$66,080,207,000
Budget estimate, 1999	74,593,733,000
Committee recommendation	74,593,733,000

The Committee recommends $74,593,733,000 for grants to States for Medicaid. This amount is $8,513,526,000 more than the fiscal year 1998 appropriation and the same as the administration's request. This amount excludes $27,800,689,000 in fiscal year 1998 advance appropriations for fiscal year 1999. In addition, $28,733,605 is provided for the first quarter of fiscal year 2000, as requested by the administration.

The Medicaid Program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula which determines the appropriate Federal matching rate for State program costs. This matching rate, which may range from 50 to 90 percent, is based upon the State's average per capita income relative to the national average.

The Committee commends the Department for releasing a letter on July 29, 1998, to State Medicaid directors clarifying that the Americans with Disabilities Act obligates States to offer appropriate community-based services. The Committee expects that HCFA will adopt policies and procedures for ensuring that States take necessary steps to come into compliance with the policy set out in the letter. The Committee expects that these steps will include developing additional technical assistance materials and ensuring that the ADA compliance issues are a component of ongoing monitoring of State programs. The Committee directs HCFA to report back to the Committee within 6 months regarding the steps taken to ensure that the policy set out in the letter is implemented by the States.

The Committee is also concerned that there is insufficient oversight of current ICF/MR and home- and community-based waiver programs. The Committee strongly encourages the Health Care Fi-

nancing Administration to commit appropriate resources to ensure the provision of ongoing training, technical assistance, and quality assurance support to regional and State personnel who are responsible for implementation and review of ICF/MR and waiver programs.

The Committee is concerned by GAO's recent findings of widespread noncompliance in screening children served by Medicaid for lead poisoning and requests the Department to submit a report by February 1, 1999, on the policy, program, oversight, enforcement, and education steps it is taking to dramatically increase blood lead screening of children served by Medicaid, a population known to be at high risk.

The Balanced Budget Act of 1997 requires HCFA to conduct a study of the impact that Medicaid managed care will have on special health care populations. This study is very important because States are serving these individuals, in ever increasing numbers, in capitated settings. The Committee strongly urges HCFA to initiate this study as soon as possible and asks that the Secretary update the Committee on the status of this report no later than December 31, 1998.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 1998	$60,904,000,000
Budget estimate, 1999	62,953,000,000
Committee recommendation	62,953,000,000

The Committee recommends $62,953,000,000 for Federal payments to the Medicare trust funds. This amount is the same as the administration's request and is an increase of $2,049,000,000 from the fiscal year 1998 appropriation.

This entitlement account includes the general fund subsidy to the supplementary medical insurance trust fund (Medicare part B), plus other reimbursements to the hospital insurance trust fund (Medicare part A), for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions.

The Committee has provided $62,171,000,000 for the Federal payment to the supplementary medical insurance trust fund. This payment provides matching funds for premiums paid by Medicare part B enrollees. This amount is the same as the administration request, and is $1,432,000,000 more than the fiscal year 1998 amount.

The recommendation also includes $555,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is $607,000,000 more than the 1998 amount.

The Committee also recommends $97,000,000 for the Federal uninsured benefit payment. This payment reimburses the hospital insurance trust fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as the administration's request and is $11,000,000 more than the fiscal year 1998 appropriation.

The Committee recommendation includes $130,000,000 to be transferred to the hospital insurance trust fund as the general fund share of HCFA's program management administrative expenses.

This amount is the same as the administration's request and is $1,000,000 less than the fiscal year 1998 level.

PROGRAM MANAGEMENT

Appropriations, 1998	$1,788,907,000
Budget estimate, 1999	1,942,500,000
Committee recommendation	1,685,550,000

The Committee recommends $1,685,550,000 for HCFA program management. This is $256,950,000 less than the budget request and $103,357,000 less than the fiscal year 1998 enacted level.

Research, demonstrations, and evaluation

The Committee recommends $75,000,000 for research, demonstration, and evaluation activities. This amount is $25,000,000 more than the budget request and $23,500,000 more than the amount provided in fiscal year 1998.

HCFA research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decisionmaking. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decisionmaking, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment settings, and to develop alternative strategies for reimbursement, coverage, and program management.

The recommended funding level for the research and demonstration program will provide for continuation of current activities including telemedicine demonstration projects, which should remain a high priority. Priority areas for HCFA research include access to high-quality health care, health service delivery systems, and provider payment systems. In addition, within the funds provided, the Committee has included $25,000,000 to fully fund the Medicare rural hospital flexibility grants program authorized in the Balanced Budget Act of 1997.

The Committee strongly supports continued funding for the Temple University Hospital Ventilator Rehabilitation Unit. Demonstration authority for this highly successful project, rated outstanding in the Nation by an independent audit, expired June 30, 1998. The Committee expects, therefore, that the HCFA project with respect to chronic ventilator-dependent units in hospitals, be extended for 3 years for the ventilator-dependent unit at Temple University Hospital.

The Committee is aware that individuals who require long-term care services often require the assistance of an attendant in nursing homes and other institutions. However, under Medicaid law, these individuals are not guaranteed the right to remain in their own homes and communities while receiving this assistance. In order to test the potential application of community-based assistance programs nationwide and to determine the actual cost of attendant care services, the Committee recommendation includes $2,000,000 of the amount available for research, demonstration, and evaluation activities to continue carrying out demonstration projects on Medicaid coverage of community-based attendant care services for people with disabilities which ensure maximum control

by the consumer to select and manage their attendant care services.

The Committee recommendation includes $500,000 for a study by the Institute of Medicine of the National Academy of Sciences on the payments under part B of title XVIII of the Social Security Act for clinical laboratory tests. The Committee urges HCFA to initiate this critically important study immediately.

The Committee understands that malnutrition can lead to an increased susceptibility to many illnesses and that elderly Americans are at a higher risk of malnutrition due to many physiological and environmental changes associated with aging. Studies have indicated that medical nutrition therapy by registered dietitians may improve health and lower treatment costs for patients with diabetes, cancer, pressure ulcers, cardiovascular disease, kidney disease, and other health problems that disproportionately afflict the elderly. Last year the Committee urged the Secretary of Health and Human Services to conduct a 2-year demonstration project on coverage of medical nutrition therapy by registered dietitians in the part B portion of Medicare to investigate its impact on program costs, savings and beneficiary health, and quality of life. The Committee is concerned that no progress has been made on this demonstration and expects the Secretary to proceed with this project and provide a report on its status by December 31, 1998. In addition, the Secretary is urged to give strong consideration to the views of the American Dietetic Association and registered dietitians in developing and implementing this documentation.

The Committee is aware of the efforts at the University of Missouri's Sinclair School of Nursing regarding health care quality and access for the vulnerable, frail elderly. The Committee included language in the fiscal year 1998 report regarding care for the frail elderly and continues to believe that HCFA should focus on this type of activity in fiscal year 1999. The Committee recommendation includes $2,000,000 to support research conducted at the Sinclair School's Tiger Place, to develop a comprehensive elderly health care delivery model evaluation.

The Committee urges the agency to grant full and fair consideration to a $100,000 research and demonstration effort by the Littleton Regional Hospital in Littleton, NH, for rural health, wellness, and education projects. Sufficient funds are available to address the high levels of unmet needs in rural areas, and the Committee believes that expanding patient care capabilities through wellness and education programs, clinical data base networks to assess rural community health needs, telemedicine and trauma care development for pediatrics, and environmental emergencies such as hypothermia are noteworthy projects.

The Committee encourages HCFA to include the concept of nurse-run clinics and the utilization of advanced practice nurses as primary care providers in its research and demonstration activities. As Medicare and Medicaid move into the managed care arena, it is important that the most effective health care delivery systems be identified and utilized. Health promotion and prevention initiatives which are integral functions of nursing will play a significant role in the future of health care of our aging population.

The Committee recommendation includes $1,000,000 to conduct a pilot program for optical memory cards to be used for the recording and keeping of medical records. The Committee recommends that this pilot program, with Medicare patients on a volunteer basis, be conducted with 8 to 12 hospitals and/or nursing homes in the New Jersey/eastern Pennsylvania area. The Committee recognizes that there are concerns about the security of such a system. A person's medical history is an extremely private matter. Only a patient, a doctor, and those who the patient wishes to take into their confidence should have access to a patient's medical record. Therefore, the Committee urges that this demonstration program carefully address privacy concerns, including the development of a security code that will ensure that only the patient will have access to his or her records.

The Committee remains fully committed to HCFA's telemedicine demonstration projects. In fiscal year 1998, the Committee provided additional funds for the administrative and evaluation costs at these sites in order to ensure that they would be able to continue operating through the full period associated with HCFA's pilot reimbursement waiver program. This year's recommendation includes funds for these costs in fiscal year 1999. The Committee recommends that the participating projects be charged with expanding the distribution of these administrative funds to cover as many of those sites which are eligible under the Medicare reimbursement waived as practicable. Finally, the Committee reiterates its recommendation that HCFA fund and evaluate, store, and forward applications, telemental health, and emergency care services as part of these demonstrations.

The Committee has been informed that Medicare patients receiving hospital treatment for chronic conditions who concurrently receive hospital based psychological services have improved health outcomes at lower overall cost. These additional psychological services are only provided at a few teaching hospitals around the country. For example, at the University of Florida, clinical psychologists working in Shands Teaching Hospital treat a variety of individuals with medical and psychological disorders. The Committee, therefore, urges a 3-year demonstration, at appropriate university teaching hospitals, to demonstrate the cost and health outcome of psychological counseling services for Medicare patients receiving hospital based treatment and care for chronic conditions.

The Committee is aware of the interest of the Community Development Commission of the county of Los Angeles and the Charles R. Drew University of Medicine and Science to expand the Nation's first urban telemedicine demonstration program, and urges full and fair consideration of a proposal from this organization. This demonstration project, which serves people living in public housing, will provide a model for using telemedicine technology in health care delivery to underserved inner-city communities, broadening the use of telemedicine beyond the more common rural use. Since the program's inception in November 1996, it has shown the cost-effective potential of disease surveillance and early screening afforded by telemedicine at public housing sites.

The Committee encourages HCFA to provide medical education coverage for a dental school-based demonstration project in which

postgraduate dental students provide dental care in school facilities and remote sites that result in improved access to primary dental services. The Committee notes that the University of Pennsylvania School of Dental Medicine is well qualified to provide such services.

Medicare contractors

The Committee recommends a program level of $1,269,700,000 for Medicare contractors, which is the same as the administration's request and $53,559,000 more than the comparable fiscal year 1998 appropriation. This figure reflects $165,500,000 in user fees proposed by the administration, to charge Medicare providers for processing paper claims and duplicate or unprocessable claims and for initial and continued enrollment in the Medicare Program. The Committee, however, has not included legislative language for the user fees, since authorization of such fees is within the jurisdiction of the Finance Committee but has, like the administration, included the fees in the program level totals. If such legislation is not enacted, the Committee intends to review this matter in the conference with the House. In addition, $560,000,000 is available for the Medicare Integrity Program within the mandatory budget as part of the recently enacted health insurance reform legislation.

The Committee bill includes direct funding of $1,081,700,000 for Medicare contractor activities. This request excludes the administration's user fee proposal, and also reflects a $22,500,000 reduction from the amount requested for year 2000 activities, for which funding is being provided on a Governmentwide basis.

Medicare contractors, who are usually insurance companies, are responsible for reimbursing Medicare beneficiaries and providers in a timely fashion and a fiscally responsible manner. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

The Committee agrees that contracts with States for health advisory services programs for Medicare beneficiaries is an allowable activity under the Medicare contractor beneficiary services budget, and recommends $15,500,000 for this activity in fiscal year 1999. These contracts would provide assistance, counseling, and information activities relating to Medicare matters as well as Medicare supplemental policies, long-term care insurance, and other health insurance benefit information.

The Committee is pleased that HCFA has drafted a comprehensive plan to guide their efforts to reduce Medicare losses to fraud, waste, and abuse. This report demonstrates the agency's increased focus on the problem. The Committee asks the agency to further strengthen the report by outlining in more specific detail planned actions and timelines for implementation. The Committee strongly believes that medical reviews, cost report audits, and fraud reviews must be significantly increased and better targeted and urges the agency to take steps in this direction. The Committee also urges the agency and its contractors to place greater emphasis on prepayment reviews to prevent mispayments in the first place. Finally, the Committee urges the agency to promptly develop and implement stronger program integrity performance criteria for its contractors as a part of this plan.

The Health Insurance Portability and Accountability Act of 1996 authorized separate payment integrity contractors for the Medicare program. The Committee urges HCFA to move promptly to begin testing three to five models of such contractors by early 1999. The test should compare contractors with experience combating health care fraud and abuse in the private sector and current Medicare contractors. The Committee is aware, for example, that a number of companies have demonstrated capacity in this area while working on property and automobile insurance and should be carefully considered. In addition, for the test to be meaningful, the test areas should be geographically distributed, include rural and urban areas, and include at least one area with a high proportion of teaching hospitals and research institutions.

The Committee is aware that HCFA recently completed tests of commercial off-the-shelf computer software designed to reduce Medicare mispayments and found that significant savings could be achieved by employing edits from the tested software. The Committee urges HCFA to promptly incorporate these edits and to test other commercial software for other edits that could be used to further increase savings while maintaining current Medicare regulations.

The Committee recognizes the challenge that HCFA faces in providing Medicare beneficiaries with access to the newest medical technologies whose costs are justified by improvements in health outcomes, while limiting access to technologies of lesser or unknown value. However, the Committee is concerned that HCFA's failure to develop an open and accountable process for coverage determinations for technology and procedures with clear standard and criteria has created an unnecessary barrier to access to new technologies for Medicare beneficiaries. On January 13, 1998, GAO concluded that one element of HCFA's process, the Technical Advisory Committee, was in violation of the Federal Advisory Committee Act.

The Committee understands that HCFA is aware of this problem and is in the process of developing a Federal Register notice that will document the process for making coverage determinations. This process should involve representatives from patient advocacy organizations, physician groups, medical research institutions, and the medical technology industry. The Committee expects that the process will be open to the public, include the full participation of interested stakeholders, establish clear standards and criteria, offer flexible coverage options, clarify when national and local decision-making is appropriate, include collaboration with NIH and other research institutions, as well as an appeals mechanism.

State survey and certification

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. Onsite surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

The Committee recommends $124,700,000 for Medicare State survey and certification activities. The administration has proposed a user fee to cover the cost of a Medicare initial certification survey

and to cover one-third of the cost of recertification surveys. The administration estimates that the income from these fees will total $62,300,000 in fiscal year 1999. The Committee has not included legislative language for the user fee since authorization of such a fee is within the jurisdiction of the Finance Committee, but if the fee is authorized, $187,000,000 will be available for State survey and certification activities, $20,000,000 more than the administration's request. If such legislation is not enacted, the Committee intends to review this matter in the conference with the House.

The Committee is committed to insuring that nursing home residents receive the quality of care required by the Nursing Home Reform Act of 1987 [NHRA]. An indepth investigation by the General Accounting Office into the quality of care in California nursing homes found that far too many of these homes provide chronically substandard care. Such quality of care problems persist at least in part because HCFA has followed a permissive approach to nursing home compliance with the NHRA. The GAO made a number of recommendations to improve the survey and certification and enforcement process. Furthermore, the President, in July 1998, made proposals to improve survey and certification and enforcement procedures based on a HCFA study concluding that these procedures should be substantially strengthened. The Committee intends that HCFA use this increase in funding to achieve immediate improvements in the survey and certification and enforcement process including prompt implementation of the GAO recommendations and the President's initiatives.

Federal administration

The Committee recommends a program level of $455,800 for Federal administrative costs. This is the same as the administration's request. This figure reflects the user fee, proposed by the administration, to assess a fee on managed care plans participating in Medicare to cover the cost of processing initial applications and annual renewal of contracts. The administration estimates that the income from this fee will total $36,700,000 in fiscal year 1999. The Committee has not included legislative language for the user fees, since authorization of such fees is within the jurisdiction of the Finance Committee but has, like the administration, included the fees in the program level totals. If such legislation is not enacted, the Committee intends to review this matter in the conference with the House.

The Committee bill includes $406,084,000 for Federal administrative costs. This is $15,000,000 less than the administration's request. The $15,000,000 represents the portion of the administration's request that is for year 2000 activities, for which funding is being provided on a Governmentwide basis.

The Committee remains extremely concerned with the amount of money lost every year to fraud, waste, and abuse in the Medicare program. The Committee has held many hearings and taken other corrective actions over a 10-year period to expose and reduce these losses. The Balanced Budget Act contains a number of important reforms derived from Committee hearings. The Committee urges HCFA to promptly utilize these new authorities for competitive bidding and improved beneficiary information so that savings to Medi-

care will accrue as quickly as possible. Because the Veterans Administration has successfully operated competitive bidding programs for medical supplies for years, the Committee urges HCFA to contract with the VA to carry out a competitive bidding demonstration.

There is strong evidence, through reports by the General Accounting Office, the Department and others that Medicare is significantly overpaying for many medical supplies. Therefore, the Committee strongly urges prompt use of the Secretary's enhanced inherent reasonableness authority on a national basis.

The Committee has been made aware of a flaw in the calculation of the county-by-county per capita Medicare cost estimates for counties impacted by large numbers of military retirees. The Committee encourages the Secretary of Health and Human Services to work with the Secretary of Veterans Affairs and the Secretary of Defense in a timely manner to identify the costs incurred by these agencies in providing Medicare health care services to Medicare-eligible individuals by the Department of Veterans Affairs and at military treatment facilities and uniformed services treatment facilities.

The Committee urges HCFA to ensure that all health professions are recognized in the allocations for graduate medical education.

The Committee is aware that the inspector general has issued reports identifying a direct correlation between supplier training in the fabrication, fitting, and delivery of orthotic devices and consistent, appropriate billing for orthotics to Medicare. Medicare could realize significant savings through improved billing practices and the development of utilization criteria establishing required minimum supplier qualifications, including provider training and expertise, to receive Medicare payment for orthotic and prosthetic care. Therefore, the Committee urges HCFA to implement the OIG recommendations in report OEI–02–95–00380 to undertake a demonstration of the savings achievable through the establishment of minimum supplier qualifications to utilize HCPCS codes for customized orthotic and prosthetic devices. The Committee expects to receive a report from HCFA on its progress on this recommendation by January 1.

The Committee has raised its concerns about HCFA and its contractors' plans for assuring year 2000 compliance. Without appropriate corrective action, Medicare payments could be significantly delayed and could result in significant loss of confidence among beneficiaries and a reduction of providers willing to accept Medicare patients. The Committee is pleased with the increased attention the Administrator has placed on solving this problem and expects to be briefed quarterly on progress to compliance. The Committee encourages the Administrator to devote sufficient personnel resources to this effort.

The Committee encourages the administration to carefully review the HHS Office of Inspector General proposed rule to assure that the extension of its exclusion authority to include indirect providers, such as manufacturers of medical devices and pharmaceutical companies, is fair and equitable.

The Committee strongly urges HCFA to extend the comment period for the proposed Medicare spending interim policy for the cov-

erage of supplies, issued by the durable medical equipment regional carriers on July 15, 1998, to December 1, 1998, and to extend the effective date to January 1, 1999.

The Committee is pleased with the collaboration of HCFA and HRSA in implementing the Children's Health Insurance Program and urges expanded partnership of Medicaid and child health programs at the Federal and State level, particularly concerning outreach and systems development issues, to assure effective, efficacious and efficient use of title V, title XIX, and title XXI funds.

It is the sense of the Committee that in the final PPS rule related to the Medicare wage index for fiscal year 1999, HCFA should include contract labor costs for part A physician services, as is currently proposed. The Committee understands that HCFA has worked to refine the wage index to make sure it accounts for all labor costs, including fringe benefits, home office salaries, nonphysician contract labor costs, as well as wages and salaries, that hospitals incur in caring for patients. HCFA proposes to add contract physician costs to the wage index to eliminate the inequity between hospitals that employ physicians for part A services and those that contract for such services. Inclusion of contract physician costs is the most straightforward approach to address the wage index equity issue as it relates to the inequity for hospitals in States which prohibit employment of physicians as well as for any hospital which chooses to contract for such services.

The Committee urges the Secretary to base retaining or changing the current requirement of physician supervision of anesthesia services in Medicare on scientifically valid outcomes data. There has been serious concern expressed regarding HCFA's proposed elimination of this requirement which has been in effect since the inception of the Medicare Program. The Committee further suggests that the Secretary urge AHCPR to work with HCFA in a design and implementation of an outcome approach that would examine, utilizing existing Medicare data, mortality and failure-to-rescue rates by different anesthesia providers, adjusted to patient acuity, and other relevant scientific variables. This methodology should be developed after consultation with the relevant national professional organizations.

The Committee believes that access of women and minorities and other Medicare patients to innovative, potentially life saving drug therapies continues to be restricted because of the past failure of Medicare's inpatient hospital payment system to separately track the costs of these therapies. In the Balanced Budget Act of 1997, Congress tried to rectify this by asking the Health Care Financing Administration [HCFA] to revise how it accounts for the cost of such drug therapies for hospital inpatients. However, the Committee has been informed that HCFA has not appropriately classified inpatient procedures using these innovative therapies and may be inhibiting the access of such Medicare beneficiaries to life saving clinical treatments. The Committee believes that ensuring equal access to drug therapies will reduce overall Medicare outlays by reducing the number of subsequent hospital admissions for coronary surgical procedures, for example.

The Committee is concerned that HCFA went beyond the intent of Congress in its regulations implementing the home health surety

bond requirement of the Balanced Budget Act of 1997. The surety bonds required by HCFA's regulations were not limited to the financial risks posed to the Medicare and Medicaid programs through fraud and abuse, as intended by Congress. The Committee is aware that HCFA's distortion of congressional intent has increased the costs of the bonds as well as the collateral and personal indemnification requirements, potentially driving quality home health providers out of business and forcing thousands of Medicare home health beneficiaries to search for new sources of care.

Serious concerns have also been brought to the Committee's attention about HCFA's failure to comply with the Administrative Procedures Act [APA] as well as the Regulatory Flexibility Act [RFA] when promulgating this rule. The Committee has been informed that the Small Business Administration Office of Advocacy, in a written response, detailed HCFA's failure to comply with the APA and the RFA. The Committee, therefore, strongly urges HCFA to adhere to congressional intent and to the APA and the RFA, and to work with affected providers and the Committee to address these grave problems.

The Committee strongly encourages HCFA not to seek to recover on those bonds already secured, and to announce publicly that it will not seek to recover on such bonds.

The Committee is concerned that HCFA's implementation of the interim payment system [IPS] requirement of the Balanced Budget Act of 1997 is having a devastating impact on the Medicare home health industry and those who benefit from essential home health services. The Committee strongly urges HCFA to work cooperatively with affected parties to address these concerns, and to move expeditiously in implementing a prospective payment system to comply with the October 1, 1999, deadline contained in the Balanced Budget Act of 1997.

The Committee urges HCFA to comply with the requirements of section 1932(a)(2)(A) of title XIX of the Social Security Act. The section prohibits the mandatory enrollment of children with special health care needs in managed care programs when States integrate managed care programs within their State plan. In doing so, Congress expressed its concern that it lacked the experience and knowledge needed to permit the mandatory enrollment of this vulnerable population of children. Congress continued to allow States to seek Federal waivers of this prohibition in order to conduct time-limited demonstration projects and other mandatory enrollment programs for these children under greater Federal scrutiny. The clear intent of Congress in allowing for such waivers was to assure that States could develop more experience and data on managed care for children with special health care needs, while maintaining Federal scrutiny over these children's access to appropriate care.

The Committee notes that HCFA has not established standards for reviewing applications, nor developed a model waiver application for States seeking to establish managed care programs for special needs children under waiver authority. The Committee is concerned that such waivers may be granted without adequate assurances of the prevision of appropriate care for these children and without any requirements for data collection, the design of health services, or the establishment of capitation rates specific to their

needs. This is expressly not in keeping with congressional intent to prohibit the mandatory enrollment of children with special health care needs in Medicaid managed care until such time as it can reasonably assure special needs children's access to appropriate care.

In this report, the Committee has requested the Social Security Administration to carry out a multistate demonstration testing the feasibility of providing one-stop shopping for health care benefits to low-income Medicare beneficiaries, by allowing Medicare beneficiaries to apply for qualified Medicare beneficiary and specified low-income Medicare beneficiary benefits at Social Security offices. The Committee expects that HCFA will cooperate fully with the Social Security Administration in implementing this demonstration.

The Committee is concerned that the current Medicare DRG payment system may not adequately cover the costs of a significant new technology to assist quadriplegics. The freehand system allows quadriplegics to regain functional hand motion, thus increasing independence. The Committee urges HCFA to examine the adequacy of its payment for the implantation of this new technology and make adjustments, such as a new DRG, as appropriate to assure patient access.

The Committee has heard concerns regarding the equity of the new Medicare SNF prospective payment system as it relates to nontherapy ancillaries. The demonstration upon which the new system was based did not include this class of items and services. Due to the lack of sufficient data to make these changes, the new system may provide a windfall for some providers while seriously impairing the ability of others to treat patients requiring more intensive care. Therefore, the Committee urges HCFA to reexamine this policy an make budget-neutral changes this year to assure continued access to services for high cost patients pending the gathering of sufficient data on which to base permanent reforms.

The Committee has been informed that new Medicare payment policies for hospital-based psychiatric units have created financial problems for rural hospitals providing mental health services to elderly patients. Their patients tend to be older, have complicating medical conditions, and long lengths of stay. Beneficiaries receiving mental health services in units in urban and suburban hospitals are younger and have shorter stays. Thus the cost of care in the rural hospital is higher; however, the new payment formula is weighted to the lower costs of the urban and suburban institutions. The Committee is aware of concerns that rural hospitals will no longer be able to provide psychiatric care to their elderly patients and recommends that HCFA consider taking steps to develop a separate payment rate for rural hospitals that better reflects their true costs of providing mental health care to elderly beneficiaries. HCFA should report back to the Committee by February 1, 1999, on its actions with respect to this matter.

The Committee is concerned that in developing a prospective payment system [PPS] for hospitals certified to participate in the Medicare program as long-term care hospitals under section 1886(d) of the act, that HCFA may be developing a payment system based on resource utilization groups [RUG's] used to make Medicare payments to skilled nursing facilities.

The skilled nursing payment system was not developed as a patient severity measurement and related payment system for hospital level patients. Additionally, the Committee is informed that a RUG's-based system can only make payment on a per patient, per day basis and, therefore, may provide inappropriate economic incentives for overutilization of hospital services and also may result in the premature exhaustion of Medicare beneficiaries limited hospital day benefit. It is recommended that in developing a long-term hospital PPS, under section 4422 of the BBA, that HCFA consider a long-term hospital site specific system which adjusts the current diagnosis-related groupings [DRG's] used to make payments to short-term hospitals under section 1886(d), to reflect resources used by Medicare beneficiaries admitted to long-term care hospitals.

The Committee urges HCFA to recognize the integral role that Laguna Honda Hospital serves in meeting the needs of the elderly and disabled in San Francisco, and suggests that HCFA continue to allow the hospital to participate in the federally funded health programs as allowed under previous waivers. The Committee also urges officials from HCFA and other appropriate officials at the Department to work with the city and county of San Francisco to explore and develop alternatives to finance the construction of a replacement facility.

The Committee recommends that the Secretary give strong consideration to establishing a new category of PPS-exempt hospitals. Nonresearch cancer hospitals like Calvary Hospital in New York, that the Secretary classified as PPS-exempt between 1991 and 1995, may qualify under the new designation and continue to be classified as PPS-exempt for purposes of Medicare hospital reimbursement.

The Committee is concerned about the effect of changes to the Medicare home health benefit as they relate to venipuncture and urges the Secretary to conduct a study on the provision of home health services consisting of venipuncture, to be provided to the Committee no later than August 31, 1999. This study should assess, using the most recent data available and taking into account the increase in costs attributed to fraud and abuse under the Medicare program, the number of beneficiaries who receive home health services as well as the number who have lost venipuncture services, and make a determination of the number of beneficiaries who have been affected by the benefit change. Further, the study should contain a comparison of the utilization and costs of venipuncture services among all Medicare home health beneficiaries, regardless of the patient's qualifying service. The Secretary should also examine the effects of how such a benefit change would impact States in increased use of personal care services and nursing home care, and the extent to which rural Medicare beneficiaries' access to home health services would be impeded.

Medicare choice

The Committee has included bill language giving HCFA the authority to collect $95,000,000 in user fees for the costs of beneficiary enrollment and dissemination of information for the managed care activities now permitted under the Medicare Program.

As HCFA begins it outreach effort to Medicare beneficiaries to introduce them to the new options and choices enacted in the 1997 Balanced Budget Act, the Committee recommends inclusion of education and outreach efforts to the Asian/Pacific Islanders population. Materials and education efforts must be offered in English, Spanish, and Asian dialects. The Committee encourages HCFA to work with the Asian community to ensure that Asian-Americans are fully aware of the new choices and options available to Medicare beneficiaries.

The Committee recognizes that the enrollment and information activities required are new ground for HCFA. The Committee also recognizes the value of any data and reporting on this and other programs which are designed to improve the quality of care and contain costs for Medicare beneficiaries. Therefore, the Committee believes HCFA should provide a quarterly report to Congress detailing the substance and implementation of information being provided to beneficiaries and an accounting of its expenditures under section 1857(e)(2) as soon as they become available.

ADMINISTRATION FOR CHILDREN AND FAMILIES

FAMILY SUPPORT PAYMENTS TO STATES

Appropriations, 1998	
Budget estimate, 1999	$1,989,000,000
Committee recommendation	1,989,000,000

The Committee recommends that $1,989,000,000 be made available in fiscal year 1999 for family support payments to States, the same as the administration request. These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. In fiscal year 1999, these payments will also pay for prior-year claims in five discontinued programs related to AFDC.

The Committee recommendation also provides $750,000,000 in advance funding for the first quarter of fiscal year 2000 for the child support enforcement program. These funds support efforts to locate noncustodial parents, determine paternity when necessary, and establish and enforce orders of support.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 1998	$1,100,000,000
Budget estimate, 1999	1,100,000,000
Committee recommendation	1,100,000,000

The Committee recommendation includes a $1,100,000,000 advance appropriation for fiscal year 2000, the same as the budget request. The advance appropriation, as authorized by law, gives States greater opportunity for effective program planning, including sound allocation of resources among the various components of the program.

LIHEAP grants are awarded to the States, territories, and Indian tribes to assist low-income households in meeting the costs of home energy. States receive great flexibility in how they provide assistance, including direct payments to individuals and vendors and direct provision of fuel. LIHEAP grants are distributed by a

formula defined by statute, based in part on each State's share of home energy expenditures by low-income households nationwide.

The Committee recommendation includes an emergency allocation of up to $300,000,000 to be made available, only upon submission of a formal request designating the need for the funds as an emergency as defined by the Balanced Budget and Emergency Deficit Control Act. This is the same level as the emergency allocation available in fiscal year 1998.

The Committee recommends that the Office of Community Services enhance its existing contract with the National Center for Appropriate Technology in Butte, MT, to undertake a national program of information collection and dissemination regarding the effects of energy industry deregulation and restructuring on low-income energy consumers. Such information should be made available through NCAT to LIHEAP agencies, community action groups, and other State and local organizations interested in addressing the needs of low-income families and individuals.

The Committee intends that up to $27,500,000 of the amounts appropriated for LIHEAP for fiscal year 1999 be used for the leveraging incentive fund, which will provide a percentage match to States for private or non-Federal public resources allocated to low-income energy benefits. Of the fiscal year 2000 advance appropriation, up to $27,500,000 is recommended for the leveraging fund.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 1998	$415,000,000
Budget estimate, 1999	415,000,000
Committee recommendation	415,000,000

The Committee recommends $415,000,000 for refugee and entrant assistance, the same as the level appropriated for fiscal year 1998 and the budget request.

Based on an estimated refugee admission ceiling of 95,000, compared to 110,000, 3 years earlier, this appropriation, together with bill language allowing prior-year funds to be available for 1999 costs, will enable States to continue to provide at least 8 months of cash and medical assistance to needy refugees.

The Refugee Assistance Program is designed to assist States in their efforts to assimilate refugees into American society as quickly and effectively as possible. The program funds State-administered cash and medical assistance, the voluntary agency matching grant program, employment services, targeted assistance, and preventive health.

In order to carry out the program, the Committee recommends $230,698,000 for transitional and medical assistance, including State administration and the voluntary agency program; $129,990,000 for social services; $4,835,000 for preventive health; and $49,477,000 for targeted assistance.

The Committee provides $19,000,000 to serve communities affected by the Cuban and Haitian entrants and refugees, the same as the amount contained in last year's appropriation. In addition, the Committee recommends $14,000,000 to address the needs of refugees and communities affected by recent changes in Federal assistance programs, and $16,000,000 to assist communities with

large concentrations of refugees whose cultural differences make assimilation difficult. These funds are included in the social services line item.

The Committee is aware of the valuable work the Voluntary Agency Assistance Program is doing to resettle immigrants, especially Russian Jews, in the United States. The Committee expects $39,000,000 will be used to support grants for the Voluntary Agency Grant Program.

Section 412(a)(7) of title IV of the Immigration and Nationality Act authorizes the use of funds appropriated under this account to be used to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of States and other grantees.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 1998	$1,000,000,000
Budget estimate, 1999	1,182,672,000
Committee recommendation	1,182,672,000

The Committee recommends an appropriation of $1,182,672,000 for the advance for the child care and development block grant for fiscal year 2000. This is an increase of $182,672,000 over the fiscal year 1998 level and the same as the administration request.

These funds provide grants to States to provide low-income families with financial assistance for child care; for improving the quality and availability of child care; and for establishing or expanding child development programs. The funds are used to both expand the services provided to individuals who need child care in order to work or attend job training or education and allow States to continue funding the activities previously provided under the consolidated programs. In addition, the Committee notes that child care entitlement funding under welfare reform legislation will provide $2,167,000,000 in fiscal year 1999, an increase of $100,000,000 over the fiscal year 1998 enacted level.

The bill provides that $19,120,000 of the amount appropriated shall be for the purposes of supporting resource and referral programs and before and afterschool services. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee further expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to address the matters of before and afterschool care and the establishment of resource and referral programs with the funds provided in this program. The Committee recommendation includes $50,000,000 for each of fiscal years 1999 and 2000 for an infant care quality initiative, the same amount provided in fiscal year 1998.

As the Committee continues to expand the availability and affordability of child care in the country, the Committee urges the agency to provide the States with sufficient flexibility and discretion to administer these funds. The agency should work to ensure that there are no increased administrative burdens or costs for States and no concomitant reduction in the resources available for child care and in the ability of States to fully respond to their

unique circumstances and needs. The Committee urges the agency to consider the removal of certain administrative burdens, including the requirement that the discretionary portion of the child care development fund [CCDF] be reported under a different code of Federal domestic assistance number than the other portions of the CCDF.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 1998	$2,299,000,000
Budget estimate, 1999	1,909,000,000
Committee recommendation	1,909,000,000

The Committee recommends an appropriation of $1,909,000,000 for the social services block grant. The recommendation is the same as the budget request and $390,000,000 below the 1998 enacted level.

Social services block grant funds are distributed to and used by States and territories to fund a wide variety of social services for the purpose of preventing or reducing dependency, and assisting individuals to achieve self-sufficiency. Activities include child and adult day care, child and adult abuse and neglect prevention, home-based services, and independent living services. Many of these activities are funded by separate appropriations elsewhere in the bill.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 1998	$5,676,059,000
Budget estimate, 1999	5,942,180,000
Committee recommendation	6,008,784,000

The Committee recommends an appropriation of $6,008,784,000 for the "Children and families services programs" account, which is $66,604,000 more than the administration request and $332,725,000 more than the fiscal year 1998 appropriation.

This appropriation consists of programs for children, youth, and families, the developmentally disabled, and Native Americans, as well as Federal administrative costs.

Head Start

Head Start provides comprehensive development services for low-income children and families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee recommends $4,660,000,000 for the Head Start Program, an increase of $312,567,000 above the 1998 level and the same as the budget request. This figure includes an advance appropriation of $1,365,000,000. The Committee took this action because of the severe budget constraints.

The Committee recommendation includes funding for the expansion of the Head Start Program in an amount consistent with the bipartisan balanced budget agreement. The expansion funds shall be used in a manner which is responsive to the needs of each community, as identified in individual needs assessments.

To address the needs of families returning to work under welfare reform, the Committee expects the Department to focus program expansion efforts on providing full-day, full-year services to children and families in need who are presently enrolled in the Head Start Program. Care provided beyond the traditional 9 to 5, Monday through Friday workday is essential in moving welfare recipients into the work force. Pocono Services for Families and Children in Monroe County, PA, is especially suited for such expansion services. PSFC was able to serve only 6 percent of the children deemed eligible by the County Assistance Office in 1996–97, and increasing its ability to serve needy children and their families is essential.

The Committee is aware of the problems faced by the Wapato Head Start Center, which was ordered to be shut down in 1997 due to the presence of asbestos. This center, which served 50 to 60 children, is in need of a new facility and the Committee urges the administration to give full and fair consideration to a grant proposal by the Wapato Head Start Center.

The Committee recommendation includes $200,000 for the development of the Wellston Developmental Child Care Center in Wellston, MO. The Committee is aware of the extreme child care and early childhood development needs of this economically distressed area where the average household income is approximately $12,000.

The Committee is concerned that local Head Start organizations are maintaining their own transportation systems in many areas where lower cost alternatives are available. High transportation costs reduce amounts available for actual Head Start services. The Committee notes that the use of funds to directly buy and operate vehicles should only occur where alternatives are unavailable or impractical. The Committee strongly urges local Head Start organizations to contract with local transit authorities. The Committee expects the Secretary to report to the Committee by June 30, 1999, on the amount of Head Start funds allocated to transportation costs, as well as actions taken by Head Start to lower those costs.

The Committee is concerned that funding for migrant Head Start programs has not kept pace with other elements of Head Start. The Committee, therefore, urges the Department of Health and Human Services to take steps to increase funding for migrant Head Start programs and improve the status of children of farmworkers in being able to gain access to Head Start services.

Runaway and homeless youth

The Committee recommends $59,602,000 for this program, an increase of $1,106,000 above the fiscal year 1998 level and $1,000,000 above the administration request. The Committee has also provided an additional $15,000,000 from the violent crime reduction program.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. The Runaway and Homeless Youth Act requires that 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, on the basis of the State youth population under 18 years of age in proportion to the

national total. The remaining 10 percent funds networking and research and demonstration activities including the National Toll-Free Communications Center. Consolidated within this line item is the transitional living for homeless youth program, which awards grants to public and private nonprofit entities to address the shelter and service needs of homeless youth. Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services.

The Committee notes that there are a few model projects that provide coordinated substance abuse treatment, job training, transitional housing, and independent living to homeless youth who are pregnant or have small children and are recovering from substance abuse problems. One such model project is the House of Mercy in Des Moines, IA, and priority should be placed on supporting it.

The Committee recommendation includes sufficient resources to fund the Center County Youth Services of State College and Three Rivers Youth of Pittsburgh at the fiscal year 1998 funding level.

Child abuse prevention programs

The Committee has included $35,180,000 for child abuse and neglect prevention and treatment activities, including $21,026,000 for State grants and $14,154,000 for discretionary activities. This is $64,000 above the fiscal year 1998 level. These programs seek 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 understands that the city of Newark, NJ, is working to establish a pilot project to assist children affected by domestic violence by putting these victims in touch with proper resources to address abusive behaviors, sexual or emotional assault, and drug or alcohol abuse in their home lives. The program will ensure that treatment and staff training are sensitive to cultural norms while working to enhance family cohesiveness. The Committee urges the administration to give full and fair consideration to a grant proposal by the city of Newark to create such a pilot program.

The Committee has previously recommended that the Department utilize CAPTA resources for community-based child abuse prevention through Parents Anonymous, Inc. The authorizing committee included in the reauthorization of the Child Abuse Prevention and Treatment Act both bill language (section 105(a)(2) of CAPTA) and report language urging the Secretary to award a grant to a nonprofit organization such as Parents Anonymous to assist in the maintenance of a national network of mutual support and self-help programs to strengthen families and their communities in the fight against child abuse. The Committee again strongly urges the Department to implement this recommendation. To clarify its intent, the Committee has included bill language specifically citing appropriations authority under section 105(a)(2) of CAPTA.

The Committee reiterates its support for the work of Family Place in Kentucky, the only agency in the region to provide intensive, family based treatment for intrafamilial child sexual abuse. The Committee urges the administration to provide funding for Family Place in their efforts to support a 4-year research project to fully test its treatment protocols.

The Committee recommendation includes sufficient funds for the Vermont Parent Leadership Alliance to implement a model parent leadership training program that will assist regional partnerships in their struggle to provide parent training, strengthen parent involvement in the education of their children, and expand parent involvement in community education and human services planning.

The Committee again recognizes the work of the Institute for Responsible Fatherhood and Family Revitalization, building bridges between the generations, and creating environments that are father friendly, children friendly, and family friendly. The Committee recommendation includes $300,000 to replicate the Institute's successful model program started in Cleveland, to other cities in the United States, and urges full and fair consideration of a proposal from this organization.

The Committee is aware of the Team Parenting Program run by Goodwill Industries of southeastern Wisconsin that seeks to reengage noncustodial parents in the lives of their children and help them meet their child support commitments. Within the funds provided, the Committee recommendation includes sufficient funds to expand the Team Parenting Program to Milwaukee County, WI, and establish the Wisconsin Resource Center on Fragile Families.

Abandoned infants assistance

The Committee concurs with the budget request in recommending an appropriation of $12,251,000 for abandoned infants assistance, an increase of $22,000 over the 1998 level. This program provides financial support to public and private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children. Grants provide additional services such as identifying and addressing the needs of abandoned infants, especially those who are drug exposed or HIV positive; providing respite care for families and care givers; and assisting abandoned infants and children to reside with their natural families or in foster care.

Child welfare

The Committee recommends an appropriation of $291,989,000 for child welfare services, the same as the administration request and $531,000 above the 1998 level. This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home if at all possible; and development of alternative placements like foster care or adoption if children cannot remain at home.

For child welfare training, the Committee recommends $8,000,000, an increase of $2,011,000 over the fiscal year 1998 level. Under section 426, title IV–B discretionary grants are award-

ed to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

The Committee again recommends that of the amounts appropriated, $130,000 be made available to colleges and universities that have enrolled American Indian and/or Alaska Natives in masters degree programs in social work for purposes of providing 20 field practicum placements of masters degree candidates in Indian reservation and rural Indian community settings.

Adoption opportunities

The Committee recommends $25,000,000 for adoption opportunities, an increase of $2,042,000 above the fiscal year 1998 level and $2,363,000 below the administration request. This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs. Since the Committee recommendation exceeds $5,000,000, grants for placement of minority children and postlegal adoption services, as well as grants for improving State efforts to increase placement of foster children legally free for adoption, should be made, as required by law. This program also funds the national adoption clearinghouse, a national adoption information exchange system. Funding is not recommended for a new adoption initiative recommended by the administration, as the Committee intends to concentrate scarce resources on existing activities.

Adoption incentives

The Committee recommends $20,000,000, the budget request, for adoption incentives. These funds are used to pay States bonuses for increasing their number of adoptions. The purpose of this program is to double the number of children adopted or permanently placed out of public child welfare systems by the year 2002, providing permanent homes to at least 54,000 children.

Social services research

The Committee recommends $21,000,000 for social services and income maintenance research, $11,000,000 above the administration request. This represents a decrease of $4,953,000 below the fiscal year 1998 level. A number of the projects for which funds were provided in 1998 were one-time only, reducing the amount needed in 1999. Remaining funds are for grants and contracts for a national random sample study of child welfare, and for research, evaluations, and national studies.

The Committee is providing sufficient funds to support the University of Hawaii's Center on the Family's study to investigate family coping techniques in the face of economic distress and social change. The Committee is particularly interested in identifying positive family dynamics that contribute to the containment of social program costs.

The Committee urges the administration to provide funds for family support centers in Allegheny County, PA, to continue its efforts to provide community-based family strength development services. Allegheny County has formed partnerships with local

school districts, neighborhood leaders, and community-based organizations to provide children and families with comprehensive support services that will enable active parental participation in child development, community leadership, and create a positive sense of community for program participants.

The Committee has provided $1,000,000 for a pilot study to (1) examine current Federal data collection and reporting requirements to determine how each can be best satisfied through State information systems, and whether more cost-effective alternatives exist, and (2) evaluate and disseminate lessons learned from various State initiatives. Because it is a nonprofit consortium of State information technology officials, the State information technology consortium would be well-suited to assist in this demonstration program.

The Committee is providing $10,000,000 to fund a 5-year assets for independence demonstration program. These funds will establish individual development accounts [IDA's], which are special savings accounts that encourage low-income families and individuals to acquire productive assets. IDA's use matching funds to promote economic self-sufficiency by encouraging savings for investments in small businesses, homes, and education. The demonstration program will test the social, civic, psychological, and economic effects of IDA's on low-income individuals and families. The Committee recommends that the Department use up to 2 percent of the funds provided to evaluate the IDA program.

Family violence prevention programs

For programs authorized by the Family Violence Prevention and Treatment Act, the Committee concurs with the budget request to delete line item funding. Instead, increased resources are concentrated under violent crime reduction programs, as described later in this report.

Community-based resource centers

The Committee recommends $32,835,000, the budget request, for community-based resource centers. This amount, the same as the administration request, funds a consolidation of the community-based family resource program and the temporary child care and crisis nurseries program. This program is intended to assist States in implementing and enhancing a statewide system of community-based, family-centered, family resource programs, and child abuse and neglect prevention through innovative funding mechanisms and broad collaboration with educational, vocational, rehabilitation, health, mental health, employment and training, child welfare, and other social services within the State. The temporary child care and crisis nurseries serve thousands of families with children who have a disability or serious illness, and families that are under stress, including families affected by HIV/AIDS, homelessness, violence, family crisis, and drugs and alcohol.

The Committee is aware that the Southeastern region of the United States has traditionally lagged the rest of the Nation in all categories of measurable family success indices. To help strengthen families and provide early intervention assistance, the Committee is providing $3,000,000 to fund a pilot Southeastern regional com-

munity-based resource center. The pilot will be coordinated by the children's trust fund of Alabama, the lead State agency for the prevention of child abuse and neglect.

Developmental disabilities

The Committee recommends $120,232,000 for developmental disabilities programs, which is $1,420,000 more than the request and $6,208,000 more than the fiscal year 1998 appropriation. The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

State councils

For State councils, the Committee recommends $64,803,000, the same as the 1998 level and $228,000 above the administration request. In 1987, the Developmental Disabilities Act changed the focus of State councils from services provision and demonstration to planning and services coordination directed to effecting systems change. Since that time, the States have been shifting away from their original role of services provision to their current mission to effect system change on behalf of persons with developmental disabilities.

Protection and advocacy grants

For protection and advocacy grants, the Committee recommends $26,718,000, which is the same as the fiscal year 1998 level and $94,000 above the administration request. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

Special projects

The Committee recommends $5,250,000, which is $18,000 above the administration request and $208,000 above the fiscal year 1998 appropriation. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

University-affiliated programs

For university-affiliated programs, the Committee recommends $17,461,000, which is the same as the 1998 level and $62,000 above the administration request. This program provides operational and administrative support for a national network of university-affiliated programs and satellite centers. Grants are made annually to university-affiliated programs and satellite centers for interdisciplinary training, exemplary services, technical assistance, and information dissemination activities.

State support system

The Committee recommends $6,000,000 for a State support system for families of children with disabilities, $1,018,000 more than the administration request. This program will provide competitive grants to States to develop, implement, expand, and enhance a statewide system of family support for families with disabilities. The Committee recommendation includes $1,000,000 for Community Legal Services, Inc., of Philadelphia, PA, to continue existing activities providing legal services for the poor.

Native American programs

The Committee concurs with the budget request in recommending $34,933,000 for native American programs, $64,000 above the 1998 level. The Administration for Native Americans [ANA] assists Indian tribes and native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee notes the sharp increase in efforts to preserve native American languages through the native American languages program, which provides funds to tribes and native organizations. Accordingly, the Committee urges increased funding for the native American languages program. The Committee further recommends continued funding of the native Hawaiian revolving loan program.

Community services

The Committee recommends an appropriation of $544,165,000 for the community services programs. This is $2,985,000 above the fiscal year 1998 level and $55,065,000 higher than the administration request.

Within the funds provided, the Committee recommends $490,600,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. The Committee recommendation recognizes the increased demand by the low-income population for services provided by CSBG-funded community action agencies.

The Committee bill again contains a provision requiring that carryover CSBG funds remain with the local grantee. This is the same language that was contained in the fiscal year 1998 appropriations bill.

The Committee again expects fiscal year 1999 CSBG funding to be allocated to the States in a timely manner. In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these discretionary programs is recommended at the following levels for fiscal year 1999: community economic development, $30,065,000; rural community facilities, $3,500,000; national youth sports, $14,000,000; and community food and nutrition,

$6,000,000. The Committee reiterates its expectation that national youth sports funds to be awarded competitively. The Committee has again included $5,500,000 from within this account for the job creation demonstration authorized under section 505 of the Family Support Act of 1988. This program has been very successful in moving people off welfare and into work. As in past years, the Committee expects that this program will be administered by the Office of Community Services and that a priority be given to community development corporations.

Program administration

The Committee recommends $143,597,000 for program administration, the same as the fiscal year 1998 appropriation and $1,518,000 below the administration request. This reduction reflects the increased availability of mandatory appropriations available for administrative activities, under terms of recently enacted welfare reform legislation.

This "Program administration" account funds Federal administration costs for the Administration for Children and Families [ACF]. The Committee is mindful of the many changes taking place among the programs administered by the Administration for Children and Families. The Committee has included what it believes are sufficient funds to permit ACF to carry out its important mission of improving the lives of America's children and families. The Committee recognizes that ACF will have to reallocate administrative resources within its budget to accommodate its changing workload and program mix. In particular, the Committee encourages ACF to utilize resources no longer needed to administer programs which the Congress has reduced, eliminated, or reformed to carry out its increased responsibilities in other important programmatic areas, such as child support enforcement, and in expanded activities to ensure program accountability, promote effective practices, and measure the effectiveness of new approaches to assisting families in need.

Rescissions

The Committee has included bill language rescinding a total of $21,000,000 made available in welfare reform legislation for surveys and research activities. These are activities that have been historically funded in appropriations bills, not through authorizing legislation. Funds for social services research activities are included elsewhere in this account.

Crime reduction programs

The Committee recommends $105,000,000 for violent crime reduction programs, $12,169,000 above the fiscal year 1998 appropriation and the same as the administration request. The Committee notes that an additional $43,000,000 for crime bill activities is provided under the Centers for Disease Control and Prevention, which is $8,000,000 below the 1998 level and the same as the budget request.

For the community schools youth services and supervision program, the Committee recommends no funding.

For the runaway youth prevention program, the Committee recommends $15,000,000, which is $4,000,000 below the fiscal year 1998 appropriation and the same as the administration request. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for runaway, homeless, and street youth who have been subjected to or are at risk of being subjected to sexual abuse.

For the national domestic violence hotline, the Committee recommends $1,200,000, which is the same as the administration request. This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence.

The Committee recommends $88,800,000 for the grants for battered women's shelters program, $12,140,000 above the fiscal year 1998 program level and the same as the administration request. This is a formula grant program to support community-based projects which operate shelters for victims of domestic violence. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

The Committee recognizes the economic barriers that victims of domestic violence face as they attempt to achieve economic security. They cannot meet requirements for assistance under the temporary assistance for needy families, they cannot find adequate housing as they are unable to afford the necessary security deposits or do not have established credit required by many landlords. The Committee recognizes the urgency in providing resources to these victims to escape violence and prevent the return to a violent situation.

FAMILY SUPPORT AND PRESERVATION

Appropriations, 1998	$255,000,000
Budget estimate, 1999	275,000,000
Committee recommendation	275,000,000

The Committee recommends $275,000,000 for fiscal year 1999, the same as the amount requested by the administration and $20,000,000 above the fiscal year 1998 level. These funds will support: (1) community-based family support services to assist families before a crisis arises; and (2) innovative child welfare services such as family preservation, family reunification, and other services for families in crisis. These funds include resources to help with the operation of shelters for abused and neglected children, giving them a safe haven, and providing a centralized location for counseling.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 1998	$4,311,000,000
Budget estimate, 1999	5,141,500,000
Committee recommendation	5,121,500,000

The Committee recommends $5,121,500,000 for this account, which is $20,000,000 less than the budget request and $810,500,000 more than the 1998 comparable level. Also included

is the administration's request of $1,355,000,000 for an advance appropriation for the first quarter of fiscal year 2000 as requested by the administration. The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs, and the nonrecurring costs of adoption, for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

ADMINISTRATION ON AGING

Appropriations, 1998	$865,050,000
Budget estimate, 1999	865,050,000
Committee recommendation	876,050,000

The Committee recommends an appropriation of $876,050,000 for aging programs, $11,000,000 above the 1998 appropriation and the administration request.

The Committee recommends a legislative provision which would prevent any State from having its administrative costs under title III of the Older Americans Act reduced by more than 5 percent below the fiscal year 1995 level. This provision has been included in the appropriations bill since fiscal year 1996.

Supportive services and senior centers

The Committee recommends an appropriation of $300,319,000 for supportive services and senior centers, the same amount as requested by the administration and $9,181,000 less than the amount appropriated in fiscal year 1998. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals. Under the basic law, States have the option to transfer up to 20 percent of funds appropriated between the senior centers program and the nutrition programs which allows the State to determine where the resources are most needed.

Ombudsman/elder abuse

The Committee recommends $7,449,000 for the ombudsman services program and $4,732,000 for the prevention of elder abuse program. The amount recommended for the ombudsman services program is $3,000,000 more than the fiscal year 1998 level. The amount recommended for the elder abuse prevention program is the same as the fiscal year 1998 level. Both programs provide for-

mula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

The Committee supports continued and additional funding for the long-term care ombudsman resource center and its training and clearinghouse functions, which provide information, technical assistance, programmatic, and other support for State and regional long-term care ombudsmen.

Preventive health services

The Committee recommends $16,123,000 for preventive health services, the same amount as the budget request and the amount appropriated in fiscal year 1998. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need. Preventive health services include nutritional counseling and education, exercise programs, health screening and assessments, and prevention of depression.

Congregate and home-delivered nutrition services

For congregate nutrition services, the Committee recommends an appropriation of $374,412,000, the same amount as the budget request and the amount appropriated in fiscal year 1998. For home-delivered meals, the Committee recommends $112,000,000, the same amount recommended by the administration and the amount appropriated in fiscal year 1998. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 30 percent of funds between these programs.

The Committee has included a provision carried in last year's bill which requires the Assistant Secretary to provide the maximum flexibility to applicants who seek to take into account subsistence, local customs, and other characteristics that are appropriate to the unique cultural, regional, and geographic needs. The provision clarifies that applicants who serve American Indian, native Hawaiian, and Alaska Native recipients in highly rural and geographically isolated areas are permitted to continue to tailor nutrition services that are appropriate to the circumstances associated with the served population. In addition, in an effort to meet the needs of the native Hawaiian elderly population sufficiently, the Committee urges the native Hawaiian grantee to coordinate with the Lunalilo Home, the only care facility for aged native Hawaiians.

In-home services for frail older individuals

The Committee recommends $9,763,000 for in-home services for the frail elderly, the same as the fiscal year 1998 enacted level and the budget request. In-home services include homemaker and home health aides, visiting and telephone reassurance, chore mainte-

nance, in-home respite care for families, and minor home modifications.

Aging grants to Indian tribes and native Hawaiian organizations

The Committee recommends $18,457,000 for grants to Indian tribes, the same amount as the budget request and the amount appropriated in fiscal year 1998. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of services and assure that nutrition services and information and assistance services are available.

The Committee encourages the agency to provide training, technical assistance, and capacity building activities to increase the efficiency and effectiveness of the program.

Aging research and training

The Committee recommends $18,000,000 for aging research, training, and discretionary programs, $8,000,000 more than the fiscal year 1998 enacted level and the budget request. These funds support activities designed to expand public understanding of aging and the aging process, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies who administer the Older Americans Act. The Committee has included $5,000,000 to fund a national program of statewide senior legal services hotlines and related elder rights projects and $1,000,000 to continue and expand the Family Friends Program. Family Friends Program funds may also be used for the National Council on Aging to continue providing technical assistance and training to local sites and to examine new ways in which the Family Friends model can be replicated locally.

The recommendation includes an additional $5,000,000 to continue the initiative begun 2 years ago, with funds transferred from the Health Care Financing Administration, to test different models designed to train retirees in local communities in detection and reporting of Medicare waste and abuse. The Commissioner is expected to continue consultation with other affected agencies, including the Office of Inspector General and the General Accounting Office. The Committee expects that the agency will use the funds to make grants and will minimize administrative costs.

The Committee has included $750,000 for a project to monitor and report incidents of abuse and neglect of the elderly. The Committee recognizes the value of such oversight and encourages that funds be used to develop integrated reporting systems so that agencies that deliver programs to the elderly can share and cross-check incidents of neglect and abuse. Pennsylvania's elder abuse reporting system would be especially suited for such funding since it would allow the three agencies that assist the elderly to share information and thus expedite assistance to elderly victims.

Within the funds provided, the Committee has included sufficient funds for the National Asian Pacific Center on Aging to continue an existing grant directed to developing, strengthening, and expanding linkages of a rapidly growing Asian Pacific aging commu-

nity with local, State, and national community service providers and organizations.

The Committee recognizes the value of using existing telemedicine and video conferencing technology to improve the health status of aging Americans residing in underserved rural areas and to educate physicians and health care professionals in those areas. The Committee has provided $1,000,000 for these purposes and urges the Department to fund such a project to address these needs. The Northwest Area Center for Studies on Aging would be particularly well-suited for such funding since it would specifically address the health care problems associated with aging and would provide these services in a region where there are no programs currently available.

Within the amount provided for the National Indian Council on Aging, the Committee has included sufficient funds to continue an existing grant to increase Indian elder awareness and participation in the public policy issues that directly impact all of Indian country.

The Committee recognizes the success of the National Hispanic Council on Aging's efforts in improving the quality and effectiveness of services for the elderly. Within the funds provided, the Committee has included sufficient funds to continue an existing grant for these services. In addition, the Committee notes that the council would be especially well suited for funding to expand its demonstration programs so that more elderly Hispanic individuals can be served.

The Committee is aware of Nutrition 2030, an outcome-oriented initiative of the National Policy and Resource Center on Nutrition and Aging at Florida International University. The Committee recognizes the Center's efforts to combat malnutrition among the elderly and urges the Department to give full and fair consideration for continued funding of Nutrition 2030.

The Committee recognizes the work of the Setting Priorities for Retirement Years [SPRY] Foundation in providing senior citizens increased access to health care information. Since SPRY is currently providing this service, it would be especially suited to expand these services to other regions. The Committee urges the Department to give full and fair consideration to a proposal from SPRY for this purpose.

The Committee recognizes the contributions of the Sinai Family Health Centers' Senior Outreach Program in addressing the medical problems facing the inner-city elderly. The Committee urges the Department to give full and fair consideration to a proposal to enhance and expand the Outreach Program's efforts so that more inner-city seniors can be served.

Within the funds provided, the Committee has included sufficient funds for the continuation of the elder care locator program, a toll-free telephone service for information about home and community-based services for older Americans and their caregivers. The Committee notes that the National Association of Area Agencies on Aging is currently providing this service and would be especially well-suited to continue it.

The Committee recommendation includes sufficient funds for the pension information and counseling demonstration program, au-

thorized under title IV of the Older Americans Act, to continue the existing demonstration projects, technical assistance and training projects, and any new model projects that were created in other regions of the country during fiscal year 1998. Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and pursuing claims when pension problems arise. Also included are funds for a study to examine the feasibility of implementing a financing mechanism that would allow the pension counseling program to become self-sustaining.

Program administration

The Committee recommends $14,795,000 to support Federal staff that administer the programs in the Administration on Aging, the same amount as the budget request and the 1998 appropriation. These funds provide administrative and management support for programs administered by the Department. The Committee has deferred consideration of the proposed transfer of the Alzehimer's State demonstration grants program from HRSA, pending assurances from the Secretary that current projects will be permitted to complete their 2-year cycle of funding without disruption.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 1998	$177,119,000
Budget estimate, 1999	217,943,000
Committee recommendation	174,160,000

The Committee recommends $174,160,000 for general departmental management [GDM]. This is $43,783,000 below the administration request and $2,959,000 below the fiscal year 1998 level. Within this amount, the Committee includes the transfer of $5,851,000 from Medicare trust funds, which is the same as the administration request and the fiscal year 1998 level.

Within the funds requested by the administration, $70,000,000 is included for antiterrorism activities; the Committee has included funding under the Public Health Service emergency fund.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health Science, including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities. The Committee commends the Department for its report on the status of the Commissioned Corps of the U.S. Public Health Service. The Committee supports the Corps as a unique and flexi-

ble resource, available for immediate deployment in times of public health emergencies. Corps members have been vital contributors to research, health services, food and drug safety, and many other public health functions. The Committee is supportive of efforts to further enhance the effectiveness and ready capacity of the Corps and encourages the department to establish an Office of Reserve Coordination.

The Committee has provided $200,000 to support the activities of the United States-Mexico Border Health Commission as authorized by Public Law 103–400. The Commission is authorized to assess and resolve current and potential health problems that affect the general population of the United States-Mexico border area. The Committee is aware of Baylor College of Dentistry's health outreach initiative to study, diagnose, and treat craniofacial deformities along the United States-Mexico border. This effort could serve as an initial demonstration, combining well-planned academic, clinical, and educational elements. The Commission is urged to grant full and fair consideration to this proposal.

The Committee has included $700,000 for the Human Services Transportation Technical Assistance Program, which is $200,000 higher than last year's amount. As in previous years, this program is to be administered by a national membership organization with expertise in working with local transit organizations. The program provides technical assistance and training to organizations that provide transportation services to the elderly, people with physical and developmental disabilities, and the economically disadvantaged. With these funds, the Committee expects a continued emphasis on assisting communities with transportation issues related to welfare reform since in many rural communities the largest obstacle in gaining employment is transportation to work sites. The Committee further expects the technical assistance to be provided include developing strategies for cost-effective transportation under Medicaid.

The Committee also expects this program to initiate a new activity. States are increasingly looking for new and innovative approaches to provide nonemergency transportation through the Medicaid Program. As more medical services are being provided through managed care, States are also looking at means to contain transportation costs. The Committee expects the Department to work with the Community Transportation Association of America to develop a program of assistance for local communities find efficient ways to provide medical transportation services. The Committee also notes that the technical assistance provided by the Community Transportation Association of America is vital to the success of this project.

The Committee reiterates its support of the Chronic Fatigue Syndrome Coordinating Committee [DHHS CFSCC]. The Committee urges the DHHS CFSCC to coordinate CFIDS research across the Public Health Service by defining priorities and creating a yearly action plan and recommends that the chartered committee conduct oversight into DHHS and SSA programs, evaluate program performance, review budget allocations, and identify priorities in CFS research and education. The Committee supports the renewal of the CFSCC's charter beyond its scheduled expiration in 1998.

The Committee urges the development of a national media campaign targeting, but not limited to, adolescent girls and women, to educate them about healthy eating behaviors, positive body image, and self-esteem. The Secretary should consult widely among those agencies of the Public Health Service that could contribute content to the effort. The program should also educate the public about the risks of restrictive dieting and the prevention of eating disorders. Such programs may include development of a toll-free number and information clearinghouse on eating disorders.

The Committee is aware of the high number of accidental needlestick injuries that occur primarily to health care workers. These injuries are major risk factors for the transmission of HIV, hepatitis B, and hepatitis C. The Committee urges the Centers for Disease Control and Prevention, the National Institute for Occupational Safety and Health, the Food and Drug Administration, and the Occupational Safety and Health Administration of the Department of Labor to make reduction of accidental needle sticks a priority by increasing cooperation among these agencies and taking all necessary actions to address this serious public health problem.

The Committee supports the efforts of the task force on environmental health risks and safety risks to children. The Committee encourages an expansion of the Office of the Surgeon General's programs on children's health to include outreach and technical support to communities. The Committee further encourages the Department to assist communities in identifying and ranking children's health and safety problems and in devising measurement systems to monitor whether community efforts are effective in improving children's health and safety. The Committee recommends a comprehensive approach in which the Department coordinates with the community outreach activities of other governmental agencies and existing health care systems to assist community leaders and parents in keeping children safe and healthy.

The Committee encourages the National Heart, Lung, and Blood Institute to continue its efforts to persuade the National Committee for Quality Assurance to accredit health plans based on their ability to reach treatment goals established by the National Cholesterol Education Program in treating patients with hypercholesterolemia. Further, the Committee expects the Health Care Financing Administration to encourage health care plans that treat cholesterol patients enrolled in the Medicaid and Medicare programs to pursue vigorous management of the disease resulting in the attainment of the treatment goals established by the National Cholesterol Education Program.

The Committee continues to be supportive of the HELP DESK interactive initiative based in Jackson, MS, that is designed to enhance Federal outreach and technical assistance to communities. The Committee notes that sufficient funds are available to continue this project.

The Committee is supportive of efforts to coordinate a strategy to reduce the incidence of fetal alcohol syndrome [FAS] and fetal alcohol effects [FAE]. The Department is encouraged to identify resources among the agencies to initiate a national task force on FAS and FAE.

The Committee remains concerned about the disproportionate environmental and human health burdens in low-income and minority communities, and about the insufficient resources being targeted to community health centers to conduct research and to develop effective intervention and prevention strategies. The Committee urges the Department to identify potential interagency resources and cooperation with community health centers. The Committee expects to be informed within 6 months on what steps have been taken to address this recommendation.

Commission on Background Screening for Long-Term Care Facilities.—The Committee is aware of increasing numbers of reports of people with abusive and criminal backgrounds finding work in direct patient care in Medicare and Medicaid long-term care facilities. Reports indicate that known abusers can travel between States and between facilities and continue to attack vulnerable patients. The Committee believes that a national system should be considered to screen potential employees at long-term care facilities to ensure that they do not have an abusive or criminal background and to ensure they do not work with patients.

The Committee, therefore, strongly urges the Secretary to convene a commission to study and report within 1 year how a national background screening system might be developed and integrated into the Medicare and Medicaid programs. The commission should include representatives from the Department, State government, Federal and State law enforcement, nursing home and home health industries, long-term care employee advocates, and patient and consumer advocates. The system under consideration should include a national registry of long-term care workers with problematic records, including all confirmed abuse findings from State nurse aide registries.

The commission should consider existing data bases within the Department that a national registry could administer. Policies should be developed to exclude workers with abusive or criminal histories, according to criteria developed by commission. The commission should also include in its report: information about estimated costs of administering a national background checking system; recommendations on the equitable division of costs between Medicare, Medicaid, and participating facilities; operational policies; and other systematic and technical details.

Adolescent family life

The Committee has provided $16,709,000 for the Adolescent Family Life Program [AFL]. This is $12,000,000 more than the administration request and is $38,000 above the fiscal year 1998 appropriation.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

Within the total provided, the Committee continues the prevention projects begun in fiscal year 1998, as well as new prevention projects. The Committee again expects the Department to fund new

prevention projects which enable smaller communities to begin the organization and implementation of coalitions to implement abstinence-based education programs. The Committee again expects the Department, when announcing grant competitions, to provide a reasonable length of time for applicants to complete application packages, provide extensive technical assistance to applicants, with special assistance given to new applicants, and revise the terminology and instructions in grant applications to assure that the information being requested is as clear as possible.

Physical fitness and sports

The Committee recommends $1,005,000 for the Federal staff which supports the President's Council on Physical Fitness and Sports. This is the same as the administration request and $9,000 more than the fiscal year 1998 appropriation.

The President's Council on Physical Fitness and Sports serves as a catalyst for promoting increased physical activity/fitness and sports participation for Americans of all ages and abilities, in accordance with Executive Order 12345, as amended. The programs sponsored by PCPFS are supported largely through private sector partnerships.

Minority health

The Committee recommends $24,500,000 for the Office of Minority Health. This is $4,534,000 less than the fiscal year 1998 appropriation and $1,400,000 above the administration request.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee recognizes the need to encourage minority development of family practice physicians and encourages the Office to assist programs designed for the purpose of direct and indirect support of family practice residency programs which focus on training, recruitment, and retention of minorities, including American Indian and Alaska Natives, as family practice physicians.

The Committee is aware of a meritorious proposal by the Philadelphia City Wide Improvement and Planning Agency that would help inner city youth confront challenges at school, work, and home through an existing coalition of service providers and community groups. The Committee urges full and fair consideration of City Wide's application and has included $300,000 in support of their proposal.

The Committee recognizes the efforts of the Scott County cooperative cardiovascular project in Iowa which has focused its efforts on trying to make screening, education, risk factor modification, and access to care more available to minorities in Scott County by bringing these modalities to people where they live and work. The

Committee encourages the Department and the Office of Minority Health to work with the project to increase the access to health care for Scott County residents.

The Committee is aware of the proposal by Stillman College in Tuscaloosa, AL, to develop a facility to serve the health, educational, and community development needs of the college and surrounding area. The Committee has included $500,000 in support of their proposal.

The Committee is further aware of the joint proposal by Thomas Jefferson University of Philadelphia and the New York University Downtown Hospital in New York City to establish a community partnership to enhance the health status of Chinese- and Asian-American communities, and has included $500,000 in support of their proposal.

The Committee is aware of the proposal by the CORE Center, a joint effort by Cook County and Rush Hospital of Chicago, to initiate a demonstration project for supervised intervention of health care professionals, nonspecialists, and community-based providers of HIV/AIDS care. The Committee urges the Office to grant full and fair consideration to its proposal.

Office on Women's Health

The Committee recommends $15,495,000 for the Office on Women's Health. This is $2,978,000 more than the administration request, $3,028,000 more than the fiscal year 1998 appropriation and the House level.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

Moreover, in view of the disparities in women's health research, services, and education and training, the Committee believes that one mechanism through which these inequities can be resolved is through providing support through various mechanisms to academic, consumer, health care professional, and community groups in this important area. To that end, the Committee urges that the PHS OWH develop and support programs to support crosscutting research, services, innovative partnerships, and demonstrations that will advance women's health. The Committee commends the PHS OWH for its leadership in developing new initiatives to improve women's health.

Within the amount provided, the Committee has included sufficient funds to support continued implementation of the National Women's Health Information Center. This Center in partnership with the Department of Defense, provides a single access point to Federal information on women's health through a toll-free telephone number and the Internet, and links to over 1,000 private sector resources as well. Consumers, researchers, health professionals, women's health advocates and the media will have access to the wide variety of information and resources on women's health that has been created by the various agencies of the Department

of Health and Human Services, in partnership with the Department of Defense and all other agencies in the Federal Government.

The National Centers of Excellence in Women's Health Program, established in fiscal year 1996 by the PHS OWH, through contracts to six academic health centers around the Nation, is developing model health care services, multidisciplinary research, public and health care professional education on women's health, and fostering leadership opportunities for women's health care professionals. Six new centers are expected to be awarded in fiscal year 1997, along with up to four minority women's health centers of excellence. The Committee has provided $5,000,000 to continue funding the existing centers established in 1996 and to support additional new centers.

The Committee has also included funds for women's health coordinators. Regional coordinators have been established in the 10 Public Health Service regions around the Nation and link together all of the resources available from the Department of Health and Human Services and coordinate and stimulate women's health activities. They also work with women's groups and health care professionals at the regional, State, and local levels. These additional funds will be used to develop regional women's health activities in each of the 50 States.

The Committee is concerned that cardiovascular diseases, including heart disease and stroke, remain the No. 1 killer of women. Twice as many women die from heart disease and stroke as those who die from breast, ovarian, and all other cancers. Although cardiovascular disease is commonly assumed to be a disease primarily of men, over one-half of all deaths caused by cardiovascular disease occur among women. The Committee is also concerned that women, especially older women are not properly screened for heart disease and stroke and there is little focus on prevention. The Committee is also concerned that traditionally women have not been the focus in prevention and treatment research. As a result, the survival rate for women following heart attack is less than for men. The Committee urges the PHS OWH to undertake a comprehensive review of the impact of heart disease and stroke on women.

Osteoporosis is today a major health problem that the World Health Organization has characterized as epidemic. Osteoporosis effects 28 million Americans who either have or are at risk of the disease. The direct medical costs amount to $13,800,000,000 annually and are expected to increase dramatically as the population ages. A task force convened by the Office of Public Health and Science on Women's Health, in conjunction with the National Osteoporosis Foundation has determined that a public education campaign is needed. In its first stage, the campaign will target teenage women, ages 13 to 18, to help them develop positive health behaviors, (for example, diet, exercise, calcium intake) that can have a significant effect on bone strength that can last a lifetime. Within the amount recommended the Committee has included $3,000,000 in funds to implement this campaign.

The Committee commends the national action plan on breast cancer for its many accomplishments. This important public/private partnership, which catalyzes breast cancer activities across the Federal Government and the private sector, has accomplished a

great deal in the war against breast cancer. The Committee has provided sufficient funds within the budget of the National Cancer Institute to support the ongoing activities of the NAPBC.

The Committee recommends $350,000 for the Office of Women's Health to enter into a contract with the Institute of Medicine to conduct a study to validate the concept of sex and gender based research. The study should identify, review, and assess the available research that examines the basic biologic and physiologic differences between men and women and supportive basic research with animal models; review current initiatives and programs of research; and make recommendations for advancing and implementing a research agenda, including the identification of research priorities and the programmatic implications of exploring these research opportunities.

The study should use the findings of the Office of Research on Women's Health Beyond Hunt Valley meetings as a primer and integrate them as appropriate. The study should examine the entire Federal research establishment and private sector research. The findings of the study should have implications for both the public and private sectors.

Office of Emergency Preparedness

The Committee has provided $9,600,000, which is $377,000 less than last year's level and $60,400,000 less than the President's amended request, for activities to counter the adverse health and medical consequences from major terrorist events. Within this amount, sufficient funds are provided for the Office of Emergency Preparedness to staff and administer this program, as well as the other OEP activities specified in the administration's request. The amount provided by the Committee is intended to continue the formation of new metropolitan medical strike teams in key uncovered urban areas of the country. The Committee has provided additional funding for bioterrorism within the public health and social services emergency fund.

The Department has lead responsibility for health, medical, and health-related support under the Federal response plan to catastrophic disasters. On behalf of the Department, the Office of Emergency Preparedness assesses the potential health and medical consequences of a terrorist incident and to formulate necessary responses. The funds provided would support activities to build local, State, and Federal capacity to respond to terrorist acts with public health implications. Such activities would include assisting local emergency managers through the MMST system to build an enhanced capability to detect and identify biologic and chemical agents.

OFFICE OF INSPECTOR GENERAL

Appropriations, 1998	$31,855,000
Budget estimate, 1999	29,000,000
Committee recommendation	29,000,000

The Committee recommends an appropriation of $29,000,000 for the Office of Inspector General. This is the same as the administration request and $2,855,000 less than the fiscal year 1998 level. In addition to discretionary funds, the Health Insurance Portability

and Accountability Act of 1996 provides no less than $90,000,000 and no more than $100,000,000 in mandatory funds for the Office of the Inspector General in fiscal year 1999; the total funds provided to the Office by this bill and the authorizing bill would be between $111,000,000 and $129,000,000 in fiscal year 1999.

The Office of Inspector General conducts audits, investigations, inspections, and evaluations of the operating divisions within the Department of Health and Human Services. The OIG functions with the goal of reducing the incidence of waste, abuse, and fraud. It also pursues examples of mismanagement toward the goal of promoting economy and efficiency throughout the Department.

The Committee commends the HHS Office of Inspector General for their continued efforts to reduce waste, fraud, and abuse in Department programs. The second OIG CFO Medicare audit again revealed significant shortcomings in the Department's efforts to prevent mispayments. The Committee urges the OIG to do further analysis of the results of this audit so that it can provide the Committee with a specific set of recommendations for reform. The Committee expects to hold hearings on the third annual CFO report. Furthermore, the Committee expects the OIG to continue to provide technical advise and expertise to the Administration on Aging's senior volunteer anti-Medicare fraud project. As a top priority, the Committee intends to assure that seniors calling into the toll-free telephone line to report Medicare fraud get a prompt and complete response. Therefore, the Committee urges the OIG to expand its staffing of their hotline.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1998	$19,659,000
Budget estimate, 1999	20,659,000
Committee recommendation	20,659,000

The Committee recommends $20,659,000 for the Office for Civil Rights. This is the same as the administration request and $1,000,000 more than the the fiscal year 1998 level.

This recommendation includes the transfer of $3,314,000 from the Medicare trust funds, which is the same as the administration request and the fiscal year 1998 level.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

POLICY RESEARCH

Appropriations, 1998	$13,974,000
Budget estimate, 1999	14,000,000
Committee recommendation	14,000,000

The Committee recommends an appropriation of $14,000,000 for policy research. This is the same as the administration request and $26,000 more than the fiscal year 1998 amount.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agen-

cy and subject lines, as well as new policy approaches outside the context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

The Committee recognizes the need for obtaining State level data regarding the impacts of welfare reform and includes sufficient funds to continue the longitudinal study on the outcomes of welfare reform. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 directed the Census Bureau to conduct the survey of program dynamics [SPD] on the national level; however, there is no mechanism in place to provide State-based or multistate information, particularly in less densely populated areas. Iowa State University has been working with the Census Bureau to develop an approach for State level surveys that are relevant for local welfare program design, implementation, and evaluation and can be integrated into the SPD. The Committee has provided sufficient funds within this account to support continued development of this model.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee recommendation includes an emergency allocation of $300,000,000 within the public health and social services emergency fund, to be made available only upon submission of a formal request designating the need for the funds as an emergency as defined by the Budget Enforcement Act. This year the Committee has reinstated this account to address the administration request regarding bioterrorism as well as other critical public health infrastructure needs. The administration submitted an amended budget request of $120,000,000 for activities intended to counter bioterrorism threats. Of the amount requested by the administration, $10,000,000 is allocated for vaccine development activities at the National Institutes of Health. The Committee has included sufficient funds within the regular NIH account to initiate the NIH portion of the bioterrorism request, leaving $110,000,000 of the overall amended request to be further considered by the Committee.

Bioterrorism initiative.—Should funds be released by a Presidential emergency declaration, the Committee directs $81,000,000 in funding for the following activities at the Centers for Disease Control and Prevention: $1,000,000 for the development of an overall preparedness plan; $1,000,000 to enhance technical capabilities to identify certain biological agents; $5,000,000 to develop new sources and methods for surveillance; $2,000,000 to assist States in developing emergency preparedness and response plans; $7,000,000 to strengthen State and local epidemiological and surveillance capacity; $2,000,000 to expand the CDC Epidemic Intelligence Service; $5,000,000 to better identify potential biological and chemical terrorism agents; $13,000,000 for regional laboratories for detecting and measuring biological and chemical agents; $5,000,000 to develop rapid toxic screening; and $40,000,000 to develop a national health surveillance and alert network. The Committee further allocates $3,600,000 for studies and evaluation projects on bioterrorism and nuclear weapons testing. In addition, the Committee has allo-

cated $3,000,000 to upgrade and support antibioterrorism training at Fort McClellan's Noble Army Hospital in Alabama.

Regional laboratories.—Sufficient funds have been provided to accelerate regional capabilities in detecting compounds and agents of potential use in bioterrorism. The Committee is aware of the proposals by the University of North Carolina School of Public Health to develop modern laboratories dedicated to emerging infectious diseases, and urges CDC to grant full and fair consideration to this proposal.

National health surveillance and alert network.—The Committee is concerned about the lack of a national, coordinated system that would link local, regional, and national health authorities in the event of a major public health emergency. The Committee understands that many local health departments are lacking even basic equipment such as computers. Funds have been provided to establish such a network and the Committee expects that a significant proportion of these funds be directly available to local and State health authorities. Accordingly, the Committee expects the Department to develop criteria enabling such direct transfers, either through grant or contracting mechanisms.

Independent assessments and evaluations.—The Committee believes that considerable work remains in conducting a full, independent, and reasoned threat assessment in the field of biological weapons, particularly with regard to establishing civilian defenses such as vaccine and pharmaceutical stockpiling. The Committee has provided $750,000 to the Chemical and Biological Arms Control Institute, an independent non-Government entity, to examine current assumptions underlying the initiative, identify other potential threats in this field, and to make tangible recommendations that would further enhance national security against biological threats. The Committee expects a report within 1 year of enactment.

The Committee is supportive of efforts to integrate basic science with the independent strategic assessment of threats to civilian populations. The Committee is aware of the proposal by Johns Hopkins University to establish a Center for Civilian Biodefense Studies that would provide expertise for strategic planning and would develop a educational and research agenda. The Committee has included $1,000,000 to initiate this activity.

The Committee has allocated $1,850,000 within the emergency fund for a study of the health consequences to the American population of nuclear weapons tests conducted by the United States and other nations. The Committee expects the Centers for Disease Control and Prevention to be the lead agency on the study, with the support of the National Cancer Institute. The Department should conduct an initial assessment of the feasibility and public health implications of such a study. The assessment ought to address major issues such as: radiation dose estimation and risk assessment, appropriate epidemiologic investigations, and health communication strategies for promoting better understanding of the research by the general public. In developing the assessment, design, and conduct of the study, the Department is expected to include input from the public and the Advisory Committee on Energy-Related Epidemiologic Research. In conducting the study, the Department ought to give high priority to examining the health con-

sequences of exposure among both the general and high-risk populations to the full range of radionuclides produced by a nuclear weapons test. The Committee expects to be informed of the study's progress on a regular basis and expects to receive a final report by July 1, 2000.

Office of the Secretary.—Within the bioterrorism initiative, the Committee further directs $65,000,000 in funding for activities at the Office of the Secretary, Department of Health and Human Services: $51,000,000 for the Office of Emergency Preparedness to establish a pharmaceutical stockpile for civilian populations; $9,000,000 for the Office of Emergency Preparedness for operational support and for the expansion of metropolitan medical response systems and national medical response teams; and $5,000,000 for the "General departmental management" account for the Department's support of bioterrorism and associated activities. The Committee further understands that OEP will receive a reimbursement of $9,000,000 from the Department of Justice for metropolitan medical response system activities. In developing plans for bioterrorism countermeasures, the Committee notes the standing personnel and reserves of the Public Health Service Commissioned Corps are a valuable resource that ought to be well-integrated.

Emerging infectious diseases.—Within this emergency fund, the Committee directs $147,400,000 for the following activities at the Centers for Disease Control and Prevention: $47,300,000 for CDC's infectious disease program; $25,100,000 for CDC's epidemic services program; $20,000,000 for CDC's polio eradication program; $8,000,000 for CDC's measles eradication program; $8,000,000 for CDC's sexually transmitted disease program; $33,000,000 for CDC's infectious disease laboratory; and $6,000,000 for the CDC Office of the Director.

Polio eradication.—The Committee has provided $20,000,000 to be allocated to the polio eradication activity of the National Immunization Program, an amount necessary 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 is heartened by the prospect of eliminating this disease. Funding will enable CDC to accelerate its programs thereby decreasing the overall global disease burden caused by polio.

Measles control/eradication.—The Committee has provided $8,000,000 to be allocated to the measles control and eradication activity of the National Immunization Program, which will enable CDC to provide measles vaccine for supplemental measles immunization campaigns and to expand epidemiologic, laboratory, and programmatic/operational support to the World Health Organization and its member countries for the measles elimination initiative in the Americas region and for accelerated measles control efforts worldwide. These efforts will be a crucial step toward the eventual global eradication of measles. Such support should build upon the disease control and surveillance infrastructure developed for polio eradication in a manner that does not compromise ongoing global polio eradication activities.

GENERAL PROVISIONS

The Committee recommendation includes language placing a $37,000 ceiling on official representation expenses (sec. 201), the same as existing law.

The Committee recommendation includes language included in fiscal year 1998 which limits assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language carried in fiscal year 1998 regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation retains a provision carried in fiscal year 1998 to limit use of grant funds to pay individuals more than an annual rate of $125,000 (sec. 204).

The Committee recommendation retains language from fiscal year 1998 restricting the use of taps (sec. 205) for program evaluation activities by the Secretary prior to submitting a report on the proposed use of the funds to the Appropriations Committee. Section 241 of the Public Health Service Act authorizes the Secretary to redirect up to 1 percent of the appropriations provided for programs authorized under the act for evaluation activities. The Committee further expects that the report include a detailed itemization of the proposed use of evaluation funds for the Committee's review and approval.

The Committee recommendation retains language prohibiting the use of funds for the Federal Council on Aging and the Advisory Board on Child Abuse and Neglect (sec. 206).

The Committee recommendation retains language included in fiscal year 1998 restricting transfers of appropriated funds among accounts and requiring a 15-day notification of both Appropriations Committees prior to any transfer (sec. 207).

The Committee recommendation includes language included in fiscal year 1998 permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers (sec. 208) by the Director of NIH and the Director of the Office of AIDS Research of NIH. The recommendation also includes language included in fiscal year 1998 which directs that the funding for AIDS research as determined by the Directors of the National Institutes of Health and the Office of AIDS Research be allocated directly to the OAR for distribution to the Institutes and Centers consistent with the AIDS research plan (sec. 209).

The Committee recommendation includes a new provision to permit funds to be used for the National Institutes of Health to provide transit subsidies in amounts consistent with the transportation subsidy programs authorized under section 629 of the Public Law 101–509 to non-FTE bearing positions, including trainees, visiting fellows, and volunteers (sec. 210).

The Committee bill includes a new provision which permanently changes the name of the National Institute of Dental Research to the National Institute of Dental and Craniofacial Research (sec. 211).

The Committee recommendation includes a new provision which adjusts the fiscal year 1998 authorization level for the Social Services Block Grant Program (sec. 212).

The Committee recommendation includes a new provision which restricts the use of funds to carry out the Medicare-Choice Program if the Secretary denies participation to an otherwise eligible entity (sec. 213).

The Committee bill includes language naming the new NIH vaccine facility (sec. 214).

The Committee bill includes language regarding prostate cancer (sec. 215).

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION REFORM

Appropriations, 1998	$1,275,035,000
Budget estimate, 1999	1,347,000,000
Committee recommendation	1,244,500,000

The Committee has provided $1,244,500,000 in this account for education reform initiatives. The recommendation includes $496,000,000 for education reform activities authorized by the Goals 2000: Educate America Act, $125,000,000 to continue implementation of school-to-work transition systems authorized by the School-to-Work Opportunities Act, and $623,500,000 for education technology authorized by the Elementary and Secondary Education Act.

Goals 2000: State and local education systemic improvement grants

The Committee recommends $466,000,000 for State and local systemic education improvement grants authorized by title III of the Goals 2000: Educate America Act. This amount is the same as the fiscal year 1998 appropriation and $10,000,000 below the administration request.

Goals 2000 funds provide incentives for States to devise their own strategies for comprehensive reform of elementary and secondary education. Grants are distributed to States through a formula based on relative shares each State received in the previous year under titles I and VI of the Elementary and Secondary Education Act. By law, 1 percent is reserved for the outlying areas, schools supported by the Bureau of Indian Affairs and the Alaska Federation of Natives.

Parental assistance

The Committee recommends $30,000,000 for title IV of the Goals 2000: Educate America Act, which authorizes a variety of activities designed to improve parenting skills and strengthen the partnership between parents and professionals in meeting the education needs of their children, including those aged birth through 5. The recommendation is $5,000,000 more than the administration request and the fiscal year 1998 amount. The funds provided will continue support for 52 centers.

The Committee reiterates its concern that many of the grantees currently receiving funding under this program are making only minimal efforts to implement Parents as Teachers [PAT] or Home Instruction for Preschool Youngsters [HIPPY] Programs. The Committee, therefore, strongly urges the Department to stipulate that at least 50 percent of each grant award shall be used only for PAT or HIPPY Programs.

School-to-work opportunities

The Committee supports funds for the School-to-Work Opportunities Act, and has recommended $125,000,000 for the Department of Education's share of program funding. The amount recommended is $75,000,000 less than the 1998 appropriation and the same as the administration request. Fiscal years 1997–98 were the peak years for Federal support. The decrease recommended in fiscal year 1999 reflects the decline planned in Federal support as States assume increased responsibility for implementing their school-to-work systems. This amount, together with $125,000,000 recommended for the Labor Department, will provide a total of $250,000,000 in direct funding to help States implement their plans for creating systems to improve the transition from school to work.

Local school-to-work programs include a combination of work-based learning involving job training and school-based learning tied to both occupational skill standards and the voluntary academic standards States establish under Goals 2000. Students who complete a school-to-work program will receive a high school diploma, a certificate recognizing 1 or 2 years of postsecondary education, if appropriate, and a portable, industry-recognized skill certificate.

Technology literacy challenge fund and regional technology consortia

The Committee recommends $425,000,000 for the technology literacy challenge fund authorized by section 3132 of the Elementary and Secondary Education Act, the same as the fiscal year 1998 appropriation and a decrease of $50,000,000 below the budget request.

The fund helps States put into practice strategies to enable schools to integrate technology into school curricula. Funds are used to enhance students' critical thinking skills, support training for teachers, connect classrooms to the information superhighway, and purchase computers and software. Funds are distributed according to each State's share of title I, part A moneys. To be eligible for funds, States must submit a statewide technology plan describing long-term strategies for financing technology education in the State, including private-sector participation and targeting funds to school districts with the greatest need.

Technology innovation challenge grants

The Committee recommends $136,000,000 for two of the technology programs authorized as part A of title III of the ESEA, an increase of $20,000,000 more than the budget request and the amount appropriated in fiscal year 1998.

Technology innovation challenge grants support partnerships among educators, business and industry, and other organizations in the community to develop innovative new applications of technology and community plans for fully integrating technology into schools.

It has been brought to the Committee's attention that grants issued since this program's creation in fiscal year 1995, appear to be made disproportionately to States with high access to tech-

nology, high levels of private funding, and high concentrations of disadvantaged students, while the applications from predominantly rural States have been turned down, citing a lack of community resource contributions and low numbers of children benefiting from the proposals. The Committee encourages the Department to reexamine the criteria by which review panels score applications to ensure that the community resource contribution effort is taken into account, that true innovation, such as new applications of software and state-of-the-art professional training programs and multicounty and multistate consortia affecting underprivileged children in technologically underserved areas and rural demographic limitations, for example in Mississippi, are also considered.

Within the amount recommended, the Committee has also included $10,000,000 to continue the regional technology in education consortia, the same amount appropriated in fiscal year 1998 and recommended by the administration. These consortia assist States and local educational agencies in the identification and procurement of resources necessary to implement technology plans; develop training resources for both elementary and secondary and adult education; provide referrals to sources of technical assistance and professional development; and assist institutions of higher education to establish preservice training programs in the appropriate use of educational technology.

The Committee is encouraged by the number of public-private partnerships that have been launched around the Nation to increase technical education opportunities for high school students. The Committee urges the Department of Education to provide $2,500,000 for a demonstration project that would provide high technology training for students leading to certification, postsecondary education and employment opportunities for high-skill and high-wage technology-related careers for the 21st century; provide a positive alternative for youth for after-school hours; and support the local business community with an emerging well-trained work force pool for the growing high-technology market sector. The Memphis regional information technology education and training initiative would be especially suited to carry out an initiative such as the one described.

The Committee encourages the Department of Education to provide $1,000,000 for a demonstration program to increase access to computer technology so as to help equip inner-city parents, children, and teachers with the computer skills needed for today's work force. Programs that target educationally disadvantaged adolescent populations, especially students with limited writing and reading skills, parents moving from welfare-to-work, and dropouts or those who are at risk of dropping out could benefit greatly from such a program. The Oakland Unified School District would be especially suited to conduct a demonstration program in this area.

The Committee encourages the Department of Education to provided $2,000,000 to conduct a demonstration project that provides students and community members with the opportunity to enhance learning through state-of-the-art information technology systems. An information technology learning center for the public, equipped with high-technology instructional labs including networked computer work stations, overhead projection systems, and video-audio

links to other sites would provide employers, employees, residents, and K–12 students and teachers the opportunity to increase their technological skills. Mansfield University in Pennsylvania would be especially suited to conduct a demonstration in this area.

The Committee encourages the Department to provide $2,500,000 for a demonstration to establish a comprehensive, integrated voice-video-data communications network which will permit easy access to computer networks from both on- and off-campus locations including local education agencies. The project should include statewide access to the faculty, research, and library resources for elementary and secondary education, participants in continuous and distance learning programs, and other educational institutions across the State. In addition, there should be a significant non-Federal level of financial participation. Rutgers, the State University of New Jersey, would be especially suited to carry out a demonstration project as described above.

It has been brought to the Committee's attention that a successful computer learning program can improve the educational attainment of at-risk youth. The Beaufort County schools have been participating in the Learning with Laptops Program, which provides laptop computers for home use, and has shown great success in bringing new opportunities to students and their families. The Committee encourages the Department to provide $1,000,000 for a demonstration program such as the one described above.

The Committee has been impressed with an innovative program developed in conjunction with the Krell Institute in Ames, IA, which integrates mathematics, science, and technology into a comprehensive curriculum using a learner-centered problem-based approach to learning. Through professional development summer programs for teachers, this program helps secondary school students develop the skills necessary to compete in a technology-based work environment. To help meet the need for a technology-capable work force in Alabama, Colorado, Iowa, New Mexico, and Tennessee, the Committee urges the Department to include $2,000,000 for a demonstration project such as the one described above.

Community colleges are a valuable technical assistance resource to primary schools, especially those serving disadvantaged children. The Committee strongly urges the Secretary to place a high priority on new projects which link the technology resources of community colleges in Iowa with elementary, middle, and secondary schools in low-income communities.

The Committee encourages the Department to use $1,200,000 to conduct a demonstration that would provide user-friendly online services that help teachers apply technology in their classrooms. A program using Internet technologies to deliver learning resources to students from kindergarten through high school to increase student achievement, enhance teacher proficiencies, and foster community participation in the educational process will enable teachers to access resources and services at any time from any place in the State. The program can provide a model of how technology can enhance education for the Nation. LEARN North Carolina, in conjunction with the University of North Carolina at Chapel Hill, is currently developing such a program and would be especially suited to carry out a demonstration in this area.

The Committee urges the Secretary to provide $2,000,000 for a traveling museum technology exposition that will showcase the latest computer hardware and software technologies and materials. Instructional programs and seminars by local museum curators and educators on how best to integrate new and existing technologies into museum exhibits and the classroom would also be highlighted. The Museums and Universities Supporting Educational Enrichment, Inc., in Philadelphia, PA, would be especially suited to carry out such a program.

The Committee is aware of a unique opportunity to advance this Nation's knowledge of the Constitution and the role that technology can play in developing programs to expand the research and teaching of constitutionalism and democracy. Programs which foster cooperative efforts to develop strategic linkages with scholars and public officials, both in the United States and around the world; collaboration in the development of a state-of-the-art web site; academic programming, conferences, and symposia; and the creation of programs on contemporary and historical constitutional issues would make a direct contribution toward such an effort. Therefore, the Committee directs the Department to include $10,000,000 for development of a program which will use technological advances to engage all citizens in understanding the Constitution and its history. The National Constitution Center in partnership with the University of Pennsylvania would be the entities best suited to carry out a project such as the one described above.

The Committee encourages the Department to include $850,000 to develop and implement a series of professional development courses for elementary and secondary school teachers through the Internet. An Internet-based curriculum could provide training to teachers in remote and isolated areas, such as villages in Alaska, who could not otherwise take advantage of training opportunities. The State of Alaska's Department of Education would be especially suited to carry out a project such as the one described above.

The Committee urges the Secretary, when awarding educational technology grants, to give full and fair consideration to the application for a grant award submitted by the Sedro-Woolley School District, in consortia with the Woodring College of Education; Western Washington University; Educational Service District No. 189; Anacortes School District No. 103; Burlington School District No. 100; Concrete School District No. 11; La Conner School District No. 311; and Mount Vernon School District No. 320.

The Committee continues its concern regarding the growing need for the use of online resources in education, and the increasing importance of access to computer technology for all educational institutions. Increasing computer connectivity, joint storage, and data mining capabilities at the regional level have the potential to vastly improve the quality of primary and secondary schools as well as colleges, universities, and the private sector. The Committee, therefore, encourages the Department to provide $2,000,000 for a demonstration project to develop a supercomputing infrastructure with broad-based networking applications for elementary and secondary schools, colleges, and universities. The model should also include access to science and medical technology. The HUBS project in the Delaware Valley region of Pennsylvania is currently providing

mail, Internet access, and automated library systems and would be especially suited to conduct a demonstration in this area.

The Committee urges the Secretary, when awarding educational technology grants, to give consideration to school districts around the country, such as the Houston Independent School District, that encompass high concentrations of at-risk youth, empowerment zones, and enhanced enterprise communities.

Technology has been proven to be an effective learning tool for students and an important teaching aid for teachers. However, a great need exists for a technology component for teacher certification. A program which emphasizes technology as a learning tool and one that will lead to preservice competency in distance learning, instructional television, and web-based and multimedia instruction would be especially useful. The Committee encourages the Department to provide $2,000,000 for such a technology program. The Utah Education Network would be in position to carry out such a project.

The Committee urges the Department to provide $1,000,000 in funds for a project to train teachers in the effective use of instructional technology and its integration into classrooms. A public-private partnership of school districts, parents and teachers, universities and colleges, businesses, and community organizations would provide the structure for such an initiative. The technology for learning initiative located in Los Angeles, CA, would be especially suited for such a project.

The Committee encourages the Department to provide $1,000,000 for a state-of-the-art science and technology center that will develop programs to foster collaboration between science and nonscience faculties and increase educational achievement. The Lieutenant Joseph P. Kennedy, Jr. Center for Collaboration in Science and Technology would be especially suited.

The Committee encourages the Department to provide $2,000,000 for a pilot program to ensure that low-income students have access to computer technology. A program that would link schools, classrooms, and libraries through local and wide area networks would provide students with expanded opportunities for learning. The Newport News public schools technology plan would be especially suited for such a demonstration.

The Committee is aware of an innovative project to assist parents in technology-based instruction. The Alhambra School District is currently operating such a program and would serve as a good model to supply parents with another educational tool.

National activities

The Committee recommends no funds for the educational technology national activities. The administration requested $87,000,000 for this program authorized by title III, part A of the ESEA. No funds were provided for this purpose in fiscal year 1998. This activity supports Federal leadership activities that promote the use of technology in education. Funds may be used for teacher training technology, community-based technology, and technology leadership activities.

Star schools

For the star schools program, the Committee recommends $46,500,000, an increase of $12,500,000 over the administration request and the 1998 appropriation.

This program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, primarily by means of telecommunications technologies and to serve underserved populations. The program supports eligible telecommunications partnerships to develop and acquire telecommunications facilities and equipment, instructional programming teacher training programs and technical assistance.

The Committee is aware of the benefits learning programs are having in enhancing education access, resource sharing, and communication among rural communities. The Committee urges the Department of Education to provide $2,000,000 for a demonstration project to develop a technology enhancement initiative that would offer access to higher education courses, library resources, and teacher technology education at a variety of community sites via distance learning to underserved counties. Elmira College is currently providing enhanced distance education and teacher technology training activities in the southern tier of New York and the northern tier of Pennsylvania, and would be especially suited to conduct a demonstration in this area.

The Committee encourages the Department to provide $800,000 for a demonstration project to enhance the distance delivery of natural resources management courses including soils and forestry to students in rural areas. The project could focus on the unique geographical obstacles that prevent or hamper traditional outreach activities. Special emphasis could be placed on providing instruction in computer application and geographical information systems for resource managers through formal education or informal workshops and short courses. The School of Agriculture and Land Resources Management at the University of Alaska, Fairbanks would be especially suited to carry out a project such as the one described above.

The Committee strongly urges the Secretary to continue the Iowa statewide project at current funding levels. This will be the final year of funding.

The Committee urges the Department to provide $1,500,000 to boost educational opportunities through distance learning programs. Programs that provide courses through classroom networks will help provide students with affordable access to postsecondary education and training. The Ivy Tech State College, located in Indiana, would be especially suited for such a project.

The Committee encourages the Department to provide $1,000,000 to conduct a demonstration project that would promote the development of integrated information technologies in rural communities. Such a program would work with communities to build compatible technology infrastructure plans, provide instruction on hardware and software solutions, and help community libraries, government agencies, health care providers, and businesses utilize the Internet and other digital networks. The Digital Technology Partnerships for Rural Communities Program is a collaborative effort with the Montana State University, the local gov-

ernment center, Renne Library, and the Colleges of Agriculture, Business, and Engineering and would be especially suited to serve as a prototype for such a project.

The Committee encourages the Department to provide $1,200,000 to conduct a demonstration project which would enable preservice teachers to practice and share their lessons with teachers and students in isolated rural areas. This unique delivery of teacher education would increase education achievement for all students. The multimedia classrooms and laboratories of the Rural Education Technology Center at the Western Montana College would be especially suited to carry out such a demonstration.

The Committee encourages the Department to provide $2,000,000 for a demonstration project to construct a network of fiber-optic communication among universities, technical colleges, schools of art, and public libraries. This program could serve as a model for partnerships among these entities and demonstrate educational resource sharing through advanced telecommunications technology. The Committee notes that Winston-Net, located in Forsythe County, NC, would be especially suited to serve as a model for this project.

Ready to learn television

The Committee recommends an appropriation of $11,000,000 for the ready to learn television program, an increase of $4,000,000 over the amount appropriated in fiscal year 1998 and requested by the administration.

This program supports the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school, consistent with the first national education goal that all children should start school ready to learn. The program also supports the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming.

Telecommunications demonstration project for mathematics

The Committee recommends $5,000,000 for the continuation of this PBS initiative called Mathline, $3,000,000 more than the amount recommended by the administration and $2,965,000 more than the fiscal year 1998 appropriation. Funds are used to carry out a national telecommunication-based demonstration project designed to train elementary and secondary school teachers in preparing all students for achieving State content standards in mathematics.

This is a highly effective program which provides state-of-the-art training for math teachers through video, print, and online, leader-led, group discussions. The Committee is pleased with the responses to the project and with the reaction of PBS to participant evaluations which suggested changes in accessibility and interactive discussions through the Internet. The project has laid the groundwork for technology driven network-based teacher training. The additional funding is intended to allow expansion of the program for preservice, as well as inservice teacher training in technology and science through the existing PBS satellite links at col-

leges and schools across the country. The Committee is encouraged by the effectiveness of the program and with the ability to reach most of our Nation's current teachers, as well as those still in colleges and universities.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 1998	$8,021,827,000
Budget estimate, 1999	8,495,892,000
Committee recommendation	8,334,781,000

The Committee recommends an appropriation of $8,334,781,000 for education for the disadvantaged. This is $312,594,000 more than the fiscal year 1998 appropriation and $161,111,000 less than the administration request. In fiscal year 1998, $1,448,386,000 was made available for this account in fiscal year 1999 funds. This year, the Committee recommendation forward funds $2,500,000,000 for fiscal year 2000. The Committee took this action because of the severe budget constraints facing the Committee in fiscal year 1999.

Programs financed under this account are authorized under title I of the Elementary and Secondary Education Act [ESEA] and section 418A of the Higher Education Act. ESEA title I programs provide financial assistance to State and local educational agencies [LEA's] to meet the special educational needs of educationally disadvantaged children, migrant children, neglected and delinquent children in State institutions, and juveniles in adult correctional institutions. In addition, the Even Start Program supports projects that integrate early childhood education with parenting and adult literacy training. Funds for most of these programs are allocated through formulas that include the number of eligible children and each State's average per-pupil expenditure. Even Start funds are allocated according to each State's proportion of title I grants to LEA's.

Grants to local educational agencies

Title I grants to local educational agencies provide supplemental education funding to LEA's and schools, especially in high-poverty areas, to help low-income, low-achieving students learn to the same high standards as other children. The program currently provides services to more than 10 million children. The formula for basic grants is based on the number of children from low-income families in each county, weighted by per-pupil expenditures for education in the State. States in turn make suballocations from the county to the LEA level using the best data available on the number of poor children. States are also required to reserve funds generated by counts of children in correctional institutions to make awards to LEA's for dropout prevention programs involving youth from correctional facilities and other at-risk children. By law, 1 percent of the total LEA grant appropriation is set aside for the Bureau of Indian Affairs and the outlying areas.

For title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $6,574,000,000. This amount is $300,788,000 more than appropriated in fiscal year 1998 and $300,000,000 more than the budget request.

The Committee has provided no funding for the targeted grants program. The administration requested $293,000,000 for this program which distributes funds in a manner that provides higher per-children amounts for counties with the highest percentage of poor children.

The Committee recommends $1,102,020,000 for concentration grants, the same amount appropriated in fiscal year 1998 and $97,980,000 less than the budget request. Funds under this program are distributed according to the basic grants formula, except that they only go to counties and LEA's where the number of poor children equals at least 6,500, or 15 percent, of the total school-aged population. Approximately 66 percent of counties nationally receive funds.

The Committee has again included bill language providing that no local educational agency receive an allocation under title I, part A that is less than its allocation of the previous year. For fiscal year 1999, the Department will, for the first time, make allocations directly to local educational agencies if the Census Bureau can produce LEA-level data that the Secretaries of Education and Commerce determine, with the advice of the National Academy of Sciences, are valid and appropriate for that purpose. If the Bureau cannot produce such data, the Department will make allocations using newly updated county-level data. In either case, a 100-percent hold-harmless requirement will protect the allocations to school districts and States during a time of transition to new data. The Committee will continue to consider additional steps that can be taken to target title I aid on States and local educational agencies in greatest need. The Committee added additional funds to accommodate the hold-harmless provision.

The Committee supports national efforts to help school districts improve class size and teacher quality, especially for disadvantaged students. Research shows that class size reduction leads to educational improvement in areas such as reading and mathematics for all students, but especially for disadvantaged students. The benefits of smaller classes are greatest for lower achieving, minority, poor, and inner-city children. One study found that urban fourth-graders in smaller-than-average classes were three-fourths of a school year ahead of their counterparts in larger-than-average classes.

Teachers in small classes can provide students with more individualized attention, spend more time on instruction and less on other tasks, cover more material more effectively, and are better able to work with parents to further their childrens' education. Smaller classes allow teachers to identify and work more effectively with students who have learning disabilities and, potentially, can reduce those students' need for special education services in the later grades. Students in smaller classes are able to become more actively engaged in learning than their peers in large classes.

The quality of teacher training and education also drives the quality of student achievement. Efforts to improve teacher training and teacher quality must be part of any effort to reduce class size, with efforts to be determined by the local educational agency.

Efforts available to local educational agencies should include: (*a*) training teachers in effective reading instructional practices (in-

cluding practices for teaching students who experience initial difficulty in learning to read) and in effective instructional practices in small classes; (*b*) paying the costs for uncertified or unlicensed teachers hired to teach grades one through three, to obtain full certification or licensure within 3 years of such hiring; (*c*) providing mentors or other support for teachers in grades one through three; (*d*) improving recruitment of teachers for schools that have a particularly difficult time hiring certified or licensed teachers; and (*e*) providing scholarships or other aid for education and education-related expenses to paraprofessionals or undergraduate students in order to expand the pool of well-prepared, and certified or licensed, teachers.

The Committee strongly urges the Department of Education to expand demonstration projects under title I to be permitted to be used for the purposes of reducing class size and improving teacher quality. Title I funds could be used by local educational agencies to hire and retain well-qualified, well-trained teachers to reduce class size in grades K–3, and to improve the quality of their teaching pool. Quality improvement options such as those listed above would qualify for funding.

Comprehensive school reform

The Committee recommends $120,000,000 for the comprehensive school reform program which was created through the fiscal year 1998 appropriations act and funded under the title I demonstration authority. This program received first time funding in fiscal year 1998 at the same level recommended in fiscal year 1999. The administration requested $150,000,000 for this purpose in fiscal year 1999. This program provides schools with funding to develop or adopt, and implement, comprehensive school reforms based on reliable research and effective teaching practices.

Capital expenses for private school students

The Committee recommends $35,000,000 for the capital expenses program, a decrease of $6,119,000 below the 1998 appropriation and $25,000,000 above the budget request.

The Supreme Court's 1985 *Aguilar* v. *Felton* decision prohibited districts from sending public schoolteachers or other employees to private sectarian schools for the purpose of providing title I services. The capital expenses program has helped districts comply with *Felton* by paying a portion of the additional capital costs associated with serving religious school students outside school premises. Funds are used by districts for noninstructional goods and services such as renting classroom space in neutral sites, renting or purchasing mobile vans for title I instruction, or transporting private schoolchildren to the place of title I instruction.

On June 23, 1997, the Court reversed its earlier ruling, and districts may now provide title I instruction in private schools. However, many school districts will continue, over the short term, to incur costs as a result of the original 1985 decision. For example, some may have entered into multiyear leases for vans, portable classrooms, or other neutral instructional sites. The Committee, therefore, has recommended continuation of this program until an

assessment has been made as to what the final costs are for *Felton* compliance.

Funds are allocated to States according to the proportion of non-public school students served under the title I LEA grants program in the most recent year for which satisfactory data are available.

Even Start

For the Even Start program, the Committee recommends $124,000,000, the same as the fiscal year 1998 appropriation and an increase of $9,008,000 above the budget request.

The Even Start program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education Act. Programs combine early childhood education, adult literacy, and parenting education.

States receive funds on the basis of their proportion of title I LEA grant allocations and make competitive 4-year grants to partnerships of local educational agencies and community-based organizations. Grant funds must be equitably distributed among urban and rural areas and the local share of program costs increases from 10 percent in the first year to 40 percent in the fourth year.

Migrant

For the State agency migrant program, the Committee recommends $320,473,000, an increase of $15,000,000 above the amount appropriated in fiscal year 1998. The administration requested $354,689,000 for this program.

The title I migrant program authorizes grants to State educational agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on each State's average per-pupil expenditure for education and counts of migratory children aged 3 through 21 residing within the States. Only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program. Currently, this program serves approximately 624,000 migrant students.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs.

Neglected and delinquent

The Committee recommends $40,311,000 for the title I neglected and delinquent program, the same amount appropriated in 1998 and the amount recommended by the administration.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions.

Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside up to 10 percent of their neglected and delinquent funds to help students in State-operated institutions to make the transition into locally operated programs.

Transition activities are designed to address the high failure and dropout rate of institutionalized students and may include alternative classes, counseling and supervisory services, or educational activities in State-supported group homes.

Evaluation

The Committee bill includes $6,977,000 for title I evaluation activities, the same amount appropriated in fiscal year 1998. The amount recommended is a decrease of $1,923,000 below the budget request.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is contributing to student performance. The recommended amount will provide sufficient funds to design, implement, and produce multiyear evaluations that will assess the effects of the changes made in the reauthorization of the title I program.

Transition to school demonstrations

The Committee recommends no funds for the transition to school demonstrations. No specific authorization for this program currently exists. The administration requested $35,000,000 for this purpose. No funds were provided in fiscal year 1998. The Department planned to use funds to demonstrate effective practices that provide continuity among preschoool programs, kindergarten, and the early primary grades.

High school equivalency program

The Committee bill includes $8,000,000 for the high school equivalency program [HEP]. This amount is an increase of $366,000 above the amount appropriated in fiscal year 1998 and $2,000,000 below the amount requested by the administration.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students aged 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a postsecondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. HEP will serve about 3,600 migrants in 1998.

College assistance migrant program

For the college assistance migrant program [CAMP], the Committee recommends $4,000,000, an increase of $1,919,000 above the fiscal year 1998 appropriation and $1,000,000 below the amount requested by the administration.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for followup services after students have completed their first year of college, including assistance in obtaining student financial aid. CAMP will serve about 375 students in 1998.

IMPACT AID

Appropriations, 1998	$808,000,000
Budget estimate, 1999	696,000,000
Committee recommendation	810,000,000

The Committee recommends an appropriation of $810,000,000 for impact aid for the Department of Education. This amount is $2,000,000 above the 1998 appropriation and $114,000,000 above the administration request.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education. During the current school year, approximately 2,000 school districts will receive payments on behalf of 1.2 million eligible children.

The Committee has turned down the administration's language as follows: Language specifying that payments shall be made only for children living on Indian lands and children of members of the uniformed services living on Federal property; language overriding the eligibility requirements under section 8003; language specifying the maximum basic support payment for which an LEA is eligible; language overriding the learning opportunity threshold and language overriding the hold-harmless provision of the statute so that all payments would be distributed by formula.

It has been brought to the Committee's attention that the Hatboro-Horsham School District, in Horsham, PA, is responsible for educating children who are classified as civilian B and military A children, but currently does not meet the guidelines for reimbursement by the Department of Education. The Committee requests that the Department review its actions with regard to payments made to the Hatboro-Horsham School District and take steps to ensure that the school district be given adequate payment to meet the educational needs of the district's children.

The Committee continues its concern regarding the financial problems that the Centennial School District in Warminster, PA, is experiencing due to the closure of the Warminster Naval Air Warfare Center. The district is responsible for educating children whose parents reside in naval housing, but are assigned to the Naval Air Station Joint Reserves in Willow Grove, located in a neighboring school district. The Committee requests that the Department review its actions with regard to payments made to the Centennial School District and take steps to ensure that adequate funding is available to provide a quality education for the district's children.

It has been brought to the Committee's attention that Randolph Elementary School in Texas has been experiencing severe overcrowding conditions. Classroom facilities are also causing safety

concerns and threaten the academic achievement of students at the school. The Committee requests that the Department work with the Randolph Field Independent School District to rectify the problem.

The Committee is concerned that when impact aid funds are transferred to designated local banks, oftentimes neither the school district nor the county is aware of the deposit, and the deposit may not immediately enter into the proper account. It can take several days for the county to receive the payment notice, and several more days for the district to be notified. As a result, both the bank and the county earn interest that would otherwise be earned by the district if the payment were deposited directly into the proper account. The Committee recommends that the Department coordinate the transfer of funds with the payment notice to expedite the deposit of those funds into the districts' accounts, and consider notifying a district in advance of the date on which the transfer of funds will occur.

It has been brought to the Committee's attention that the Box Elder public schools located on the Rocky Boy Indian Reservation have had an increase in their enrollment from 210 to 375 students. This is primarily due to the construction of 150 new homes in the area. Severe overcrowding has forced administrators to use recreation buildings as classrooms. The makeshift school facilities are without a working sewer, and the classrooms in the basement are without windows or ventilation. The Committee requests that the Department work with the Box Elder public schools to rectify the problem.

The Committee is aware of the severe overcrowding conditions which exist at the public school on the Fort Peck Indian Reservation. The school is utilizing two modular units, one of which houses the fifth grade and the other the seventh and eighth grades. The Committee requests that the Department review the situation at the Brockton, MT, public schools and work with the school district to rectify the problem.

It has been brought to the Committee's attention that the Navajo Mountain community, located on the Navajo Reservation, is in need of a school facility which would be large enough to accommodate the Arizona and Utah students who reside in the community. Children living on the Arizona border, live 75 miles away from the nearest Arizona high school. The San Juan School District, located in Utah, is currently constructing a new high school; however, the school will not be large enough to accommodate the Arizona students. Additional funds are needed for this expansion project. The Committee requests that the Department of Education review the situation and take steps to rectify the problem.

It has come to the Committee's attention that the North Hanover Township public schools, located in New Jersey, have been adversely affected by the Department's interpretation of the definition of available revenues. The Committee understands that New Jersey State law prohibits school districts from paying for supplies, materials, and other expenses until a contract is completed for supplies and materials, thus fund balances often include obligated funds that have not been expended. The Committee urges the Department to work with the district to rectify this problem.

The Committee is aware of the problem which exists in Day County, SD, involving the Webster school district. The county has experienced severe chronic flooding over the past 5 years which has resulted in a decrease in property tax receipts. The school district is having difficulty proving eligibility for section 8002 because a fire destroyed tax records. The Committee requests that the Department review the problems facing the schools in Day County, and work with the school to rectify the problem.

Basic support payments.—The Committee recommends $662,000,000 for basic support payments, the same amount appropriated in fiscal year 1998 and $36,000,000 above the amount recommended by the administration. Under statutory formula, payments are made on behalf of all categories of federally connected children.

Payments for children with disabilities.—Under this program additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act. The Committee bill includes $50,000,000 for this purpose, the same as the 1998 level and $10,000,000 above the administration request. The Committee has included this increase due to the rising costs of providing educational services to special needs children.

Payments for heavily impacted districts.—These payments provide additional assistance to certain local educational agencies that enroll large numbers or proportions of federally connected children. The Committee recommends $62,000,000, the same amount appropriated in fiscal year 1998 and an increase of $42,000,000 over the amount requested by the administration.

Facilities maintenance.—This activity provides funding for maintaining certain school facilities owned by the Department of Education. The Committee recommends $5,000,000 for this purpose in fiscal year 1999, a decrease of $5,000,000 below the budget request and an increase of $2,000,000 above the amount appropriated in fiscal year 1998.

Construction.—Payments are made to eligible LEA's to be used for construction and renovation of school facilities, or for debt service related to the construction of school facilities. The Committee recommends $7,000,000 for this program, the same amount appropriated in fiscal year 1998. The administration requested no funds for this program.

Payments for Federal property.—These payments compensate local educational agencies in part for revenue lost due to the removal of Federal property from local tax rolls. Payments are made to LEA's that have a loss of tax base of at least 10 percent of assessed value due to the acquisition since 1938 of real property by the U.S. Government. The Committee recommends $24,000,000 for this activity in 1999, the same as the fiscal year 1998 amount. No funds were requested by the administration for this activity.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 1998	$1,541,188,000
Budget estimate, 1999	1,475,800,000
Committee recommendation	1,655,188,000

The Committee recommends an appropriation of $1,655,188,000 for school improvement programs. This amount is $114,000,000 more than the 1998 appropriation and $179,388,000 more than the administration's request.

Eisenhower professional development State grants.—The Committee recommends $335,000,000 for Eisenhower professional development State grants, the same as the fiscal year 1998 appropriation and the same amount requested by the administration. This program provides formula grants to States to support sustained and intensive high-quality professional development activities in the core academic subjects at the State and local levels.

Innovative education program strategies State grants.—The Committee recommends $350,000,000 for innovative education program strategies State grants, the same as the fiscal year 1998 appropriation. The administration proposed to eliminate funding for this program. This program makes grants to State and local educational agencies for activities intended to help meet the national education goals and assist in their reform of elementary and secondary education. Funds are awarded to States by a formula based on school-aged population and then to local districts under a State-determined formula. State and local funds may be used for acquisition of instructional materials such as library books, curricular materials, and computer software and hardware; improving educational services to disadvantaged children and dropout prevention; combating illiteracy among children and adults; programs for gifted and talented children; and reform activities consistent with Goals 2000. Teacher training and other related activities in support of any of these purposes is also authorized.

Safe and drug free schools and communities

State grant program.—The Committee bill provides $381,000,000 for the safe and drug free schools and communities State grant program. The amount recommended is $150,000,000 below the fiscal year 1998 appropriation and $145,000,000 below the budget request.

National programs.—The Committee has included $175,000,000 for the national programs portion of the safe and drug free schools program, an increase of $145,000,000 above the amount requested by the administration and $150,000,000 above the fiscal year 1998 appropriation.

School violence initiative

The Committee is extremely concerned about the increasingly frequent occurrence of violence in our Nation's schools. Therefore, the Committee directs the Secretary to use $150,000,000 of the amount provided for safe and drug free schools and communities national programs to support activities that promote safe learning environments for students. Such activities should include targeted assistance, through competitive grants, to local educational agencies for communitywide approaches to creating safe and drug free schools; providing alternative education settings for students who are expelled for bringing a gun to school or for other disciplinary reasons; improving the assessment of student behavior as part of the disciplinary process, and enhancing the capacity of schools to

provide mental health services to troubled youth; and provide training for teachers and school security officers to help them identify students who exhibit early signs that are predictors of violent behavior, and respond to disruptive and violent behavior by students. The Committee also encourages the Department to coordinate efforts with children's mental health programs.

The North Carolina Center for Prevention of School Violence has been running a successful program which has shown to reduce the incidence of violence.

The Committee is aware of the increasing problem of alcohol abuse on college campuses and, therefore, encourages the Department to provide $750,000 for a demonstration project to identify and provide models of alcohol and drug abuse prevention and education programs in higher education at the college level. The Committee encourages the Secretary to make 10 national recognition awards to institutions of higher education that have developed and implemented effective alcohol and drug abuse prevention and education programs.

The Committee recognizes the need to develop and make available alternative programs capable of meeting the objectives of the Safe and Drug Free Schools and Communities Act. Accordingly, the Committee encourages the Department to review established comprehensive programs which might be used as an effective alternative to DARE by local education authorities.

Coordinator initiative

The Committee recommends no funds for the coordinator initiative. No specific authorization for this program currently exists. The administration requested $50,000,000 for this purpose. No funds were provided in fiscal year 1998. The Department planned to use funds for drug and violence prevention program coordinators in middle schools. These coordinators would be responsible for developing, conducting, and analyzing assessments of their schools' drug and crime problems, and identify promising research-based drug and violence prevention strategies and programs to address these problems.

Inexpensive book distribution

For the inexpensive book distribution program, the Committee provides $14,000,000, an increase of $2,000,000 over the 1998 appropriation and $1,000,000 above the amount recommended by the administration. This program is operated by Reading Is Fundamental [RIF], a private nonprofit organization associated with the Smithsonian Institution. RIF supports over 4,500 projects at over 15,000 sites to distribute books to children from low-income families to help motivate them to read. In 1998, an estimated 7.2 million books will be distributed to 2.3 million children. This program has been successful in motivating children to read, increasing the use of libraries, increasing parental involvement in schools, and contributing to improved reading achievement.

Arts in education

For the arts in education program, the Committee recommends $10,500,000, the same as the 1998 appropriation and the adminis-

tration request. The amount recommended will support two awards: $5,246,000 for a grant to very special arts [VSA], which supports the development of programs to integrate the arts into the lives of children and adults with disabilities; and $4,254,000 for a grant to the John F. Kennedy Center for the Performing Arts, which supports a variety of activities through its education department that promote the arts throughout the Nation.

Magnet schools assistance

For the magnet schools assistance program, the Committee bill provides $104,000,000, an increase of $3,000,000 over the amount recommended by the administration and the 1998 appropriation.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of an approved desegregation plan and are designed to attract substantial numbers of students of different social, economic, ethnic, and racial backgrounds. Grantees may use funds for teacher salaries, purchase of computers, and other educational materials and equipment.

Within the amounts provided, the Committee has included $6,000,000 for innovative programs, $3,000,000 more than the budget request and the fiscal year 1998 appropriation.

It has been brought to the Committee's attention that many urban schools are experiencing difficulty maintaining compliance with desegregation plans because of the perception that the educational programs in these schools are inferior to those in the magnet school system. The Committee urges the Department of Education to provide $3,000,000 for schools of special emphasis to demonstrate that urban school systems can remain in compliance with desegregation plans when students have access to high quality, creative, challenging educational opportunities. The Pittsburgh School District would be especially suited to carry out such a demonstration.

It has been brought to the Committee's attention that a new international program for students in K–12 is currently being developed to serve as a foundation for systemic reform involving the business community in educating students about trade, enhancement of language development, and overall academic excellence. The Seattle School District will be submitting a grant application to the Department of Education for funding a program such as the one described above and the Committee urges that full and fair consideration be given to this request.

Education for homeless children and youth

For carrying out education activities authorized by part B, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends $28,800,000, the same as the fiscal year 1998 amount and $1,200,000 below the budget request.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to carry out other activities to ensure that all homeless children and youth in the State have access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth. Grants are made

to States based on the total that each State receives under the title I program.

Women's educational equity

The Committee recommends $3,000,000 for the women's educational equity program, the same as the fiscal year 1998 appropriation and the same as the amount requested by the administration. The program supports projects that assist in the local implementation of gender equity policies and practices.

Training and advisory services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee recommends $7,334,000, the same as the fiscal year 1998 appropriation and $966,000 below the administration's request.

The funds provided will continue the 10 regional equity assistance centers [EAC's] formerly known as regional desegregation assistance centers. Each EAC's provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs. No funds are included for civil rights units in State education agencies.

Ellender fellowships

For Ellender fellowships, the Committee bill includes $1,500,000, the same as the 1998 appropriation. The administration recommended no funding for this program. The Ellender fellowship program makes an award to the Close Up Foundation of Washington, DC, to provide fellowships to students from low-income families and their teachers to enable them to participate with other students and teachers for 1 week of seminars on Government and meetings with representatives of the three branches of the Federal Government.

Education for native Hawaiians

For programs for the education of native Hawaiians, the Committee bill includes $22,000,000, which is $4,000,000 above the 1998 appropriation and the administration request.

The Committee urges the Department when allocating these funds to provide the following: $5,500,000 for curricula development, teacher training, and recruitment programs, including native language revitalization and encourages priority be given to the University of Hawaii at Hilo Native Language College, acquaculture, prisoner education initiatives, waste management, computer literacy, big island astronomy, and indigenous health programs; $1,000,000 for the community based learning centers; $2,700,000 for the Hawaii higher education program; $2,000,000 for the gifted and talented programs; $2,000,000 for the special education programs; $300,000 for the native Hawaiian education councils; and $8,500,000 for the family based education centers, including preschool education for native Hawaiian children.

Native Hawaiian agriculture partnership.—The Committee is aware of the dismal economic and social conditions in the rural

areas of Hawaii resulting from the closure of several sugar cane plantations that formerly provided infrastructure for these communities. The Committee favors and continues to support the expansion of the partnerships between community-based agricultural businesses and cooperating high schools, where agricultural and business practices are integrated into the curriculum and products that are ultimately purchased by the cooperating businesses.

Waste management innovation.—Preservation of the environment is an important underpinning of Hawaiian culture, however, little is known of the historical practices used by the Hawaiian people to manage waste and guard against overexploitation. The Committee urges the continued study and documentation of traditional Hawaiian practices of sustainable waste management and to prepare teaching materials for educational purposes through a consortium involving Partners in Development (a Hawaiian nonprofit corporation) and the Bishop Museum.

Computer literacy and access for Hawaiian and part-Hawaiian children.—The importance of literacy for success in school has been clearly demonstrated. Disadvantaged native Hawaiian and part-Hawaiian children struggle for opportunities. The Committee is pleased that a nonprofit organization is proposing a collaborative effort with several community-based study help programs staffed by volunteers and serving children in the Hawaiian community. The Committee urges that students interested in becoming elementary and high school teachers be strongly encouraged to pursue these fields of study.

Prisoner education.—Native Hawaiians continue to represent the largest ethnic group in that State's prison system. The Committee urges the Department to support a demonstration project with a goal of reintegration of native Hawaiian youth into school settings or onto a career path and job placement through comprehensive, culturally sensitive individual and family counseling; educational skills training; and employment training/job placement. This project should target native Hawaiian youth in districts with high percentages of school dropouts and youth offenders.

Big Island astronomy project.—Mauna Kea is internationally known for optical, infrared, and millimeter astronomy; is home to all four of the new generation telescopes; and is a cultural site of great importance to native Hawaiians. Given that very few Hawaiians are employed by these programs, the Committee urges the Department to set aside funding for development of educational programs to encourage native Hawaiians to enter the field of astronomy, with emphasis on astronomy as a profession; operation of astronomical and observatory equipment; or scientific and cultural expertise.

Indigenous health.—The Native Hawaiian Health Care Improvement Act provides authority for inclusion of native Hawaiian traditional healers in the comprehensive health care delivery system. There is similar recognition of traditional healing within the Indian Health Service health care delivery system. Because of a lack of available instruction in traditional medicine, this knowledge is being lost for younger generations of native Americans and native Hawaiians. The Committee, therefore, recommends funding for the

education of health care practitioners in traditional medicines and techniques in native Indian and native Hawaiian communities.

Alaska Native educational equity

The Committee recommends $12,000,000 for the Alaska Native educational equity assistance program, authorized under title IX, part C, of the Elementary and Secondary Education Act. This amount is $4,000,000 over the 1998 appropriation and the budget request. These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for development of supplemental educational programs to benefit Alaska Natives. The Committee directs the Department to consult with the Alaska Federation of Natives [AFN] in developing criteria for grant proposals and consult with AFN in developing criteria for evaluating projects.

It has been brought to the Committee's attention that in urban areas, 60 percent of Alaska Natives entering high school do not graduate, and the Alaska Natives test scores are on average 40 percent lower than those of other students. In some districts, none of the Alaska Native elementary students and 40 percent of Native high school students are performing at their grade levels. The funds provided under the Alaska Native educational equity assistance program will help to address some of the barriers faced by Native Alaskan children and develop programs tailored to the unique needs of these children to improve performance levels.

Charter schools

The Committee recommends $80,000,000 for support of charter schools, which is the same as the 1998 appropriation and $20,000,000 below the budget request.

This program, authorized under title X, part C of the Elementary and Secondary Act of 1965, as amended, provides funds to the Secretary to make awards to State educational agencies, which, in turn, make subgrants to partnerships of developers and local education agencies or other public entities that can authorize or approve a charter school. Grants are limited to 3 years in duration, of which not more than 18 months may be used for planning and program design, and not more than 2 years for the initial implementation of a charter school.

Unlike traditional public schools, charter schools operate under charters or contracts with school districts, State education agencies, or other public institutions. They are designed by groups of parents, teachers, school administrators, other members of the community, and private corporations and are held accountable for student performance under the terms of their contracts. Also, charter schools can operate with considerable autonomy from external controls such as district, State, and union requirements.

Comprehensive regional assistance centers

The Committee recommends $27,054,000 for the comprehensive regional technical assistance centers. This recommendation is the same as the fiscal year 1998 level. The administration recommended $40,000,000 for this program. This program supports 15 regional centers that provide support, training, and technical assistance to Department of Education grantees. Of the amount rec-

ommended, approximately $135,000 is for an evaluation to collect performance indicator data that would improve the delivery of technical assistance centers.

Advanced placement test fees

The Committee recommends $4,000,000 for the advanced placement test fees program, an increase of $1,000,000 above the amount requested by the administration and the amount appropriated in fiscal year 1998. This program awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income individuals who are enrolled in an advanced placement class and plan to take an advanced placement test.

Education opportunity zones

The Committee recommends no funds for the Educational Opportunity Zones Program. No authorization currently exists for this program. The administration requested $200,000,000 for this purpose. No funds were appropriated in fiscal year 1998. The Department planned to use these funds to award competitive grants to local educational agencies that set challenging academic standards for all students; hold students, teachers, and administrators accountable for results; expand public school choice; and prepare to intervene in failing schools.

Education infrastructure

The Committee recommends $100,000,000 for this new program authorized by title XII of the Elementary and Secondary Education Act, that would provide Federal grant funding for the repair, renovation, alteration, and construction of public elementary and secondary school libraries, media centers, and facilities used for academic or vocational instruction.

Infrastructure grants would be made to urban and rural school districts that serve large numbers or percentages of disadvantaged students and that have urgent infrastructure needs. The statute requires the Secretary to give priority to applicants lacking the fiscal resources to undertake the project without Federal support and to projects needed to address conditions that compromise learning, health, or safety.

Grants may be used for the inspection, repair, and upgrade of academic and library facilities; to meet the requirements of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990; to remove or contain severely hazardous materials such as asbestos, lead and radon; and to comply with Federal, State, or local building codes.

CHILD LITERACY INITIATIVE

Appropriations, 1998	
Budget estimate, 1999	$260,000,000
Committee recommendation	

The Committee recommends no funding for a child literacy initiative. The administration requested $260,000,000 to begin the new America reads challenge program which would train 30,000 reading specialists and coordinators to mobilize 1 million volunteer

reading tutors over the next 5 years. The fiscal year 1998 funds were provided only if authorized by subsequent legislation enacted by July 1, 1998. Because the authorizing legislation was not enacted by that date, the funds will be used for the Individuals With Disabilities Basic Grant Program in fiscal year 1999.

INDIAN EDUCATION

Appropriations, 1998	$59,750,000
Budget estimate, 1999	66,000,000
Committee recommendation	66,000,000

The Committee recommends $66,000,000 for Indian education programs, an increase of $6,250,000 above the fiscal year 1998 appropriation and the same as the budget request.

Grants to local education agencies

For grants to local education agencies, the Committee recommends $62,000,000, an increase of $2,250,000 above the 1998 appropriation and the same as the budget request. These funds provide financial support to reform elementary and secondary school programs that serve Indian students, including pre-school children. Funds are awarded on a formula basis to local educational agencies, the Bureau of Indian Affairs [BIA]-supported schools and BIA operated schools.

Special programs for Indian children

The Committee recommends $3,265,000 for special programs for Indian children, the same as the budget request. No funds were provided for this purpose in fiscal year 1998. Funds will be used for demonstration grants to improve Indian student achievement through early childhood and preschool education programs, and professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National activities

The Committee recommends $735,000 for national activities, the same as the budget request. No funds were provided for this purpose in fiscal year 1998. Funds are used for research, evaluation, and data collection to provide information on the educational status for the Indian population and on the effectiveness of Indian education programs.

BILINGUAL AND IMMIGRANT EDUCATION

Appropriations, 1998	$354,000,000
Budget estimate, 1999	387,000,000
Committee recommendation	354,000,000

The Committee recommends an appropriation of $354,000,000 for bilingual and immigrant education. This is the same as the 1998 appropriation and $33,000,000 below the administration's request.

The bilingual programs authorized by title VII of ESEA are designed to increase the capacity of States and school districts to provide special instruction to limited-English proficient students.

Instructional services

The Committee bill includes $160,000,000 for bilingual instructional programs, the same as the 1998 level and $8,000,000 below the President's request.

This activity provides competitive grants, primarily to school districts, to improve the quality of instructional programs for limited-English proficient students. Schools are permitted to select the instructional approach best suited to their students, except that no more than 25 percent of program funds may be used to support instruction that does not make use of the students' native language. Funds may also be used to provide services for preschool children and parents to assist in the education of their children.

Support services

The Committee has included $14,000,000 for support services, the same as the fiscal year 1998 appropriation and the administration's request. This program provides discretionary grants and contracts in four specific areas: research and evaluation; dissemination of effective instructional models; data collection and technical assistance; and a national clearinghouse to support the collection, analysis, and dissemination of information about programs for limited-English proficient students.

Professional development

The Committee recommends $25,000,000 for professional development, a decrease of $25,000,000 below the budget request and the same as the fiscal year 1998 appropriation.

These funds support the training and retraining of bilingual education teachers and teacher aides, graduate fellowships related to the field of bilingual education, and grants to institutions of higher education to improve bilingual teacher training programs.

Immigrant education

The Committee recommends $150,000,000 for immigrant education, the same as the administration request and the fiscal year 1998 appropriation.

The Immigrant Education Program provides financial support to offset the additional costs of educating recently arrived immigrant students who often lack proficiency in English and need special services to make the transition to the American educational system. Federal dollars flow through State educational agencies to school districts enrolling a minimum of 500 eligible immigrant students or where eligible immigrant children represent at least 3 percent of the enrollment. The Committee agrees with the administration and has included bill language to permit States to allocate all or any part of the funds to LEA's on a discretionary basis.

Foreign language assistance

The Committee recommends $5,000,000 for competitive foreign language assistance grants, the same amount appropriated in fiscal year 1998 and requested by the administration. This activity provides grants to increase the quantity and quality of instruction in foreign languages.

SPECIAL EDUCATION

Appropriations, 1998	$4,810,646,000
Budget estimate, 1999	4,845,646,000
Committee recommendation	5,322,946,000

The Committee recommends a program level of $5,322,946,000 for special education. This is $512,000,000 more than the 1998 appropriation and $477,300,000 above the administration request. This amount includes $210,000,000 advance funded in fiscal year 1998.

These programs, which are authorized by the Individuals with Disabilities Education Act [IDEA], provide assistance to ensure that all children with disabilities have access to a free, appropriate public education, and that all infants and toddlers with disabilities have access to early intervention services. This assistance is provided through State grants that offset a portion of the costs incurred by States and local educational agencies in educating children with disabilities and in developing and implementing statewide systems of early intervention services, and through six new programs that will provide a streamlined structure to help States improve educational and early intervention results for children with disabilities.

Grants to States

The Committee bill provides $4,300,000,000, including the $210,000,000 fiscal year 1998 advance, for special education grants to States, an increase of $499,000,000 more than the fiscal year 1998 appropriation and $489,300,000 above the budget request. This program supports formula grants to States to finance a portion of the cost of providing special education and related services for children with disabilities.

The Committee's recommended funding level represents approximately 11 percent of the estimated average per-pupil expenditure and 9 percent of excess costs, and would provide an estimated Federal share of $688 per child for the 6.2 million children expected to receive special education.

Preschool grants

The Committee recommends $373,985,000 for preschool grants, the same as the fiscal year 1998 appropriation and the same as the budget request. The preschool grant program provides formula grants to States based on the amount of funding received in fiscal year 1997, the number of preschool children aged 3 through 5 years, and the number of preschool children living in poverty.

The amount provided by the Committee is approximately $634 per child for the 590,200 preschoolers expected to receive special education and related services in the next school year.

States may retain an amount equal to 25 percent of their 1997 allocation, cumulatively adjusted upward by the lesser of inflation or the percentage increase in the States allocation, of which 20 percent may be used for administration. These funds may be used for direct and support services for 3- through 5-year-olds; and, at a State's discretion, to serve 2-year-olds with disabilities who will

turn age 3 during the school year; and for other purposes. The remaining funds must be distributed to local educational agencies.

Grants for infants and families

The Committee bill provides $370,000,000 for the part C grants for infants and families program, an increase of $20,000,000 above the fiscal year 1998 appropriation and the same as the budget request. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages birth through 2, and their families.

State improvement

For State improvement, the bill provides $35,200,000, the same as the fiscal year 1998 appropriation and $10,000,000 below the budget request. This program supports competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational systems. The funds provided include continuation costs for severe disabilities and secondary and transitional service programs, which have now expired.

Research and innovation

The Committee has included $64,508,000 for research and innovation, the same as the fiscal year 1998 appropriations and the budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities.

The Committee continues to be concerned about unmet needs among children with disabilities in rural areas, particularly the Mississippi River Delta, and the lack of adequate support in these areas for parents, schools, child care, and health providers to make effective use of local resources. The Committee urges the Department of Education to provide $1,200,000 for the purpose of continuing a project, begun in fiscal year 1998, to provide early intervention and early childhood services to children with disabilities ages birth through 12 years, to assist parents, and to build local capacity to provide and coordinate such services.

The Committee encourages the Department to provide $1,500,000 to support a symposium on the special education needs of children with disabilities. These funds would be used in connection with the 1999 Special Olympics World Games.

Technical assistance and dissemination

The Committee bill provides $44,556,000, the same as the fiscal year 1998 level and the budget request. These funds provide technical assistance and information through competitive awards that support institutes, regional resource centers, clearinghouses, and efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

Personnel preparation

The Committee recommends $82,139,000 for the personnel preparation program. The amount recommended is the same as the fiscal year 1998 appropriation and the budget request. Funds support competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that these personnel have the skills and knowledge they need to serve these children.

The appropriation includes funds to provide personnel preparation grants to high incidence disabilities including grants for graduate support to ensure a proper balance among all authorized grant categories.

Parent information centers

The Committee bill provides $18,535,000 for parent information centers, the same as the fiscal year 1998 appropriation and $2,000,000 below the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and media services

The Committee recommends $32,523,000 for technology and media services, the same as the fiscal year 1998 appropriation and $1,500,000 below the budget request. This program makes competitive awards to support the development, demonstration, and use of technology, and educational media activities of educational value to children with disabilities.

It has been brought to the Committee's attention that audio description and captioned theater are essential instructional tools in the arts education of visually and hearing-impaired children. The Committee urges the Department to conduct a demonstration designed to support statewide access to audio description and captioned theater programming for schools and the disabled community, and to coordinate the public distribution of information on accessibility services. The Kentucky Center for the Arts' accessibility initiative for disabled children is specially suited for this demonstration.

Included in the amount recommended is $6,500,000 for recordings for the blind and dyslexic, an increase of $500,000 over both the amounts requested by the President and the fiscal year 1998 amount. The fiscal year 1999 amount is to be awarded in a single grant to continue and expand activities of RFB&D approved in fiscal year 1998. These activities include production and circulation of recorded textbooks, increased outreach activities to print disabled students and their teachers, and accelerated use of digital technology for RFB&D products and services. This investment will allow the organization to continue efforts to expand the number of students served and to provide materials based on the latest user friendly technologies.

Readline

The Committee recommends $1,500,000 for the Readline Program. The amount recommended is the same as the fiscal year 1998 appropriation. The administration requested no funds for this purpose authorized by section 687 (b)(2)(G) of the Individuals With Disabilities Education Act, as amended, that would disseminate research conducted by the National Institutes of Health, as well as other research concerning effective teaching strategies, early diagnosis of, and intervention for, young children with reading disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 1998	$2,591,195,000
Budget estimate, 1999	2,645,266,000
Committee recommendation	2,645,266,000

The Committee recommends $2,645,266,000 for rehabilitation services and disability research, $54,071,000 more than the 1998 appropriation and the same as the administration request.

Vocational rehabilitation State grants

The Committee provides $2,298,467,000 for vocational rehabilitation grants to States, which is $51,579,000 more than the fiscal year 1998 appropriation and $5,944,000 less than the budget request.

Basic State grant funds assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. Authorizing legislation requires States to give priority to persons with the most severe disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income, and States must provide a 21.3-percent match of Federal funds, except the States share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

The Rehabilitation Act requires that no less than 0.75 percent and not more than 1.5 percent of the appropriation in fiscal year 1999 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on reservations.

Client assistance

The Committee bill recommends $10,928,000 for the client assistance program, an increase of $214,000 more than the fiscal year 1998 appropriation and the same amount recommended by the administration request.

The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except each State is guaranteed a minimum grant of $100,000 if the appropriation exceeds $7,500,000.

States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

Training

The Committee provides $39,629,000 for training rehabilitation personnel, the same as the 1998 appropriation and $5,944,000 above the administration request.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental, and innovative and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf and deaf-blind.

Special demonstration programs

The Committee bill includes $18,942,000 for special demonstration programs for persons with disabilities, an increase of $3,000,000 above the fiscal year 1998 appropriation and the same as the administration request.

This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Special demonstration programs support projects for individuals with a wide array of disabilities.

Migratory workers

The Committee recommends $2,350,000 for migratory workers, the same as the 1998 appropriation and the same level as the budget request.

This program provides a 90-percent Federal match for comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

The Committee provides $2,596,000 for recreational programs, the same as the 1998 appropriation and the administration request.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the

third year. Programs must maintain the same level of services over the 3-year period.

Protection and advocacy of individual rights

The Committee recommends $9,894,000 for protection and advocacy of individual rights, the same as the 1998 appropriation and the same as the budget request.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities.

Projects with industry

The Committee bill includes $22,071,000 for projects with industry, the same as the 1998 appropriation and the administration request.

The projects with industry [PWI] program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program makes grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

Supported employment State grants

The Committee's bill includes $38,152,000 for the supported employment State grant program, the same as the 1998 appropriation and the budget request.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are augmented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population. In 1998 an estimated 38,600 individuals will receive services and it is estimated that approximately 11,550 will achieve an employment outcome.

Independent living State grants

The Committee recommends $22,296,000 for independent living State grants, which is $437,000 more than the amount appropriated in 1998 and the same as the budget request.

The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

Independent living centers

For independent living centers, the Committee bill includes $46,109,000, which is the same as the budget request and $904,000 over the 1998 appropriation.

These funds support consumer-controlled, cross-disability, nonresidential, community-based centers that are designed and oper-

ated within local communities by individuals with disabilities. These centers provide an array of independent living services.

Independent living services for older blind individuals

The Committee provides $11,169,000 for independent living services to older blind individuals, an increase of $219,000 above the 1998 appropriation and the same as the administration request.

This program provides discretionary grants on a competitive basis to State vocational rehabilitation agencies to assist persons aged 55 or older to adjust to their blindness by increasing their ability to care for their individual needs. Services may include the provision of eyeglasses or other visual aids, mobility training, braille instruction, guide services, reader services, and transportation.

Program improvement activities

For program improvement activities, the Committee provides $1,900,000, the same as the budget request and $1,000,000 below the 1998 appropriation. In fiscal year 1999, funds for these activities will continue to support technical assistance efforts to improve the efficiency and effectiveness of the vocational rehabilitation program and improve accountability efforts and performance measures. The funds provided are sufficient to support ongoing program improvement activities and to support a national conference on the findings of the longitudinal study of the vocational rehabilitation program.

Evaluation

The Committee recommends $1,587,000 for evaluation activities, the same as the 1998 appropriation and the administration request.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Department awards competitive contracts for studies to be conducted by persons not directly involved with the administration of Rehabilitation Act programs.

Helen Keller National Center

The Committee bill includes $8,176,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, an increase of $627,000 over the 1998 appropriation and the same as the budget request.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of 45 agencies. At the recommended level, the center would serve approximately 90 persons with deaf-blindness at its headquarters facility and provide field services to approximately 1,750 persons.

National Institute on Disability and Rehabilitation Research

The Committee recommends $81,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR], an increase of $4,200,000 over the amount appropriated in 1998 and the same as the budget request.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities enabling persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

The Committee encourages the Department to provide $1,000,000 to fund research on postpolio syndrome. Specifically, this research should focus on improved symptom assessment of postpolio patients; identification of rehabilitation alternatives for postpolio syndrome patients; and application to other muscular disorders. The Albert Einstein Memorial Hospital in Philadelphia, PA, is currently conducting research in this area, and the Committee requests that full and fair consideration be given to their application.

The Committee encourages the Department to provide $1,000,000 to establish a center to evaluate medical, manipulative, and other techniques used for health problems that result in disability, focusing on research, prevention and treatment of disability. Such a center could promote primary and secondary wellness through lifestyle and behavioral modifications to reduce the morbidity, mortality and disability associated with chronic disease. The Institute for Disability Prevention and Wellness at the New Jersey School of Osteopathic Medicine would be especially suited to carry out such a demonstration.

Assistive technology

The Committee bill provides $30,000,000 for assistive technology, the same as the budget request and $6,109,000 below the fiscal year 1998 appropriation.

The Assistive Technology Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. It provides grants to States to develop comprehensive, consumer responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

The Committee is aware of the financial hardships that persons with disabilities face in acquiring assistive technology. Assistive technology provides a disabled individual the means to function better in the workplace and at home. This technology, which aids the millions of Americans with physical or mental disabilities, improves the users' quality of life as well as renders a means for ac-

quiring a job. Recognizing the implications of improved access to assistive technology, the Committee encourages the Department to provide sufficient funds to implement a microloan demonstration program to assist disabled persons to purchase assistive technology.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 1998	$8,186,000
Budget estimate, 1999	8,256,000
Committee recommendation	8,661,000

The Committee recommends $8,661,000 for the American Printing House for the Blind [APH], $405,000 above the budget request and an increase of $475,000 above the 1998 appropriation.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides about 40 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 1998	$44,141,000
Budget estimate, 1999	44,791,000
Committee recommendation	45,500,000

The Committee recommends an appropriation of $45,500,000 for the National Technical Institute for the Deaf [NTID], an increase of $1,359,000 over the 1998 appropriation and $709,000 above the budget request.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

The increase included would provide sufficient funds for a detailed engineering design study of NTID's dormitories in preparation for the first renovation of these facilities since their construction nearly 25 years ago. In addition, the Committee recommends increases over the administration's request to support the creation of a communication and language center, and to develop and install a computerized management and scheduling information system.

GALLAUDET UNIVERSITY

Appropriations, 1998	$81,000,000
Budget estimate, 1999	83,480,000
Committee recommendation	83,480,000

The Committee recommends $83,480,000 for Gallaudet University, an increase of $2,480,000 above the amount appropriated in 1998 and the same as the administration request.

Gallaudet University is a private, nonprofit institution offering college preparatory, undergraduate, and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing-impaired. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Committee is pleased by the progress made by Gallaudet with the doctoral training program for clinical psychologists, and requests a followup report on the progress of these health professionals postgraduation.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 1998	$1,507,698,000
Budget estimate, 1999	1,544,147,000
Committee recommendation	1,502,478,000

The Committee recommendation includes a total of $1,502,478,000 for vocational and adult education, consisting of $1,146,650,000 for vocational education and $355,828,000 for adult education.

VOCATIONAL EDUCATION

The Committee recommendation of $1,146,650,000 for vocational education is $3,497,000 less than the administration's request and $497,000 below the fiscal year 1998 amount.

Basic grants.—The Committee has included $1,027,550,000 for basic grants, the same as the 1998 appropriation and $3,100,000 less than the administration request.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

Tech-prep education.—The Committee recommends $103,000,000 for tech-prep programs. This is the same as the 1998 appropriation and $3,000,000 less than the administration request. This program

is designed to link academic and vocational learning and to provide a structured link between secondary schools and postsecondary education institutions. Funds are distributed to the States through the same formula as the basic State grant program. States then make planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model 4-year programs that begin in high school and provide students with the mathematical, science, communication, and technological skills needed to earn a 2-year associate degree or 2-year certificate in a given occupational field.

Tribally controlled postsecondary vocational institutions.—The Committee has provided $4,100,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. This is an increase of $1,000,000 over the fiscal year 1998 appropriation. The administration requested no funds for this program. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanded educational opportunities for Indian students. Grantee institutions may use the funds for costs connected with training teachers, providing instructional services, purchasing equipment, administration, and operating and maintaining the institution.

National programs, research.—The Committee recommends $12,000,000 for national research programs, a decrease of $1,497,000 below the 1998 appropriation and the administration request.

The National Center for Research in Vocational Education is the only federally funded center charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by the Center are converted into technical assistance to reform and improve vocational education instruction in our schools and colleges. The Committee believes that the work of the Center is critically important to the provision of state-of-the-art job-related instruction that, in turn, will strengthen our Nation's economy.

ADULT EDUCATION

The Committee has included $355,828,000 for adult education, $38,172,000 less than the administration request and $4,723,000 less than the 1998 appropriation.

Adult education State programs.—For adult education State programs, the Committee recommends $345,339,000, which is $15,661,000 less than the administration request and the same as the 1998 appropriation. These funds are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Leadership activities.—The Committee has included $4,998,000, the same as the 1998 appropriation and a decrease of $22,002,000 below the administration request.

National Institute for Literacy.—The Committee recommends $5,491,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act, the same amount appropriated in 1998 for this purpose and $509,000

less than the budget request. The Institute provides leadership and coordination for the national literacy effort by conducting research and demonstrations on literacy, providing technical assistance through a State capacity building grant program, establishing and maintaining a national center for adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

Literacy programs for prisoners.—The Committee provides no funding for literacy programs for prisoners since the authorizing legislation repeals funding for this activity.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 1998	$8,978,934,000
Budget estimate, 1999	9,203,000,000
Committee recommendation	10,172,551,000

The Committee recommends an appropriation of $10,172,551,000 for student financial assistance, an increase of $1,193,617,000 over the fiscal year 1998 appropriation and $969,551,000 over the administration request.

Federal Pell Grant Program

For Pell grant awards in the 1999–2000 academic year, the Committee recommends $8,527,551,000, $933,551,000 above the administration request.

Pell grants provide need-based financial assistance that helps low- and middle-income undergraduate students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a statutory need analysis formula that takes into account a student's family income and assets, household size, and the number of family members attending postsecondary institutions. Pell grants are considered the foundation of Federal postsecondary student aid.

The amount recommended is sufficient to raise the maximum Pell grant to $3,100 the highest level in the program's history and an increase of $100 over the maximum grant for the 1998–99 academic year.

Federal supplemental educational opportunity grants

The Committee recommends $619,000,000 for Federal supplemental educational opportunity grants [SEOG], an increase of $5,000,000 above the 1998 appropriation level and the same as the budget request.

This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent of SEOG awards, which are subject to a maximum grant level of $4,000. School financial aid officers have flexibility to determine student awards, though they must give priority to Pell grant recipients.

Federal work-study programs

The Committee bill provides $900,000,000 for the Federal Work-Study Program, an increase of $70,000,000 above the 1998 level and the same as the administration request. This program provides

grants to approximately 3,400 institutions to help 1,017,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings. Institutions also must use at least 5 percent of their grants for community-service jobs.

The Committee supports continuing funding for the work colleges authorized in section 448 of the Higher Education Act. These funds help support comprehensive work-service-learning programs at qualifying institutions around the Nation. The Committee has included $2,000,000 to continue and expand the work colleges program.

Federal Perkins loans

The Committee bill includes $60,000,000 for Federal Perkins loans capital contributions, which is $75,000,000 less than the 1998 appropriation and the same as the budget request. The amount recommended when combined with the estimated $40,000,000 available from the Perkins loan revolving fund, would maintain the 1999 loan volume at the current estimated level of $1,100,000,000. At this funding level an estimated 788,000 loans would be made, the same number awarded in fiscal year 1998.

The Federal Perkins Loan Program supports student loan revolving funds built up with capital contributions to about 2,130 participating institutions. Institutions use these revolving funds, which also include a 25-percent institutional contribution and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee bill also includes $30,000,000 for loan cancellations, the same as the 1998 level and the amount requested by the administration. These funds reimburse institutional revolving funds on behalf of borrowers who perform statutorily specified types of public or military service, such as working in a Head Start Program, serving in the Peace Corps or VISTA, or teaching in a low-income school.

State student incentive grants

For the State Student Incentive Grant Program [SSIG], the Committee includes $36,000,000, the same as the 1998 appropriation. The administration recommended no funding for this program. This program provides a dollar-for-dollar Federal match to States as an incentive for providing need-based grant and work-study assistance to eligible students.

FEDERAL FAMILY EDUCATION LOAN PROGRAM

Appropriations, 1998	$46,482,000
Budget estimate, 1999	48,482,000
Committee recommendation	46,482,000

The Committee recommends $46,482,000 for discretionary Federal administrative expenses related to the Federal Family Education Loan [FFEL] Program, formerly known as the Guaranteed

Student Loan Program. The amount recommended is $2,000,000 below the budget request and the same appropriated in fiscal year 1998.

Funds appropriated for Federal administrative expenses will partially cover the fiscal year 1999 salaries and benefits, travel, printing, contracts, and other expenses associated with the program, including payment and claims processing, reducing loan default costs, and program monitoring. This discretionary administrative funding is included in the "Federal family education loans" appropriation account rather than under the Department's "Salaries and expenses" account pursuant to a requirement of the Federal Credit Reform Act of 1990.

The FFEL Program is administered through State and private nonprofit guarantee agencies that insure loans directly, collect defaulted loans, and provide various services to lenders. The Federal Government supports the guarantee agencies by providing loan advances and reinsurance payments for borrower default, death, disability, and bankruptcy. The Federal Government also pays administrative cost allowances to guaranty agencies under section 458 of the Higher Education Act.

The Federal Government also pays an interest subsidy to lenders, based on the borrower's interest rate, on behalf of Stafford loan student borrowers while they are in school and during certain grace and deferment periods. To be eligible for this subsidy, students must demonstrate financial need, be enrolled at least half time, and not be incarcerated. Federal Stafford loans may be borrowed by eligible students, regardless of their school year or dependency status. Borrowing limits are tied to the extent of need, for the cost of attendance minus an expected family contribution, and other aid as determined by a statutory need analysis system.

Under the HEA reauthorization of 1992, a new unsubsidized Stafford Loan Program for middle-income borrowers provides federally reinsured loans to borrowers who do not qualify for Federal interest subsidy payments under the need-based Stafford Loan Program. Except for the interest benefit and certain loan limits, all other terms and conditions of the Federal Stafford Loan Program apply to the unsubsidized Stafford loans.

Federal PLUS loans are made to parents of dependent undergraduate students. Interest rates for PLUS loans are usually higher than those for Federal Stafford loans, and the Federal Government does not pay the interest during in-school, grace, and deferment periods. No need analysis is required, but borrowing cannot exceed cost of attendance minus other aid.

HIGHER EDUCATION

Appropriations, 1998	$943,738,000
Budget estimate, 1999	1,288,405,000
Committee recommendation	1,138,944,000

The Committee recommends an appropriation of $1,138,944,000 for higher education programs, $195,206,000 more than the 1998 amount and $149,461,000 below the budget request.

Aid for institutional development

The Committee recommends $224,945,000 for aid for institutional development authorized by title III of the Higher Education Act, $14,000,000 above the 1998 appropriation and $27,555,000 below the budget request.

Strengthening institutions.—The Committee bill includes $55,450,000 for the part A strengthening institutions program, the same as the 1998 level and $4,550,000 below the budget request. The part A program supports competitive, 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use part A funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-serving institutions [HSI].—The Committee recommends $17,000,000 for the section 316 set-aside for institutions at which Hispanic students make up at least 25 percent of enrollment, $5,000,000 above the 1998 level and $11,000,000 below the administration request. The Committee has included bill language which, consistent with the budget request, overrides the current law requirement that funds be appropriated for the HSI program only when appropriations for the regular strengthening institutions program equal or exceed $80,000,000. Institutions applying for section 316 funds must meet the regular part A requirements and show: (1) that at least one-half of their Hispanic students are low-income, first-generation college students, and (2) that another one-quarter of their Hispanic enrollments are either low-income or first-generation college students. In addition to the regular part A purposes, funds may be used for acquisition of scientific or laboratory equipment, renovation of instructional facilities, and purchase of educational materials. Section 316 recipients are not eligible for other awards provided under part A.

Strengthening historically black colleges and universities.—The Committee provides $122,495,000 for part B grants, $4,000,000 above the 1998 level and $12,005,000 below the administration request. The part B strengthening historically black colleges and universities [HBCU] program makes formula grants to HBCU's that may be used to purchase equipment, construct and renovate facilities, develop faculty, support academic programs, strengthen institutional management, enhance fundraising activities, provide tutoring and counseling services to students, and conduct outreach to elementary and secondary school students. The minimum allotment is $500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

Strengthening historically black graduate institutions.—The Committee bill includes $30,000,000 for the part B, section 326 program, $5,000,000 above the 1998 level and the administration request. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGI's]. The Higher Education Amendments of 1992 increased the number of recipients to 16 named institutions, but reserved the first $12,000,000 appropriated each year to the first 5 institutions included in the original authorization. Grants may be used for any part B purpose and to establish an endowment.

Strengthening tribal colleges and universities

The Committee recommends no funds for strengthening tribal colleges and universities. No authorization currently exists for this program. The administration requested $5,000,000 for this purpose. No funds were provided in fiscal year 1998. Funds would be used to improve the academic quality, technical capacity, institutional management, and fiscal stability of eligible tribal colleges and universities to strengthen their ability to make a substantial contribution to higher education.

Fund for the improvement of postsecondary education

The Committee recommends $22,500,000 for the fund for the improvement of postsecondary education [FIPSE], which is $2,700,000 less than the 1998 appropriation and the same as the administration request. FIPSE stimulates improvements in education beyond high school by supporting exemplary, locally developed projects that have potential for addressing problems and recommending improvements in postsecondary education. The fund is administered by an independent board that provides small, competitive grants and contracts to a variety of postsecondary institutions and agencies, including 2- and 4-year colleges and universities, State education agencies, community-based organizations, and other institutions and organizations concerned with education beyond high school.

The Committee encourages the Department to use $1,000,000 to conduct a demonstration program to encourage underrepresented groups, such as women and minorities, to enter careers in fields of technology and business. Many business and industrial communities have established relationships with postsecondary institutions to provide the type of career-oriented technical education programs described above. The Committee further encourages the Department to give priority to institutions which offer programs such as management, adult retraining, college preparation, distance learning, professional development, and academic courses to meet the technical education needs of the business communities and foster relationships with these communities. The Center for the Development of Urban Entrepreneurs at Pierce College would be especially suited to provide career-oriented technical education programs such as the one described above.

It has been brought to the Committee's attention that the University of Hawaii, Leeward Community College has developed a network of educational institutions dedicated to improving the scientific expertise and interest of undergraduate students. The State of Hawaii has unique attributes, such as active volcanoes, a rain forest, and ongoing oceanography and aquaculture programs which could contribute to such efforts. The Committee urges the Department to give such full and fair consideration to funding a project of interinstitutional efforts.

The Committee commends the innovative higher education initiative, the Metropolitan Scholars Program, launched by the University of Louisville with its public and private partners. The Metropolitan Scholars Program is specifically tailored to the needs of students with part-time employment with a goal of fully preparing participants for the skilled job opportunities of the future. For as-

sistance with critical infrastructure needs to support this program such as fiberoptic cabling, hardware and communications equipment, and classroom renovations, the Committee encourages the Department to provide $1,500,000 to the University of Louisville in support of this program.

The Committee encourages the Department to include $2,000,000 for a demonstration project to expand the successful college student preparation and retention programs for academically at-risk students. The Prairie View A&M University would be especially suited to carry out such a project.

The Committee encourages the Department to provide $1,000,000 to carry out a demonstration to support a university-based advanced mathematics teacher-student training program. This initiative could provide minority students with hands-on mathematics skills training during summer math institute camps and train teachers to enhance their skills in these critical subject areas. The Southwest Texas State University would be especially suited for such a project.

The Committee encourages the Department to provide $1,000,000 for a project that would establish off-campus and community-based delivery of educational programs and services to improve rural access. A program that permits students to register for a course, obtain counseling on academic options, financial aid services, and participate in a range of credit courses would serve as an ideal model. The Vermont State College is currently conducting such a project, and would be uniquely qualified.

The Committee encourages the Department to provide $500,000 for a program to develop, refine, and disseminate a national model of adaptive technologies to include students with disabilities alongside their peers in the general education settings. The National Institute of Technology for Inclusive Education located at the University of Northern Iowa would be especially suited for such a project.

The Committee urges the Department to provide $500,000 for a project to improve the skills of physical science teachers. The program could build upon existing models that have developed a rigorous science sequence for teaching candidates. This approach could lead to a much-improved curriculum for new physical science teachers. The University of New Mexico-Sandia Laboratories would be especially qualified for such a project.

The Committee urges the Department to provide $1,000,000 for an inter- and intravideo conferencing project. A program that builds on new technology could become a viable entity in the distance learning arena. The Center for Minorities in Science, Engineering and Technology operating at Southern University, located in Louisiana, would be especially suited for such a project.

The Committee urges the Department to provide $250,000 for a demonstration that promotes cooperative educational activities among faculty, students, community-based organizations, social service agencies, health care providers, and government. The Center for Urban Research and Learning at Loyola University in Chicago would be especially suited for such a project.

The Committee encourages the Department to provide $750,000 for a demonstration project that establishes a center for technical education to serve young people who do not intend to go on to col-

lege. A center, such as the Newport Regional Technical Education Center, that builds upon the current base of vocational training by providing high-technology resources, support of the local community, schools, and area businesses would be especially suited for such a project.

The Committee urges the Department to provide $750,000 to support innovative approaches to connecting community colleges to 4-year institutions through a cooperative curriculum, shared student services, and faculty collaborations. The Portland State University would be especially suited to carry out such a project.

The Committee notes that Appalachian State University in Boone, NC, and Western Carolina University in Cullowhee, NC, have developed educational programs to train students for careers in the hospitality and tourism industry. The Committee encourages the Department to give full and fair consideration to grant applications in this area.

The Committee encourages the Department to provide $2,000,000 for a demonstration project that shows how effective the latest high-technology equipment can be in increasing educational achievement, a project that includes state-of-the-art, multimedia, active-learning classrooms and technology-assisted classrooms, new student computer workstations in student computer laboratories, upgrade of faculty computer access, and the required upgrade to the campus computer system. The technology-assisted learning campus located in New Rochelle, NY, could serve as a national model for the improvement of education in general, and postsecondary education in particular, and would be suited to carry out such a demonstration.

Minority teacher recruitment program

The Committee recommends $2,212,000 for the minority teacher recruitment program, which is the same as the 1998 appropriation and $64,788,000 below the budget request. This program, first authorized in the Higher Education Amendments of 1992, is designed to increase the numbers of African-Americans, Hispanics, native Americans, and other minorities in the teaching profession. Partnership projects identify students with an interest in entering the teaching profession and provide support services such as scholarship funds, tutoring, and academic counseling. Teacher placement projects prepare minority students to become elementary and secondary schoolteachers and help place these students in schools with at least 50 percent minority enrollment.

Minority science improvement

The Committee recommends $5,255,000 for the minority science improvement program [MSIP], the same as the 1998 level and $2,245,000 below the administration request. This program provides discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

International education and foreign language studies

The bill includes a total of $61,117,000 for international education programs, $766,000 above the 1998 level and the same as the budget request.

Domestic programs.—The Committee recommends $53,581,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA. This is the same as the 1998 appropriation and the administration request. Domestic programs include national resource centers, undergraduate international studies and foreign language programs, international studies and research projects, international business education projects and centers, American overseas research centers, language resource centers, and foreign language and area studies fellowships.

Overseas programs.—The bill includes $6,536,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. This is $766,000 above the 1998 level and the same as the budget request. Under these overseas programs, grants are provided for group and faculty research projects abroad, doctoral dissertation research abroad, and special bilateral projects. Unlike other programs authorized by the Fulbright-Hays Act and administered by the U.S. Information Agency, these Department of Education programs focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

Institute for International Public Policy.—The Committee bill recommends $1,000,000 for the Institute for International Public Policy, the same as the 1998 appropriation and the budget request. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 25 percent is required.

Urban community service

The Committee recommends $4,637,000 for the urban community service program. The fiscal year 1998 appropriation was $4,900,000. The budget requested no funding for this purpose. This program provides grants to urban universities to encourage community involvement in solving the social and economic problems of the urban area which they serve. Other programs within the Department of Education, the Department of Health and Human Services and the Department of Housing and Urban Development carry out a variety of community development activities to help urban areas solve local community problems. The funds provided will be sufficient to complete the last year of the programs grantees.

Interest subsidy grants

The Committee recommends $13,000,000 for interest subsidy grants, the same as the administration request and $700,000 less than the 1998 level. This appropriation is required to meet the Federal commitment to pay interest subsidies on approximately

241 loans made in past years for constructing, renovating, and equipping postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973 but subsidy payments on existing loans are expected to continue until the year 2013.

Bethune Memorial Fine Arts Center

The Committee recommends no funding for the Bethune Memorial Fine Arts Center. The 1998 appropriation was $6,620,000 and completed the construction of the auditorium and conference facility, the final phase of the project. The administration requested no funds for this purpose.

Federal TRIO programs

The Committee bill includes $554,667,000 for Federal TRIO programs, a decrease of $28,333,000 below the amount requested by the administration and $25,000,000 above the fiscal year 1998 appropriation.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; student support services provides remedial instruction and counseling to disadvantaged college students to help them complete their postsecondary education; talent search identifies and counsels individuals between ages 12 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; educational opportunity centers provide information and counseling on available financial and academic assistance to adults who are low-income and first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

The Committee notes that the recent study of the Student Support Services Program commissioned by the Department of Education indicated that students served by the TRIO Program had higher retention rates in colleges, and earned better grades and more academic credits; and that these successes were most evident where the intensity of services were highest. A similar study of the Upward Bound Program found that participating students completed a much more intensive academic program in high school.

National early intervention scholarships and partnerships

The Committee bill includes $3,600,000 for this program of grants to States for projects that provide mentoring, outreach, counseling, and academic support for at risk students. This is the same as the 1998 appropriation. The administration requested no funds for this purpose. This program is intended to provide incentives for States to combine TRIO-type outreach activities with a State guarantee of college tuition assistance that will encourage low-income elementary and secondary school students to stay in school, earn their high school diplomas, and pursue postsecondary education.

Connections

The Committee recommends $75,000,000 for the connections program, contingent upon enactment of authorizing legislation. No authorization currently exists for this program. The administration requested $140,000,000 for this purpose. No funds were provided in fiscal year 1998. Under this program funds would be used to assist middle schools serving a high percentage of low-income students and the high schools that these students would later attend. Services would provide students to prepare for and pursue a postsecondary education.

Byrd honors scholarships

The Committee recommends $39,288,000 for the Byrd honors scholarship program, the amount recommended by the administration and the same as the 1998 appropriation.

The Byrd honors scholarship program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents. The funds provided will support a new cohort of first-year students in 1999, and continue support for the 1996, 1997, and 1998 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of $1,500 to 26,192 students.

Graduate assistance in areas of national need [GAANN]

The Committee recommends $31,000,000 for graduate assistance in areas of national need, $1,000,000 more than the 1998 level. The budget requested no funds for this program, and instead sought funds for a new national need graduate fellowships program. This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. The program is currently supporting study in mathematics, physics, biology, chemistry, engineering, and computer and information sciences. Recipients must demonstrate financial need and academic excellence, seek the highest degree in their fields, and plan teaching or research careers.

The Committee provides $6,588,000 to fund the Javits fellowships under the GAANN program. The Javits program is of particular importance as a mechanism for supporting America's next generation of leaders in the arts, humanities, and social sciences. The Committee has consolidated funding within the GAANN to streamline programs.

It has been brought to the Committee's attention that fellowships awarded under the Javits program have in many cases been awarded too late for students to plan for funding for the upcoming academic year. The Committee, therefore, directs the Department to announce the competition for Javits fellowships in a timely manner so that funds may be awarded by April 1, 1999.

National need graduate fellowships

The Committee recommends no funding for the national need graduate fellowships program. No authorization currently exists for this program. The administration requested $37,500,000 for this purpose. No funds were provided in fiscal year 1998. The administration proposes to consolidate the graduate assistance in areas of national need program, Patricia Roberts Harris program, and the Jacob K. Javits fellowship program. The new program would be used to promote high-quality, postsecondary teaching and research in areas of national need, and to encourage women, and minorities, and individuals with disabilities to prepare for postsecondary education in fields which they are currently underrepresented.

State grants for incarcerated youth offenders

The Committee has included $16,723,000 for a program authorized by part E of title X of the Higher Education Act, $4,723,000 above the amount appropriated in fiscal year 1998. The administration requested no funds for this program. This program provides grants to State correctional education agencies to assist and encourage incarcerated youth to acquire functional literacy, life and job skills, through the pursuit of a postsecondary education certificate or an associate of arts or bachelor's degree. Grants will also assist correction agencies in providing employment counseling and other related services that start during incarceration and continue through prerelease and while on parole. Each student is eligible for a grant of not more than $1,500 annually for tuition, books, and essential materials, and not more than $300 annually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

The Committee also has included bill language providing $4,723,000 to continue the prison literacy program.

The Committee notes the value of vocational training programs to reduce recidivism of inmates and promote their reintegration into society, and recognizes the county of Lake, CA, as especially suited to address this issue.

Early awareness information

The Committee recommends no funds for the Early Awareness Information Program. The administration requested $15,000,000 for this purpose. Funds would be used to educate students, parents, and adults who want to return to school, on the steps necessary to attend college.

Learning anytime anywhere partnerships

The Committee recommends $10,000,000 for the learning anytime anywhere partnerships, contingent upon enactment of authorizing legislation. The administration requested $30,000,000 for this program. Funds would be used to support pilot projects using technology and other innovations to enhance the delivery of postsecondary education and lifelong learning opportunities.

Access and retention innovations

The Committee recommends no funding for the Access and Retention Innovations Program. The administration requested $20,000,000 for this purpose. Funds would be used to support large-scale experimental design research projects in student aid packaging.

Teacher quality enhancement grants

The Committee recommends $37,500,000 for the teacher quality enhancement grants. The higher education amendments of 1998 provide for grants to be awarded to States to support statewide initiatives that best meet their specific teacher preparation and recruitment needs. Funds may be used for a variety of State-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

Teacher training partnership grants

The Committee recommends $37,500,000 for the teacher training partnership grants. The higher education amendments of 1998 also provide for grants to be awarded to local partnerships comprised of at least one school of arts and science, school or program of education, a local education agency, and a K–12 school. Partnerships may involve other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level. Funds may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum.

HOWARD UNIVERSITY

Appropriations, 1998	$210,000,000
Budget estimate, 1999	210,000,000
Committee recommendation	210,000,000

The Committee recommends an appropriation of $210,000,000 for Howard University, which is the same as the 1998 appropriation and the budget request. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support about 50 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee agrees with the administration and recommends, within the funds provided, $3,530,000 for the endowment program.

The Committee is supportive of the several initiatives that the university wishes to undertake. These improvements would include

a facility to house an interdisciplinary science center; programs to improve basic science and mathematics and provide a foundation for substantive research in emerging fields; and the creation of a national HBCU information technology network to foster educational and economic opportunity through American-African partnerships in sub-Saharan Africa.

Howard University Hospital.—Within the funds provided, the Committee recommends $29,489,000 for the Howard University Hospital, the same as the 1998 level and the budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university that trains physicians in 17 specialty areas. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 1998	$698,000
Budget estimate, 1999	698,000
Committee recommendation	698,000

Federal administration.—The Committee bill includes $698,000 for Federal administration of the CHAFL program, the same as the 1998 level and the administration request.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 1999. These expenses include salaries and benefits, travel, printing, contracts (including contracted loan servicing activities), and other expenses directly related to the administration of the CHAFL Program.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

Appropriations, 1998	$104,000
Budget estimate, 1999	96,000
Committee recommendation	96,000

Federal administration.—The Committee recommends $96,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program, the same as the administration request and a decrease of $8,000 below the 1998 level.

The HBCU Capital Financing Program makes capital available to HBCU's for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Appropriations, 1998	$431,438,000
Budget estimate, 1999	689,367,000
Committee recommendation	479,338,000

The bill includes $479,338,000 for educational research, statistics, assessment, and improvement programs. This amount is $47,900,000 above the 1998 appropriation and $210,029,000 below the administration request. This account supports education re-

search, statistics, and assessment activities, as well as a variety of other discretionary programs for educational improvement.

Research, development, and dissemination

The Committee recommends $72,567,000 for educational research and national dissemination activities, the same as the budget request and the 1998 appropriation level. The Committee has also included $56,000,000 for regional educational laboratories, the same as the administration request and the 1998 appropriation. These activities are administered by the Office of Educational Research and Improvement [OERI], which was reauthorized by the Educational Research, Development, Dissemination, and Improvement Act of 1994.

These funds support research, development, dissemination, and technical assistance activities which are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Interagency research initiative

The Committee has included no funds for the proposed interagency research initiative for which the administration requested $50,000,000.

Statistics

The Committee recommends $59,000,000 for data gathering and statistical analysis activities of the National Center for Education Statistics [NCES], the same as the fiscal year 1998 appropriation and a decrease of $9,000,000 below the administration request.

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. Technical assistance to State and local education agencies and postsecondary institutions is also provided by the Center.

Assessment

The Committee recommends $32,000,000 for assessment, the same amount appropriated in fiscal year 1998 and $4,000,000 below the administration request.

The National Center for Education Statistics uses these funds to administer the national assessment of educational progress [NAEP], a 20-year-old congressionally mandated assessment created to measure the educational achievement of American students. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. NAEP has been expanded in recent years to include State representative assessments as well.

Also included is $3,471,000 for the National Assessment Governing Board, the same amount as the fiscal year 1998 appropriation and $529,000 less than requested by the administration.

Fund for the improvement of education

The Committee bill provides $115,000,000 for the fund for the improvement of education [FIE], which is $6,900,000 more than the 1998 appropriation and $10,000,000 more than the administration request. This program provides the Secretary with broad authority to support nationally significant programs and projects to improve the quality of education, help all students meet high academic standards, and contribute to the achievement of the national education goals. The statute also authorizes support for specific activities, such as counseling and mentoring, comprehensive health education, and environmental education.

Within the amount recommended, the Committee has included $10,000,000 for character education partnership grants, the same amount requested by the administration.

Also within the amount recommended, the Committee has included $800,000 and urges the Department to use these funds for scholar-athlete competitions.

It has been brought to the Committee's attention that there is a need for programs that help guide educators, clinicians, therapists, and caregivers in enhancing the educational outcomes of handicapped children. Funds would support innovative programming which increases the overall functioning of special children and contributes to higher educational achievement. The Committee encourages the Department to provide $1,500,000 to conduct a demonstration in this area. The Hebrew Academy for Special Children has been operating a residential program to help improve cognitive and communication skills of handicapped individuals and has been working with colleges in a collaborative effort to reduce the gap between research and practice. The academy would be especially suited to carry out a program such as the one described above.

The Committee has included $1,000,000 to expand and replicate a large-scale project connecting young people with caring adult role models at school who serve as mentors, tutors, and literacy volunteers. Connecting caring adults with young people at school has proven particularly effective in improving attendance, enhancing academic performance, and lessening peer pressure. The greater Kansas City Area Youth Friends is operating an inititative such as the one described above and the Committee encourages full and fair consideration of their proposal.

The Committee is aware of a tutoring program designed to improve the reading fluency and comprehension skills of second grade students. This program enlists the help of fifth grade students, who tutor the second graders using materials developed from reading research literature. The program utilizes a structured instructional framework, and a well developed support system which focuses on assisting second graders to become successful, independent readers, and proficient learners. As tutors, fifth graders develop skills in leadership, organization, and human relations. The Committee encourages the Department to provide $750,000 to conduct a demonstration program such as the one outlined above. The Reading Together USA Program would be especially suited to carry out such a demonstration.

The Committee urges the Department to include $2,000,000 for a multidistrict high-tech demonstration project to assist students in

acquiring the skills necessary to take advantage of the abundance of excellent employment opportunities available in the growing high-tech industry in certain regions of the country. The Puget Sound region would be especially suited to carry out a demonstration project in this area.

It has come to the Committee's attention that a national education demonstration project to integrate educational reform and educational technology would be useful in helping to increase student learning and achievement. The Committee urges the Department to provide $3,000,000 for a demonstration project in this area. State educational agencies of Arkansas, Illinois, and Washington, and participants from California and Pennsylvania have formed a consortium for a multistate technology project that would be especially suited to carry out a national demonstration.

The Committee urges the Department to provide $2,000,000 for the development and support of interactive exhibits designed to give students a unique opportunity to study science in an exciting, hands-on way. A project which partners teachers to directly interrelate to science education programs taught in our public schools with marine science museums would add an on-the-water science discovery experience. The Naval Undersea Museum's science educational alliance project, located in Keyport, WA, would be especially suited to carry out a project such as the one described above.

The Committee urges the Department to provide $1,000,000 to conduct a project designed to help teachers find new approaches to incorporating the arts into curriculum. The Heckscher Museum of Art, located on Long Island, NY, would be especially suited to carry out a project such as the one outlined above.

The Committee urges the Department to include $2,000,000 to build upon programs within communities to make new books available to local literacy programs to support community based solutions to illiteracy and related problems. These programs should build upon national strategic partnerships to strengthen efforts of local tutoring and mentoring and reach out to children with the most need. The First Book Program, which distributed over 1 million books in 1997, would be especially suited to carry out a program in this area.

The Committee encourages the Department to use $2,000,000 for a demonstration project to improve learning among students at all levels of education. The demonstration would provide intensive faculty development in integrating information technology into the curriculum, with a special emphasis on creating materials and training for K–12 teachers and providing work force development activities designed to meet the need for technologically skilled workers. The Southeastern Pennsylvania Consortium of Higher Education would be especially suited to carry out a demonstration such as the one described above.

The Committee encourages the Department to provide $3,000,000 for a demonstration project to advance the teaching of science education by using the arts as an entry point to study the physical and natural sciences. The project should provide interactive models of the Earth in the solar system; ocean basin formation; computer programs on global weather; and the Earth's history. These activities would serve as effective teaching tools for

educators and their students. The Whitaker Center for Science and the Arts would be especially suited to carry out such a program.

The Committee encourages the Department to provide $1,000,000 for a demonstration project which would promote learning skills through the performance and broadcasting of music, supplemented by an educational curriculum. The Young Performance Series would be especially suited for such a project.

The Committee urges the Department to provide $1,000,000 for a demonstration project designed to facilitate a statewide community-based curriculum development initiative to promote responsible, nonviolent behavior in schools and communities. The Committee understands that the School of Education at the University of Montana and the Montana Board of Crime Control are developing such a program and urges the Department to give it full consideration.

The Committee encourages the Department to provide $2,000,000 for a project which encourages technology-based learning in schools, particularly in rural and low-income areas. A program which uses old computers donated by the private sector, would be used to instruct students on how to retool these computers. Students could then earn an A+ certificate enabling them to become certified computer technicians. The Explornet Program would be especially suited to carry out a project such as the one described above.

The Committee encourages the Department to provide $2,000,000 to continue a project to further student knowledge of space science. A program designed to develop critical thinking skills, encourages problem-solving through teaming, and the teach mastry in cutting-edge technologies and distance learning initiatives. The Altoona, PA, Science and Technology Research Academy would be especially suited to continue a program such as the one outlined above.

The Committee encourages the Department to provide $2,000,000 for a multisite demonstration project that will work with selected community organizations to identify, train, and support a team of parent leaders to work with parents in the community to improve parent-teacher communication and increase parent involvement within the schools; access community resources for children and their families; and enhance their child rearing skills. Such a project would include a component for parents of high-risk children and children with disabilities. The Parentcorps program under development at the Child Center at New York University and expansion of the project to other sites such as the University of Washington in Seattle, WA, would be especially suited for this important activity.

The Committee notes the substantial ongoing investment of Federal funds in technology in education and urges the Department to assess the impact of Federal funding for telecommunications technologies in a sample of public schools throughout the United States, with the specific purpose of determining the ability of Federal funding to initiate and sustain educational reform strategies and methods. The Committee encourages the Department to include in the study the types of telecommunications projects underway (teacher-to-teacher; teacher-to-student, that is, distance learn-

ing; student-to-student), the technologies used (Internet-based, satellite-based, videoconferencing), and whether the projects are achieving significant educational results. The Committee understands that Montana State University and the Center for Occupational Research and Development would be suited to conduct such a study.

The Committee encourages the Department to provide $1,000,000 for a demonstration program to help assist schools across the country in connecting K–12 classrooms to the Internet. A program that encourages volunteers, develops outreach and implementation efforts to underserved communities would be especially suited. The NetDay organization has been developing such a program and would be qualified for such a demonstration.

The Committee urges the Department to provide $1,100,000 for a demonstration project for the training of new and current mathematics and science teachers in rural areas. The project will use technology and other means to extend such learning and related resource-sharing throughout a multicounty region. The Glenn T. Seaborg Science Complex, with its Center for Teaching and Learning Science and Mathematics at Northern Michigan University, has developed such a program and would be especially suited to conduct such a demonstration.

The Committee encourages the Department to provide $500,000 for an arts-in-education program that uses the visual and performing arts to spark learning in the school classroom. The Committee is aware that the PARTNERS (Partners In Arts and Education Revitalizing Schools) Program at the Bushnell Theater in Hartford, CT, has initiated such a program, and would be qualified to conduct such a demonstration.

The Committee encourages the Department to provide $150,000 for an after school program in areas with extremely high concentrations of violent crimes, assaults, and child abuse. A program to provide after school services and academic support, guidance, tutoring and counseling, as well as enrichment activities and computer training would be very beneficial. The Orange Public Elementary School, located in Franklin County, MA, would be especially suited for such a program.

The Committee encourages the Department of Education to allow $750,000 for the development of an early childhood research center. The Committee is aware of the work of the University of Louisville in establishing such an interdisciplinary program that will engage in the development of educational theory and practice. The Committee believes the approaches envisioned by the university could serve as a model for the Nation in the development of research programs for the education and development of young children. The Committee encourages the Department to provide support to the university for this important initiative.

The Committee recognizes the need for assistance for at-risk children. Accordingly, the Committee recommends $750,000 for the Thornberry Center for Youth and Families in Kansas City, MO; the center houses the Genesis School and the Boys and Girls Club. These funds may be used for the expansion of the academic component of the existing programs.

The Committee has included $1,000,000 for a demonstration project to implement a resource-sharing video conferencing network. The Pennsylvania Telecommunications Exchange Network is currently carrying out such a project and the Committee urges the Department to give full and fair consideration to the network when funds are awarded for such a demonstration.

The Committee encourages the Department to provide $2,000,000 for a demonstration to help disadvantaged students overcome the barriers to learning by providing health and social services programs, colocated within local public schools. Proposals by public schools, community organizations, parents, and the private sector, which have assessed the needs of these disadvantaged children could enhance educational outcomes. Counties such as Charles County, MD, Westchester County, NY, Cranston, RI, and Skagit County, WA, would be ideally suited to carry out such a demonstration.

The Committee encourages the Department to establish a resource center with a nonprofit organization specializing in curriculum and materials for young children from infancy through grade three. The materials designed for multicultural use, age, and developmentally appropriate could assure all young children would have access to quality curriculum and materials, and that teachers would have more time to devote individual attention to students' needs. Ellensburg, WA, in partnership with I–DEAS Gateway would be especially suited for such a center.

The Committee encourages the Department to provide $350,000 to a demonstration project to promote reading and writing proficiency among children from a wide range of socioeconomic levels, including at-risk, low-income children, children who speak English as a second language, and children who speak nonstandard English. The project should use long-range strategies of ongoing professional development and parent education that improves the understanding of child literacy development among the adults who care for, and teach infants, toddlers, and preschoolers, including school personnel, child caregivers, and family members, and should include evaluation and national dissemination of a replicable model to meet these goals. The partners for literacy project in Columbia, SC, would be especially suited to carry out a demonstration such as the one outlined above. Also included is $250,000 for the student mock election.

International education exchange

The Committee has provided $7,000,000 for the International Education Exchange Program authorized by section 601(c) of Public Law 103–227. These funds are $2,000,000 above the amount recommended by the administration and appropriated in fiscal year 1998. The program provides funds to support democracy and free market economies in Eastern Europe, the Commonwealth of Independent States, and other countries that formerly were part of the Soviet Union, by providing educators and other leaders from those countries curricula and teacher training programs in civic and economic education, as well as the opportunity to exchange ideas and experiences with teachers in the United States and other participating countries.

Included within this amount is $1,000,000 to implement a cooperative education program in both the Republic of Ireland and Northern Ireland and $500,000 to increase support already underway in Bosnia-Herzegovina.

Civic education

The Committee recommends $7,500,000 for the Center for Civic Education, $2,000,000 more than in fiscal year 1998 and $1,200,000 more than the administration request. This program provides a course of instruction at the elementary and secondary level on the basic principles of our constitutional democracy and the history of the Constitution and the Bill of Rights. Funds also may be used to provide advanced training for teachers concerning the Constitution and the Bill of Rights.

Within the amounts provided the Committee has included $1,000,000 for a new violence prevention initiative. The Committee encourages that funds be used to conduct a five State violence prevention demonstration program on public and private elementary, middle, and secondary schools involving students, parents, community leaders, volunteers, and public and private sector agencies, such as law enforcement, courts, bar associations, and community based organizations.

Eisenhower professional development Federal activities

The Committee recommends $23,300,000 for the Eisenhower Professional Development Federal Activities Program, $26,700,000 below the budget request and the same as the 1998 appropriation.

This program supports activities of national significance contributing to the development and implementation of high-quality professional development in the core academic subjects. Projects may include development of teacher training programs, or dissemination of information about exemplary programs of professional development.

The Committee has included $18,500,000 for the National Board for Professional Teaching Standards, the same as the fiscal year 1998 appropriation and $2,500,000 below the administration request.

The Committee has included $4,691,000 for the National Clearinghouse for Mathematics and Science Education, the same amount provided for this purpose in 1998. The clearinghouse maintains a permanent repository of mathematics and science education instructional materials and programs for elementary and secondary schools; disseminates information, programs, and instructional materials to the public, information networks, and regional consortiums; and coordinates with existing data bases containing mathematics and science curriculum and instructional materials.

Eisenhower regional mathematics and science education consortia

The Committee has included $15,000,000 for the Eisenhower regional mathematics and science education consortia, the same amount appropriated in fiscal year 1998 and $10,000,000 below the amount recommended by the administration. This program supports grants to establish and operate regional consortia to disseminate exemplary mathematics and science instructional materials

and provide technical assistance in the use of improved teaching methods and assessment tools to benefit elementary and secondary school students, teachers, and administrators.

21st century community learning centers

The Committee has included $75,000,000 for the 21st century community learning centers, an increase of $35,000,000 over the amount appropriated in fiscal year 1998. The administration requested $200,000,000 for this program and proposed that the funds be used for competitive grants to centers in high-need areas to stay open before and after school hours. The administration also proposes changes in the authorizing legislation to require a 1-for-1 match and to allow the grants to be awarded for 5 years. The Committee has deferred action on this request, until the authorizing legislation has been enacted. This program supports grants to rural and inner-city public elementary or secondary schools, or consortia of such schools, to enable them to plan, implement, or expand projects that benefit the educational, health, social service, cultural, and recreational needs of a rural or inner-city community.

As outlined, in the President's budget, sufficient funds are included to continue the cityscape program in Barre, VT. This program is designed to increase the educational attainment in math, science, and social studies in rural middle-school children.

Javits gifted and talented students education

The Committee has included $6,500,000 for the Javits Gifted and Talented Students Education Program, the same amount recommended by the administration and the same amount as the fiscal year 1998 appropriation.

This program authorizes awards to State and local education agencies, institutions of higher education, and public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Priority is given to projects that identify and serve gifted and talented students who may not be identified and served through traditional assessment methods, including those who are economically disadvantaged or limited English proficient, or have disabilities. Some funds are set aside for a national center for research and development in the education of gifted and talented children and youth, which researches methods and techniques for identifying and teaching gifted and talented students.

National writing project

The Committee bill provides $7,000,000 for the national writing project, an increase of $2,000,000 above the 1998 appropriation and the administration request.

These funds are awarded to the national writing project in Berkeley, CA, which in turn funds projects in 45 States to train teachers of all subjects how to teach effective writing.

The writing project is the only federally funded program for the teaching and writing skills at all grade levels. In fiscal year 1997 the program successfully trained more than 100,000 teachers for less than 90 cents per participant-hour. The additional funds pro-

vided will expand the sites from 160 to over 200, creating the ability to reach almost every teacher in the Nation. The Committee is pleased with the continued success of this program, and for its ability to leverage up to seven times its Federal appropriation from State, local, and private funds. The Committee encourages the Department to continue its close association with this project, and to use it as a model for teacher training initiatives in other disciplines, taking advantage of the infrastructure and network of facilities and personnel in place.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 1998	$343,914,000
Budget estimate, 1999	362,000,000
Committee recommendation	362,000,000

The Committee recommends $362,000,000 for program administration, an increase of $18,086,000 above the 1998 appropriation and the same as the budget request.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor approximately 170 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity. Within the funds provided, the Committee encourages the Department to provide at least $200,000 for the National Advisory Council on Indian Education.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1998	$61,500,000
Budget estimate, 1999	68,000,000
Committee recommendation	63,500,000

The Committee bill includes $63,500,000 for the Office for Civil Rights [OCR], $2,000,000 above the 1998 appropriation and $4,500,000 below the budget request.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions funded by the Department of Education. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet civil rights requirements.

The Committee is concerned about the Department's interpretation and application of title IX of the 1972 Education Amendments Act with regard to same gender education programs. The Committee, therefore, urges the Department to review its regulations and policies to ensure that if funds are used for students to participate in any education reform projects that provide same gender schools or classrooms, comparable educational opportunities are offered for students of both sexes. The Committee further directs the Depart-

ment to report to Congress within 90 days of enactment of this act on the actions taken on this issue.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1998	$30,242,000
Budget estimate, 1999	31,242,000
Committee recommendation	31,242,000

The Committee recommends $31,242,000 for the Office of the Inspector General, $1,000,000 above the 1998 appropriation and the same as the administration request.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds, and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the student's home (sec. 302).

The Committee bill contains language which has been included in the bill since 1980, prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools (sec. 303).

The Committee bill includes a provision giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations (sec. 304).

The Committee bill includes language prohibiting the use of funds to field test, implement, or administer any federally sponsored national test (sec. 305).

The Committee bill includes language requiring institutions of higher education to include in applications to the Secretary regarding funds to be used for endowment challenge grants (sec. 306).

The Committee bill includes language regarding the enforcement of certain provisions of the Higher Education Act with respect to lender loan portfolios that is equal to or less than $5,000,000 (sec. 307).

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

Appropriations, 1998	$68,669,000
Budget estimate, 1999	70,745,000
Committee recommendation	70,745,000

The Committee recommends authority to expend $70,745,000 from the Armed Forces Retirement Home trust fund for operation and construction activities at the U.S. Soldiers' and Airmen's Home and the U.S. Naval Home, $2,076,000 more than the 1998 appropriation and the same as the budget request.

Operation and maintenance

The Committee recommends $55,028,000 for the operation and maintenance of the Soldiers' and Airmen's Home and the U.S. Naval Home, $424,000 less than the fiscal year 1998 appropriation and the same as the budget request.

Capital outlay

The Committee recommends $15,717,000 for capital activities at the Soldiers' and Airmen's Home and the U.S. Naval Home, $2,500,000 more than the 1998 appropriation and the same as the budget request.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

Appropriations, 1998	$256,604,000
Budget estimate, 1999	278,422,000
Committee recommendation	275,039,000

The Committee recommends an appropriation of $275,039,000 for the domestic volunteer service programs of the Corporation for National and Community Service, $18,435,000 above the 1998 appropriation and $3,383,000 less than the budget request.

VISTA

The Committee bill provides $73,000,000 for the Volunteers in Service to America [VISTA] Program, $7,765,000 above the fiscal year 1998 level and the same as the budget request.

VISTA is a 30-year-old program which provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee bill provides $173,910,000 for the National Senior Volunteer Corps programs, $10,670,000 above the fiscal year 1998 level and the same as the budget request.

The Committee has included $1,080,000 for senior demonstration programs.

In accordance with the Domestic Volunteer Service Act, sufficient funds (one-third of the increase over fiscal year 1998 funding levels) have been included to expand existing Foster Grandparent [FGP] and Retired and Senior Volunteer programs [RSVP] to address unmet needs in the community through programs of national significance grants. Furthermore, funds are available within the FGP and RSVP allocations for administrative cost increases of 3 percent. Funds remaining should be used to begin new FGP and RSVP programs in geographic areas currently underserved. The Committee expects that the use of the funding increases in FGP and RSVP may not be restricted to America Reads activities.

The Committee directs that, of the amounts appropriated to FGP, SCP, and RSVP, no funds will be made available for demonstration activities without the prior submission of a reprogramming request for the Committee's approval.

The Committee has reserved judgment of America Reads activities within this account until such time when authorizing legislation has been enacted into law.

Foster Grandparent Program

The Committee recommends $94,162,000 for the Foster Grandparent Program, $6,569,000 above the fiscal year 1998 appropriations level and the same as the budget request.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program involves seniors in their communities and provides a host of services to children.

Senior Companion Program

For the Senior Companion Program, the Committee bill includes $35,368,000, the same as the fiscal year 1998 appropriations level and the same as the budget request.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

Retired and Senior Volunteer Program

The Committee bill provides $43,300,000 for the Retired and Senior Volunteer Program [RSVP], $3,021,000 above the fiscal year 1998 level and the same as the budget request.

This program involves persons age 55 and over in volunteer opportunities in their communities.

Program support

The Committee bill includes $28,129,000 for program support, the same as the fiscal year 1998 appropriations level and $3,383,000 less than the budget request.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 1999	$300,000,000
Appropriations, 2000	300,000,000
Budget estimate, 2001	340,000,000
Committee recommendation	340,000,000

The Committee recommends an appropriation of $340,000,000 for the Corporation for Public Broadcasting [CPB], an advance appropriation for fiscal year 2001. This amount is $40,000,000 more than the fiscal year 2000 appropriation and the same as the budget request.

The Committee intends that CPB foster services for unserved or underserved audiences focusing on entities whose primary services are directed at audiences in rural areas and native American audiences. The committee is concerned about the erosion of grants for radio stations serving these communities.

The Committee recognizes that stations serving rural and underserved audiences have limited local potential for fundraising because of sparse populations serviced, limited number of local businesses, and low-income level. In rural areas, while many stations receive per capita local support far greater than that contributed in urban areas, they receive relatively few matching dollars because the populations served are small.

The Committee directs CPB to explore new methodologies for distribution of Federal matching dollars which take into account measures such as per capita support and other factors that would serve to level the playing field between urban and rural stations in the distribution of matching funds.

The FCC has established a timeline during which public and commercial television broadcasters are required to begin transmitting signals in digital. While a Federal timeline has not yet been established for public radio stations, they are expected to face a similar conversion process soon. The Committee is aware that digital technology will revolutionize both the quantity and quality of public television, allowing computer-like data to accompany programs, expanding the broadcast capabilities of individual stations, and providing sharper images and sounds. Such services will undoubtedly enhance the educational value of public broadcasting.

This required conversion will impose enormous costs on both individual stations and the public broadcasting system as a whole. Because television and radio broadcast infrastructures are closely linked, the conversion of television to digital will create immediate costs not only for television, but also for public radio stations. Therefore, the Committee has included $15,000,000 to assist radio stations and television stations in the conversion to digitalization. The Committee has provided these funds contingent upon authorizing legislation being enacted by April 1, 1999.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 1998	$33,481,000
Budget estimate, 1999	34,620,000
Committee recommendation	34,620,000

The Committee recommends an appropriation of $34,620,000 for the Federal Mediation and Conciliation Service [FMCS] $1,139,000 above the fiscal year 1998 appropriation and the same as the budget request.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1998	$6,060,000
Budget estimate, 1999	6,060,000
Committee recommendation	6,060,000

The Committee recommends an appropriation of $6,060,000 for the Federal Mine Safety and Health Review Commission. The same as the fiscal year 1998 appropriation and the same as the budget request.

The Federal Mine Safety and Health Review Commission provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. The five-member Commission provides administrative appellate review of the Commission's administrative law judge decisions.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

Appropriations, 1998	$146,340,000
Budget estimate, 1999	146,340,000
Committee recommendation	156,340,000

The Committee recommends an appropriation of $156,340,000 for the Institute of Museum and Library Services. This is $10,000,000 more than the 1998 level and the administration request.

Office of Library Services State Grants

The Committee recommends $135,391,000 for State grants. Funds are provided to States by formula to carry out 5-year State plans. These plans must set goals and priorities for the State consistent with the purpose of the act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. Within the total recommended, $2,561,000 has been provided for services to Indian tribes.

National leadership projects

The Committee recommends $15,488,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitalization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide.

It has been brought to the Committee's attention that there is a crucial need in rural communities and State agencies for geospatial digital and numerical data that can only be met through the establishment of a data library. The Committee urges the Director to provide $750,000 for a demonstration project such as the one described above. The Digital Geospatial and Numerical Data Library at the University of Idaho would be especially suited to carry out a demonstration of such a project.

The Committee urges the Director to provide $1,000,000 for a demonstration project that would expand library services that integrate faculty and student research needs with model regional telecommunications capabilities. The University of South Carolina at Spartanburg would be especially suited to carry out such a project.

The Committee urges the Director to provide $1,500,000 for a demonstration project to maintain and enhance the oldest scientific journal in the United States; manage an extensive international program; and provide an innovative science education program in the library setting. The Franklin Institute, located in Philadelphia, PA, would be especially suited to carry out such a project.

The Committee is aware of an innovative historical project designed to document the treatment of Italian-Americans during World War II. This unique project would research and document the persecution and relocation of Italian-Americans during this period. The Committee urges the Director to provide $750,000 for such a project.

The Committee encourages the Director to provide $2,000,000 to enhance digitalization efforts to improve online access to library collections. The New York Public Library is currently undertaking such a project and would be especially suited for such a demonstration.

Many young people and adults in the inner cities of this Nation lack access to information and learning opportunities. A community-library collaborative which links underserved communities with educational and informational resources, promotes community ownership and demonstrates the potential of the library as an information and services hub could contribute to individual and community development. The Committee encourages the Director to provide $500,000 for such a project. The Libraries for the Future Program, operating in Washington, DC, would be especially suited to build a national network of community-library information collaboratives.

It has been brought to the Committee's attention that the Milwaukee Public Museum has been operating a unique educational program which features an interactive, multimedia gallery of the Earth's biological diversity, as well as World Wide Web link to serve as a national educational tool. This project serves as a unique educational opportunity for inner-city youth ages 10 to 17. The Committee encourages the Director to provide $1,500,000 for a demonstration project such as the one described.

The Committee encourages the Director to provide $1,000,000 for a project that would preserve, restore, and consolidate the largest collection of Cuban materials in existence outside of Cuba. Funds would be used for improved format conversion, materials preservation, expanded acquisition, and access activities. The University of Miami Library would be especially suited for such a project.

The Committee urges the Director to provide $300,000 to complete transcription, indexing, cataloging, and microfilming of approximately 1,200 oral history interviews relating to Iowa labor and unions and to process and catalog approximately 800 shelf feet of labor history archival material in order to make the entire collection accessible to researchers. The Committee understands that the documents are now with the State Historical Society of Iowa but there are not funds available to catalog and prepare the materials so that they are available to the public.

Administration

The Committee recommends $2,900,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

MEDICARE PAYMENT ADVISORY COMMISSION

Appropriations, 1998	$7,015,000
Budget estimate, 1999	7,015,000
Committee recommendation	7,015,000

The Committee recommends an appropriation of $7,015,000 for the Medicare Payment Advisory Commission, the same as the fiscal year 1998 appropriations and the same as the budget request.

The Medicare Payment Advisory Commission [MedPAC] was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105–33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

The Medicare Payment Assessment Commission plays an influential role in the formulation and evaluation of Medicare and Medicaid payment policy. To ensure the Commission assesses the impact of these policies in a fair and comprehensive manner, taking into account the diversity that characterizes the American health care system, it is critically important that the General Accounting Office draw from both rural and urban areas when identifying new members. To ensure adequate representation from both rural and urban settings, the Committee believes the Commission should include at least two individuals involved in rural health care whose

background and experience reflects a strong rural health care orientation.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

Appropriations, 1998	$1,000,000
Budget estimate, 1999	1,000,000
Committee recommendation	1,000,000

The Committee recommends an appropriation of $1,000,000 for the National Commission on Libraries and Information Science, the same as the fiscal year 1998 appropriation and the same as the budget request.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in the library and information field.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 1998	$1,793,000
Budget estimate, 1999	2,344,000
Committee recommendation	2,344,000

The Committee recommends an appropriation of $2,344,000 for the National Council on Disability, $551,000 above the fiscal year 1998 appropriation and the same as the budget request.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research, on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans With Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

NATIONAL EDUCATION GOALS PANEL

Appropriations, 1998	$2,000,000
Budget estimate, 1999	2,100,000
Committee recommendation	2,100,000

The Committee recommends $2,100,000 for the national education goals panel, $100,000 above the 1998 appropriation and the same as the budget request.

Following the 1989 education summit in Charlottesville, the Governors and President Bush agreed on education goals for the Nation and created the National Education Goals Panel as an accountability mechanism to monitor and report on the Nation's progress toward reaching the goals. To date, the goals panel has issued four annual reports delineating National and State progress toward the national education goals.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 1998	$174,661,000
Budget estimate, 1999	184,451,000
Committee recommendation	184,451,000

The Committee recommends an appropriation of $184,451,000 for the National Labor Relations Board [NLRB], $9,790,000 more than the fiscal year 1998 appropriation and the same as the budget request.

While the bulk of this increase is intended to meet built-in costs such as mandatory cost-of-living adjustments, it includes the requested increase for field operations, as well as $1,300,000 to strengthen operations at the National Board level. The Committee recommendation also assumes that of the $10,046,000 included in the budget request for information technology activities, $1,300,000 for year 2000 activities will be derived from funding being provided on a Governmentwide basis.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

NATIONAL MEDIATION BOARD

Appropriations, 1998	$8,600,000
Budget estimate, 1999	8,400,000
Committee recommendation	8,400,000

The Committee recommends an appropriation of $8,400,000 for the National Mediation Board, $200,000 less than the fiscal year 1998 appropriation and the same as the budget request.

The National Mediation Board protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The Board mediates collective bargaining disputes, determines the choice of employee bargaining representatives through elections, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1998	$7,900,000
Budget estimate, 1999	8,050,000
Committee recommendation	8,100,000

The Committee recommends an appropriation of $8,100,000 for the Occupational Safety and Health Review Commission, $200,000 above the fiscal year 1998 appropriation and $50,000 above the budget request.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration [OSHA] and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 1998	$205,500,000
Budget estimate, 1999	191,000,000
Committee recommendation	189,000,000

The Committee has provided a total of $189,000,000 for dual benefits, including $11,000,000 in income tax receipts on dual benefits as authorized by law. The Committee recommendation is $2,000,000 below the original budget request.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account, established for the payment of dual benefits, is funded by general fund appropriations and income tax receipts of vested dual benefits.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 1998	$50,000
Budget estimate, 1999	150,000
Committee recommendation	150,000

The Committee recommends $150,000 for interest earned on unnegotiated checks. This is $100,000 above the fiscal year 1998 appropriation and the same as the budget request.

LIMITATION ON ADMINISTRATION

Appropriations, 1998	$87,228,000
Budget estimate, 1999	86,000,000
Committee recommendation	90,000,000

The Committee recommends an appropriation of $90,000,000 for the administration of railroad retirement/survivor benefit programs. This amount is $2,772,000 above the fiscal year 1998 appropriation, and $4,000,000 above the budget request.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1998	$5,794,000
Budget estimate, 1999	5,400,000
Committee recommendation	5,600,000

The Committee recommends $5,600,000 for the Office of the Inspector General, $194,000 below the 1998 appropriation and $200,000 above the budget request.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 1998	$20,308,000
Budget estimate, 1999	19,689,000
Committee recommendation	19,689,000

The Committee recommends an appropriation of $19,689,000 for payments to Social Security trust funds, the same as the administration request. This amount reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds. The fiscal year

1999 request for these mandatory payments decreases primarily because special payments for certain uninsured persons decrease due to a declining beneficiary population.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 1998	$426,090,000
Budget estimate, 1999	382,803,000
Committee recommendation	382,803,000

The Committee recommends an appropriation of $382,803,000 for special benefits for disabled coal miners. This is in addition to the $160,000,000 appropriated last year as an advance for the first quarter of fiscal year 1999. The recommendation is the same as the administration request. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

The Social Security Administration holds primary responsibility for claims filed before July 1973, with the Department of Labor responsible for claims filed after that. By law, increases in black lung benefit payments are tied directly to Federal pay increases. The year-to-year decrease in this account reflects a declining beneficiary population.

The Committee recommends an advance appropriation of $141,000,000 for the first quarter of fiscal year 2000, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

SUPPLEMENTAL SECURITY INCOME

Appropriations, 1998	$16,370,000,000
Budget estimate, 1999	21,797,000,000
Committee recommendation, 1999	21,840,000,000

The Committee recommends an appropriation of $21,840,000,000 for supplemental security income. This is in addition to the $8,680,000,000 appropriated last year as an advance for the first quarter of fiscal year 1999 and includes funds for continuing disability reviews. The recommendation is $43,000,000 more than the administration's request and $5,470,000,000 more than the fiscal year 1998 level. The Committee also recommends an advance appropriation of $9,550,000,000 for the first quarter of fiscal year 2000 to ensure uninterrupted benefits payments.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. It is estimated that approximately 6.3 million persons will receive SSI benefits each month during fiscal year 1999. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the Social Security trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year as required by law, and to reimburse vocational rehabilitation agencies for costs incurred in successfully rehabilitating SSI recipients.

Beneficiary services

The Committee recommendation includes $61,000,000 for beneficiary services, which is the same as the administration request and $15,000,000 above the fiscal year 1998 level. This amount is available for reimbursement of State vocational rehabilitation agencies and alternate public or private providers. In 1994 SSA published a regulation permitting direct reimbursement of alternate public and private providers to provide vocational rehabilitation services. Vocational rehabilitation services are now more readily available to a larger number of people with disabilities, since the regulation allows SSA to use an alternate public or private sector provider, if a State vocational rehabilitation agency has not accepted an SSA-referred person for services or extended evaluation.

Research and demonstration projects

The Committee recommendation includes $37,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. This is $20,300,000 above the fiscal year 1998 level and $7,000,000 above the administration request. This amount will support SSA's efforts, as an independent agency, to focus on research on long-range solvency issues, the impact of demographics changes on future workloads, and development of effective return-to-work strategies for disabled beneficiaries.

Sufficient funds are provided to carry out a multistate demonstration testing the feasibility and efficacy of providing one-stop shopping for health care benefits to low-income Medicare beneficiaries. In the five pilot States, low-income seniors would apply for Medicare and Medicaid qualified Medicare beneficiary and specified low income Medicare beneficiary benefits at Social Security offices. Currently, only about one-half of the poor elderly that qualify for these Medicaid benefits receive them. This demonstration will show whether a single application process can lower these barriers to affordable health care for the most vulnerable senior citizens.

In addition, the Committee has included funds to conduct a demonstration that would identify potential Medicare buy-in eligibles during the recalculation of benefits for widowed spouses, and provide the appropriate State agencies with periodic listings of potential eligibles for their followup. This demonstration seeks to improve State responsiveness to critical shifts in the economic resources of aging Social Security beneficiaries.

The Committee has provided funds for research in the following substantive areas: Whether the loss of public health insurance presents a barrier to employment and strategies to address health care coverage for this population, the implications of State mental health/mental retardation systems and worker compensation programs for national disability programs, barriers to employment of persons with disabilities presented by the unemployment insurance program and the effect of private health and disability insurance practices on the employment of persons with disabilities. In addition, these funds will permit the establishment and dissemination of a data base on disability and employment which will include information on public subsidies, employment discrimination and rates of return to work for persons with disabilities.

The Committee encourages SSA to establish cooperative research and development agreements with universities proximate to the SSA Headquarters, such as the University of Maryland, Baltimore County [UMBC], in order to enhance administrative productivity, improve program efficiencies, and provide critical analyses on implementation. The Committee also urges SSA to draw upon library resources, conference facilities, technical support, training capability, and the policy sciences expertise at UMBC to support the development of the proposed retirement research centers.

Administration

The Committee recommendation includes $2,100,000,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. This is $73,000,000 above the fiscal year 1998 level and $36,000,000 more than the administration request.

Continuing disability reviews

The recommendation includes $227,000,000 for payments to the Social Security trust fund to process continuing reviews and redeterminations of the disability and nondisability eligibility factors of entitlement for individuals receiving supplemental security income on the basis of their disability.

The Committee is aware of the unique problems that Chronic Fatigue and Immune Dysfunctions Syndrome [CFIDS] patients encounter in the process of applying for benefits. The Committee urges the agency to develop and implement appropriate training agendas and materials for employees. Further, the Committee urges the agency to expedite efforts to investigate obstacles to benefits for persons with CFIDS and to keep medical information updated throughout all levels of the application and review process.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 1998	$6,409,040,000
Budget estimate, 1999	6,448,000,000
Committee recommendation, 1999	6,462,000,000

The Committee recommends a program funding level of $6,462,000,000 for the limitation on administrative expenses, which is $14,000,000 more than the administration request and $52,960,000 higher than the fiscal year 1998 level.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make initial and continuing disability determinations on behalf of the Social Security Adminis-

tration. Additionally, the limitation provides funding for computer support, and other administrative costs. In 1999 about 51.1 million people will receive a Social Security or supplemental security income checks each month. Cash payments are expected to be about $417,000,000,000 during fiscal year 1999.

The limitation includes $5,982,000,000 for routine operating expenses of the agency, which is $33,000,000 more than the amount requested by the President and $87,960,000 over the 1998 comparable amount. These funds, as well as those derived from an increase in the user fees which are discussed below, cover the mandatory costs of maintaining equipment and facilities, as well as staffing. The Committee supports SSA's unique cooperative training program with the Association of Administrative Law Judges, Inc., which is recognized by State bar associations for continuing legal education credits. The Committee believes this will improve SSA's ability to meet its performance goals and encourages SSA to continue and expand its support of this program and to increase ALJ participation.

The Committee recognizes that many victims of domestic violence find it necessary to relocate and establish new lives in order to avoid further instances of abuse. The Committee urges the Administrator to consider ways to more expeditiously respond to the requests of victims of domestic violence to change their Social Security numbers so that victims can establish new identities.

User fees

In addition to other amounts provided, the Committee recommends $75,000,000 for administrative activities funded from user fees that were authorized in fiscal year 1998. This is the same as the administration's request and an increase of $40,000,000 over the fiscal year 1998 level.

Social Security Advisory Board

The Committee has included $1,600,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 1999, the same level as for fiscal year 1998 and the administration request.

Automation initiative

Fiscal year 1998 marked the final year of the 5-year automation investment fund which has enabled SSA to invest for efficiencies. The Committee expects that unobligated funds at the end of fiscal year 1999, not needed for fiscal year 1999, will be made available for investment in the Social Security Administration's computing network.

Continuing disability reviews

The Committee has provided an additional $405,000,000 to the limitation on administrative expenses account for continuing disability reviews of individuals receiving Social Security disability benefits and continuing disability reviews and redeterminations of the disability and nondisability eligibility factors of entitlement for individuals receiving supplemental security income on the basis of disability.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1998	$48,424,000
Budget estimate, 1999	52,000,000
Committee recommendation, 1999	50,212,000

The Committee recommends $50,212,000 for activities for the Office of the Inspector General, $1,788,000 more than fiscal year 1998 and $1,788,000 less than the administration request. This includes a general fund appropriation of $11,082,000 together with an obligation limitation of $39,130,000 from the Federal old-age and survivors insurance trust fund and the Federal disability insurance trust fund.

U.S. INSTITUTE OF PEACE

Appropriations, 1998	$11,160,000
Budget estimate, 1999	11,495,000
Committee recommendation	11,495,000

The Committee recommends an appropriation of $11,495,000 for the U.S. Institute of Peace, $335,000 above the fiscal year 1998 appropriation and the same as the budget request.

The Institute was established by the U.S. Institute of Peace Act (Public Law 98–525) in 1984. The Institute is an independent, nonprofit, national organization whose primary mission is to promote, through scholarship and education, international peace, and the resolution of conflicts without recourse to violence.

TITLE V—GENERAL PROVISIONS

The Committee recommendation retains provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug unless the Secretary of HHS determines such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of State and local grant funds (sec. 507); and limit use of funds for abortion (secs. 508 and 509).

The Committee recommendation also retains provisions carried in last year's bill relating to transfer authority, obligation and expenditure of appropriations, and detail of employees (sec. 510).

The Committee recommendation retains language on human embryo research (sec. 511).

The Committee recommendation retains the limitation on use of funds for promotion of legalization of controlled substances included last year (sec. 512).

The Committee recommendation retains the bill language limitation on use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 513).

The Committee bill includes language regarding the individual health identifier (sec. 514).

The Committee recommendation includes an across-the-board administrative cost reduction (sec. 515).

TITLE VI—NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

As the number of Americans using complementary and alternative medicine practices has substantially increased, the Committee believes that additional authority is required to assure that the NIH appropriately review these practices. Accordingly, title VI authorizes the Office of Alternative Medicine within NIH to become a Center for Complementary and Alternative Medicine [CCAM]. The Committee believes this change will enable rigorous investigation, evaluation and validation of complementary and alternative treatments, practices and products. This Center will study appropriate and efficacious integration of complementary and alternative medicine with conventional practices that is based on evidence, ensuring state-of-the-art, rigorous scientific review. To facilitate and enhance knowledge and understanding of complementary and alternative practices and products throughout the world, CCAM also will establish and continue to update a comprehensive bibliographic system of complementary and alternative medicine practices. The Committee expects NIH to move promptly to effect this change and to ensure a smooth and efficient transition of the Office to Center status.

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount of bill	Committee allocation	Amount of bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts for 1999: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies:				
Defense discretionary				
Nondefense discretionary	82,175	82,600	80,300	[1] 80,677
Violent crime reduction fund	144	144	136	136
Mandatory	220,740	220,740	221,661	221,661
Projections of outlays associated with the recommendation:				
1999				[2] 195,085
2000				40,971
2001				9,137
2002				2,990
2003 and future year				155
Financial assistance to State and local governments for 1999 in bill	NA	118,688	NA	119,153

[1] Includes outlays from prior-year budget authority.
[2] Excludes outlays from prior-year budget authority

NA: Not applicable.

Note.—Consistent with the funding recommended in the bill for continuing disability reviews and in accordance with Public Laws 104–124 and 104–193, the Committee anticipates that the Budget Committee will file a revised section 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of $425,000,000 in budget authority and $377,000,000 in outlays

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill "which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session."

The following items are identified pursuant to this requirement:

Community service employment for older Americans, $440,200,000;

National Health Service Corps recruitment, $78,166,000;

Consolidated health professions, $210,000,000;

Emergency medical services for children, $15,000,000;

Organ transplantation, $4,116,000;
Health teaching facilities interest subsidies, $150,000;
Bone Marrow Program, $15,270,000;
Centers for Disease Control and Prevention, $2,797,058,000;
Substance Abuse and Mental Health Services Administration, $1,703,411,000;
Head Start, $4,660,000,000;
Community services block grant, $490,600,000;
Runaway and Homeless Youth Program, $44,653,000;
North American programs, $34,933,000;
National Youth Sports Program, $14,000,000;
Community food and nutrition, $6,000,000;
Community initiative program, $33,565,000;
Transitional living for homeless youth, $14,949,000;
Adolescent family life, $16,709,000;
Aging service programs, $870,050,000;
Office of Minority Health, $23,100,000;
Rehabilitation services and disability research, $2,615,266,000; and
Vocational and adult education, $1,507,201,000.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, the accompanying bill was ordered reported from the Committee, subject to amendment and subject to the section 302(b) allocation, by recorded vote of 28–0 a quorum being present.

The vote was as follows:

Yeas	Nays
Chairman Stevens	
Mr. Cochran	
Mr. Specter	
Mr. Domenici	
Mr. Bond	
Mr. Gorton	
Mr. McConnell	
Mr. Burns	
Mr. Shelby	
Mr. Gregg	
Mr. Bennett	
Mr. Campbell	
Mr. Craig	
Mr. Faircloth	
Mrs. Hutchison	
Mr. Byrd	
Mr. Inouye	
Mr. Hollings	
Mr. Leahy	
Mr. Bumpers	
Mr. Lautenberg	
Mr. Harkin	
Ms. Mikulski	
Mr. Reid	

Mr. Kohl
Mrs. Murray
Mr. Dorgan
Mrs. Boxer

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

In compliance with this rule, the following changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

PUBLIC HEALTH SERVICE ACT

TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

ORGANIZATION OF THE NATIONAL INSTITUTES OF HEALTH

SEC. 401. * * *

* * * * * * *

[OFFICE OF ALTERNATIVE MEDICINE

[SEC. 404E. (a) There is established within the Office of the Director of NIH an office to be known as the Office of Alternative Medicine (in this section referred to as the "Office"), which shall be headed by a director appointed by the Director of NIH.

[(b) The purpose of the Office is to facilitate the evaluation of alternative medical treatment modalities, including acupuncture and Oriental medicine, homeopathic medicine, and physical manipulation therapies.

[(c) The Secretary shall establish an advisory council for the purpose of providing advice to the Director of the Office on carrying out this section. Section 222 applies to such council to the same extent and in the same manner as such section applies to committees or councils established under such section.

[(d) In carrying out subsection (b), the Director of the Office shall—

[(1) establish an information clearinghouse to exchange information with the public about alternative medicine;

[(2) support research training—

[(A) for which fellowship support is not provided under section 487; and

[(B) that is not residency training of physicians or other health professionals; and

[(3)(A) prepare biennial reports on the activities carried out or to be carried out by the Office; and

[(B) submit each such report to the Director of NIH for inclusion in the biennial report under section 403.]

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PART E—OTHER AGENCIES OF NIH

Subpart 1—National Center for Research Resources

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Subpart 4—Office of Dietary Supplements

SEC. 485C. DIETARY SUPPLEMENTS.

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Subpart 5—National Center for Complementary and Alternative Medicine

SEC. 485D. PURPOSE OF CENTER.

(a) IN GENERAL.—The general purposes of the National Center for Complementary and Alternative Medicine (in this subpart referred to as the "Center") are the conduct and support of basic and applied research (including both intramural and extramural research), research training, the dissemination of health information, and other programs with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. The Center shall be headed by a director, who shall be appointed by the Secretary. The Director of the Center shall report directly to the Director of NIH.

(b) ADVISORY COUNCIL.—The Secretary shall establish an advisory council for the Center in accordance with section 406, except that at least half of the members of the advisory council who are not ex officio members shall include practitioners licensed in one or more of the major systems with which the Center is concerned, and at least 3 individuals representing the interests of individual consumers of complementary and alternative medicine.

(c) COMPLEMENT TO CONVENTIONAL MEDICINE.—In carrying out subsection (a), the Director of the Center shall, as appropriate, study the integration of alternative treatment, diagnostic and prevention systems, modalities, and disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States.

(d) APPROPRIATE SCIENTIFIC EXPERTISE AND COORDINATION WITH INSTITUTES AND FEDERAL AGENCIES.—The Director of the Center, after consultation with the advisory council for the Center and the division of research grants, shall ensure that scientists with appropriate expertise in research on complementary and alternative medicine are incorporated into the review, oversight, and management processes of all research projects and other activities funded by the

Center. In carrying out this subsection, the Director of the Center, as necessary, may establish review groups with appropriate scientific expertise. The Director of the Center shall coordinate efforts with other Institutes and Federal agencies to ensure appropriate scientific input and management.

(e) EVALUATION OF VARIOUS DISCIPLINES AND SYSTEMS.—In carrying out subsection (a), the Director of the Center shall identify and evaluate alternative and complementary medical treatment, diagnostic and prevention modalities in each of the disciplines and systems with which the Center is concerned, including each discipline and system in which accreditation, national certification, or a State license is available.

(f) ENSURING HIGH QUALITY, RIGOROUS SCIENTIFIC REVIEW.—In order to ensure high quality, rigorous scientific review of complementary and alternative, diagnostic and prevention modalities, disciplines and systems, the Director of the Center shall conduct or support the following activities:

(1) Outcomes research and investigations.

(2) Epidemiological studies.

(3) Health services research.

(4) Basic science research.

(5) Clinical trials.

(6) Other appropriate research and investigational activities. The Director of NIH, in coordination with the Director of the Center, shall designate specific personnel in each Institute to serve as full-time liaisons with the Center in facilitating appropriate coordination and scientific input.

(g) DATA SYSTEM; INFORMATION CLEARINGHOUSE.—

(1) DATA SYSTEM.—The Director of the Center shall establish a bibliographic system for the collection, storage, and retrieval of worldwide research relating to complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. Such a system shall be regularly updated and publicly accessible.

(2) CLEARINGHOUSE.—The Director of the Center shall establish an information clearinghouse to facilitate and enhance, through the effective dissemination of information, knowledge and understanding of alternative medical treatment, diagnostic and prevention practices by health professionals, patients, industry, and the public.

(h) RESEARCH CENTERS.—The Director of the Center, after consultation with the advisory council for the Center, shall provide support for the development and operation of multipurpose centers to conduct research and other activities described in subsection (a) with respect to complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. The provision of support for the development and operation of such centers shall include accredited complementary and alternative medicine research and education facilities.

(i) AVAILABILITY OF RESOURCES.—After consultation with the Director of the Center, the Director of NIH shall ensure that resources of the National Institutes of Health, including laboratory and clinical facilities, fellowships (including research training fellowship and junior and senior clinical fellowships), and other resources are

sufficiently available to enable the Center to appropriately and effectively carry out its duties as described in subsection (a). The Director of NIH, in coordination with the Director of the Center, shall designate specific personnel in each Institute to serve as full-time liaisons with the Center in facilitating appropriate coordination and scientific input.

(j) AVAILABILITY OF APPROPRIATIONS.—Amounts appropriated to carry out this section for fiscal year 1999 are available for obligation through September 30, 2001. Amounts appropriated to carry out this section for fiscal year 2000 are available for obligation through September 30, 2001.

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SOCIAL SECURITY ACT

SEC. 403. GRANTS TO STATES.

(a) GRANTS.—

(1) FAMILY ASSISTANCE GRANT.—

* * * * * * *

(5) WELFARE-TO-WORK GRANTS.—

(A) FORMULA GRANTS.—

(i) ENTITLEMENT.—* * *

* * * * * * *

(ix) REVERSION OF UNALLOTTED FORMULA FUNDS.—If at the end of any fiscal year any funds available under this subparagraph have not been allotted due to a determination by the Secretary that any State has not met the requirements of clause (ii), such funds shall be transferred to the General Fund of the Treasury of the United States.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 1999 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177), as amended, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. For the purposes of this bill, or funding under a continuing resolution in lieu of a regular bill, the term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act 1998, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference. In the event of funding under a formula-based continuing resolution, agencies should fund each project or activity according to the formula, and if this process results in a funding level above what the account total would be if the formula were applied to it alone, an across-the-board reduction in each project or activity in the account would be required to bring the account total within the formula.

FOR FISCAL YEAR 1999

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES [1]					
Grants to States:					
Youth Training	129,965	129,965	129,965	−5,000	−50,000
Summer Youth Program [2]	871,000	871,000	871,000		
Dislocated Worker Assistance	1,350,510	1,450,510	1,405,510	+55,000	−45,000
Federally administered programs:					
Native Americans	53,815	53,815	59,315	+5,500	+5,500
Migrant and Seasonal Farmworkers	71,017	71,017	71,517	+500	+500
Job Corps:					
Operations	1,127,726	1,157,047	1,150,000	+22,274	−7,047
Construction and Renovation [3]	118,491	150,572	150,572	+32,081	
Subtotal, Job Corps	1,246,217	1,307,619	1,300,572	+54,355	−7,047
Veterans' employment	7,300	7,300	7,300		
National activities:					
Pilots and Demonstrations	65,717	32,000	85,000	+19,283	+53,000
Research, Demos, evaluation	8,196	10,000	8,196		−1,804
Opportunity Areas for Youth:					
Advance from prior year (NA)		(250,000)	(250,000)	(+250,000)	
Adjustment			−125,000	−125,000	−125,000
Advance for subsequent year	250,000	250,000	250,000		

Other	12,000	5,000	10,000	−2,000	+5,000
Subtotal, National activities	335,913	297,000	228,196	−107,717	−68,804
Current Year: Fiscal year 1998/99	(85,913)	(47,000)	(−21,804)	(−107,717)	(−68,804)
Fiscal year 1999/2000	(250,000)	(250,000)	(250,000)	.....	.....
Subtotal, Federal activities	1,714,262	1,736,751	1,666,900	−47,362	−69,851
Current Year: Fiscal year 1998/99	(1,464,262)	(1,486,751)	(1,416,900)	(−47,362)	(−69,851)
Fiscal year 1999/2000	(250,000)	(250,000)	(250,000)	.....	.....
Total, Job Training Partnership Act	5,020,737	5,188,226	5,023,375	+2,638	−164,851
Current Year: Fiscal year 1998/99	(4,770,737)	(4,938,226)	(4,773,375)	(+2,638)	(−164,851)
Fiscal year 1999/2000	(250,000)	(250,000)	(250,000)	.....	.....
Women in Apprenticeship [2]	1,000	647	1,000	.....	+353
Skills Standards	8,000	7,000	7,000	−1,000	.....
Subtotal, National activities, TES	344,913	304,647	236,196	−108,717	−68,451
Current Year: Fiscal year 1998/99	(9,000)	(7,647)	(8,000)	(−1,000)	(+353)
Fiscal year 1999/2000	(250,000)	(250,000)	(250,000)	.....	.....
School-to-Work [4]	200,000	125,000	125,000	−75,000	.....
Homeless Veterans [2]	3,000	2,500	3,000	.....	+500
Total, Training and Employment Services	5,232,737	5,323,373	5,159,375	−73,362	−163,998
Current Year: Fiscal year 1998/99	(4,982,737)	(5,073,373)	(4,909,375)	(−73,362)	(−163,998)
Fiscal year 1999/2000	(250,000)	(250,000)	(250,000)	.....	.....
Welfare-to-work rescission	.....	.....	−137,000	−137,000	−137,000
COMMUNITY SERVICE EMPLOYMENT OLDER AMERICANS [5]	440,200	440,200	440,200	.....	.....
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES					
Trade Adjustment	304,700	312,300	312,300	+7,600	.....
NAFTA Activities	44,300	48,400	48,400	+4,100	.....
Proposed Legislation NAFTA	.....	(138,300)	(138,300)	(+138,300)	.....
Total	349,000	360,700	360,700	+11,700	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation (Trust Funds):					
State Operations	(2,114,125)	(2,214,125)	(2,115,125)	(+1,000)	(−99,000)
Year 2000 Computer conversion:					
Advance from prior year		(40,000)	(40,000)	(+40,000)	
Rescission			(−40,000)	(−40,000)	(−40,000)
Adjustment	(160,000)			(−160,000)	
Subtotal, current year	(160,000)	(40,000)		(−160,000)	(−40,000)
Advance (Fiscal year 1999/2000)	(40,000)			(−40,000)	
Contingency	(196,333)	(180,933)	(186,333)	(−10,000)	(+5,400)
Subtotal, Unemployment Comp (trust funds)	(2,520,458)	(2,405,058)	(2,271,458)	(−249,000)	(−133,600)
Current Year: Fiscal year 1998/99	(2,480,458)	(2,405,058)	(2,271,458)	(−209,000)	(−133,600)
Fiscal year 1999/2000	(40,000)			(−40,000)	
Employment Service:					
Allotments to States:					
Federal Funds	23,452	23,452	23,452		
Trust Funds	(738,283)	(738,283)	(738,283)		
Subtotal	761,735	761,735	761,735		
National Activities· Trust Funds[6]	(54,880)	(54,880)	(59,880)	(+5,000)	(+5,000)
Subtotal, Employment Service	816,615	816,615	821,615	+5,000	+5,000

Federal funds	23,452	23,452	23,452		
Trust funds	(793,163)	(793,163)	(798,163)	(+5,000)	(+5,000)
One Stop Career Centers:					
Federal Funds	163,344	138,645	138,645	−24,699	
Trust Funds		(7,855)	(7,855)	(+7,855)	
Total, One stop centers	163,344	146,500	146,500	−16,844	
Total, State Unemployment	3,500,417	3,368,173	3,239,573	−260,844	−128,600
Federal Funds	186,796	162,097	162,097	−24,699	
Trust Funds	(3,313,621)	(3,206,076)	(3,077,476)	(−236,145)	(−128,600)
Current year	(3,273,621)	(3,206,076)	(3,077,476)	(−196,145)	(−128,600)
Fiscal year 1999/2000	(40,000)			(−40,000)	
Advances to the UI and Other Trust Funds[7]	392,000	357,000	357,000	−35,000	
PROGRAM ADMINISTRATION					
Adult Employment and Training	26,121	28,103	27,688	+1,567	−415
Trust Funds	(2,259)	(3,129)	(2,395)	(+136)	(−734)
Youth Employment and Training	29,925	32,854	31,721	+1,796	−1,133
Employment Security	6,174	4,718	4,718	−1,456	
Trust Funds	(37,697)	(41,704)	(39,956)	(+2,259)	(−1,748)
Apprenticeship Services	16,448	18,365	17,435	+987	−930
Executive Direction	5,729	6,822	6,073	+344	−749
Trust Funds	(1,329)	(1,365)	(1,365)	(+36)	
Welfare to Work[8]	5,700	6,400	6,360	+660	−40
Subtotal, Program Administration	131,382	143,460	137,711	+6,329	−5,749
Federal funds	90,097	97,262	93,995	+3,898	−3,267
Trust funds	(41,285)	(46,198)	(43,716)	(+2,431)	(−2,482)
Subtotal, Employment and Training Administration	10,045,736	9,992,906	9,557,559	−488,177	−435,347
Federal funds	6,690,830	6,740,632	6,436,367	−254,463	−304,265
Current Year: Fiscal year 1998/99	(6,440,830)	(6,490,632)	(6,186,367)	(−254,463)	(−304,265)
Fiscal year 1999/2000	(250,000)	(250,000)	(250,000)		
Trust funds	(3,354,906)	(3,252,274)	(3,121,192)	(−233,714)	(−131,082)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Current Year: Fiscal year 1998/99	(3,314,906)	(3,252,274)	(3,121,192)	(−193,714)	(−131,082)
Fiscal year 1999/2000	(40,000)			(−40,000)	
PENSION AND WELFARE BENEFITS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement and Compliance	66,146	71,660	69,840	+3,694	−1,820
Policy, Regulation and Public Service	12,289	15,555	14,477	+2,188	−1,078
Program Oversight	3,621	3,759	3,759	+138	
Subtotal, PWBA	82,056	90,974	88,076	+6,020	−2,898
PENSION BENEFIT GUARANTY CORPORATION					
Program Administration subject to limitation (TF)	(10,433)	(10,958)	(10,958)	(+525)	
Termination services not subject to limitation (NA)	(137,376)	(147,724)	(147,724)	(+10,348)	
Subtotal, PBGC new BA	(10,433)	(10,958)	(10,958)	(+525)	
Subtotal, PBGC (Program level)	(147,809)	(158,682)	(158,682)	(+10,873)	
EMPLOYMENT STANDARDS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement of Wage and Hour Standards	121,347	129,897	127,414	+6,067	−2,483
Office of Labor-Management Standards	26,735	27,648	27,648	+913	
Federal Contractor EEO Standards Enforcement	62,344	67,836	65,461	+3,117	−2,375
Federal Programs for Workers' Compensation	77,906	76,759	76,759	−1,147	
Trust Funds	(993)	(1,924)	(1,924)	(+931)	

Program Direction and Support	11,695	12,127	12,127	+432	
Subtotal, ESA salaries and expenses	301,020	316,191	311,333	+10,313	−4,858
Federal funds	300,027	314,267	309,409	+9,382	−4,858
Trust funds	(993)	(1,924)	(1,924)	(+931)	
SPECIAL BENEFITS[9]					
Federal employees compensation benefits	197,000	175,000	175,000	−22,000	
Longshore and harbor workers' benefits	4,000	4,000	4,000		
Subtotal, Special Benefits	201,000	179,000	179,000	−22,000	
BLACK LUNG DISABILITY TRUST FUND[10]					
Benefit payments and interest on advances	960,650	969,725	969,725	+9,075	
Employment Standards Adm. S&E	26,147	30,191	30,191	+4,044	
Departmental Management S&E	19,551	20,422	20,422	+871	
Departmental Management, Inspector General	296	306	306	+10	
Subtotal, Black Lung Disablty. Trust Fund, apprn	1,006,644	1,020,644	1,020,644	+14,000	
Treasury Adm. Costs (Indefinite)	356	356	356		
Total, Black Lung Disability Trust Fund	1,007,000	1,021,000	1,021,000	+14,000	
Total, Employment Standards Administration	1,509,020	1,516,191	1,511,333	+2,313	−4,858
Federal funds	1,508,027	1,514,267	1,509,409	+1,382	−4,858
Trust funds	(993)	(1,924)	(1,924)	(+931)	
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Safety and Health Standards	12,091	12,437	12,323	+232	−114
Federal Enforcement	128,886	135,298	133,182	+4,296	−2,116
State Programs	77,941	81,140	80,084	+2,143	−1,056
Technical Support	17,591	18,504	18,203	+612	−301
Compliance Assistance:					
Federal Assistance	43,927	46,529	45,670	+1,743	−859
State Consultation Grants	35,373	38,757	37,640	+2,267	−1,117

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Safety and Health Statistics	14,283	15,610	15,172	+889	−438
Executive Direction and Administration	6,586	6,770	6,709	+123	−61
Total, OSHA	336,678	355,045	348,983	+12,305	−6,062
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	107,452	109,851	109,851	+2,399	
Metal/Non-Metal Enforcement	43,695	44,550	44,550	+855	
Standards Development	1,290	1,509	1,509	+219	
Assessments	3,556	3,896	3,896	+340	
Educational Policy and Development	14,839	15,838	15,838	+999	
Technical Support	23,747	25,312	25,312	+1,565	
Program Administration	8,818	10,209	10,209	+1,391	
Total, Mine Safety and Health Administration	203,397	211,165	211,165	+7,768	
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	110,975	115,828	114,227	+3,252	−1,601
Labor Market Information (Trust Funds)	(52,848)	(54,146)	(53,718)	(+870)	(−428)
Prices and Cost of Living	107,059	120,179	115,849	+8,790	−4,330
Compensation and Working Conditions	58,934	61,029	60,337	+1,403	−692
Productivity and Technology	7,251	7,526	7,435	+184	−91

Economic Growth and Employment Projections	4,729	4,905	4,847	+118	−58
Executive Direction and Staff Services	23,317	24,098	23,317		−781
Consumer Price Index Revision [7]	15,430	11,159	11,159	−4,271	
Total, Bureau of Labor Statistics	380,543	398,870	390,889	+10,346	−7,981
Federal Funds	327,695	344,724	337,171	+9,476	−7,553
Trust Funds	(52,848)	(54,146)	(53,718)	(+870)	(−428)
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	18,004	20,193	20,193	+2,189	
Legal Services	65,147	66,219	66,219	+1,072	
Trust Funds	(282)	(299)	(299)	(+17)	
International Labor Affairs	12,095	39,385	40,385	+28,290	+1,000
Administration and Management	15,151	15,774	15,774	+623	
Adjudication	20,688	21,842	21,842	+1,154	
Promoting Employment of People with Disabilities	4,421	4,679	4,750	+329	+71
Women's Bureau	7,762	7,802	7,802	+40	
Civil Rights Activities	4,580	4,929	4,929	+349	
Chief Financial Officer	4,800	5,538	5,169	+369	−369
Task Force/Employment people w/disabilities		2,400	1,400	+1,400	−1,000
Total, Salaries and expenses	152,930	189,060	188,762	+35,832	−298
Federal funds	152,648	188,761	188,463	+35,815	−298
Trust funds	(282)	(299)	(299)	(+17)	
VETERANS EMPLOYMENT AND TRAINING					
State Administration:					
Disabled Veterans Outreach Program	(80,040)	(80,040)	(80,040)		
Local Veterans Employment Program	(77,078)	(77,078)	(77,078)		
Subtotal, State Administration	(157,118)	(157,118)	(157,118)		
Federal Administration	(24,861)	(25,601)	(25,601)	(+740)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Total, Veterans Employment and Training (TF)	(181,979)	(182,719)	(182,719)	(+740)	
OFFICE OF THE INSPECTOR GENERAL					
Program Activities	36,854	40,043	39,185	+2,331	−858
Trust Funds	(3,645)	(3,772)	(3,725)	(+80)	(−47)
Executive Direction and Management	5,773	5,990	5,590	−183	−400
Total, Office of the Inspector General	46,272	49,805	48,500	+2,228	−1,305
Federal funds	42,627	46,033	44,775	+2,148	−1,258
Trust funds	(3,645)	(3,772)	(3,725)	(+80)	(−47)
Total, Departmental Management	381,181	421,584	419,981	+38,800	−1,603
Federal funds	195,275	234,794	233,238	+37,963	−1,556
Trust funds	(185,906)	(186,790)	(186,743)	(+837)	(−47)
Total, Labor Department	12,949,044	12,997,693	12,538,944	−410,100	−458,749
Federal funds	9,343,958	9,491,601	9,164,409	−179,549	−327,192
Current Year: Fiscal year 1998/99	(9,093,958)	(9,241,601)	(8,914,409)	(−179,549)	(−327,192)
Fiscal year 1999/2000	(250,000)	(250,000)	(250,000)		
Trust funds	(3,605,086)	(3,506,092)	(3,374,535)	(−230,551)	(−131,557)
Current Year: Fiscal year 1998/99	(3,565,086)	(3,506,092)	(3,374,535)	(−190,551)	(−131,557)
Fiscal year 1999/2000	(40,000)			(−40,000)	

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Consolidated health centers	824,883	839,468	925,000	+100,117	+85,532
National Health Service Corps:					
Field placements	37,213	37,175	37,244	+31	+69
Recruitment	77,857	78,022	78,166	+309	+144
Subtotal, National Health Service Corps	115,070	115,197	115,410	+340	+213
Health Professions					
Grants to Communities for Scholarships	531			−531	
Health Professions data systems	236	237		−236	−237
Research on Health Professions Issues	450	451		−450	−451
Nurse loan repayment for shortage area service	2,199			−2,199	
Centers of excellence	24,679	24,757		−24,679	−24,757
Health careers opportunity program	26,742	26,825		−26,742	−26,825
Exceptional financial need scholarships	11,371	11,352		−11,371	−11,352
Faculty loan repayment	1,060	1,063		−1,060	−1,063
Fin. Assistance for disadvantaged HP students	6,741	6,730		−6,741	−6,730
Scholarships for disadvantaged students	18,647			−18,647	
Family medicine training/departments	49,194	49,342		−49,194	−49,342
General internal medicine and pediatrics	17,597	17,649		−17,597	−17,649
Physician assistants	6,368	6,387		−6,368	−6,387
Public health and preventive medicine	7,986	8,012		−7,986	−8,012
Health administration traineeships/projects	1,094	1,097		−1,094	−1,097
Area health education centers	28,451	28,539		−28,451	−28,539
Border health training centers	3,747	3,759		−3,747	−3,759
General dentistry residencies	3,780	3,792		−3,780	−3,792
Allied health special projects	3,505	3,839		−3,505	−3,839
Geriatric education centers and training	8,869	8,896		−8,869	−8,896
Rural interdisciplinary traineeships	4,470	4,160		−4,470	−4,160
Podiatric Medicine	675	678		−675	−678
Chiropractic demonstration grants	1,024	1,027		−1,024	−1,027
Advanced Nurse Education	12,450	12,489		−12,450	−12,489

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Nurse practitioners/nurse midwives	17,564	17,617		−17,564	−17,617
Special projects	10,549	10,582		−10,549	−10,582
Nurse disadvantaged assistance	3,860	3,872		−3,860	−3,872
Professional nurse traineeships	15,918	15,968		−15,918	−15,968
Nurse anesthetists	2,761	2,769		−2,761	−2,769
					−18,706
Consolidated health professions			208,000	+208,000	+208,000
Subtotal, Health professions	292,518	290,595	208,000	−84,518	−82,595
Other HRSA Programs:					
Hansen's Disease Services [11]	17,094	17,020	18,670	+1,576	+1,650
Maternal and Child Health Block Grant	681,079	681,740	683,000	+1,921	+1,260
Healthy Start	95,526	95,805	105,000	+9,474	+9,195
Organ Transplantation	2,778	4,111	10,000	+7,222	+5,889
Health Teaching Facilities Interest Subsidies	224	150	150	−74	
Bone Marrow Program	15,270	15,270	15,270		
Rural outreach grants	32,436	32,532	32,592	+156	+60
Emergency medical services for children	12,941	10,976	15,000	+2,059	+4,024
Black lung clinics	4,976	5,000	5,000	+24	
Alzheimer's demonstration grants [12]	5,970	6,000	6,000	+30	
Payment to Hawaii, treatment of Hansen's	2,045	2,045	2,045		
Subtotal, Other HRSA programs	870,339	870,649	892,727	+22,388	+22,078
Ryan White AIDS Programs:					
Emergency Assistance	464,736	488,974	478,000	+13,264	−10,974
Comprehensive Care Programs	542,783	668,870	588,000	+45,217	−80,870

Drug Assistance Program (ADAP) (NA)	(285,500)	(385,500)	(311,000)	(+25,500)	(−74,500)
ADAP Advance funding (fiscal year 1999/2000)			150,000	+150,000	+150,000
Subtotal, ADAP	285,500	385,500	461,000	+175,500	+75,500
Early Intervention Program	76,211	86,154	82,000	+5,789	−4,154
Pediatric Demonstrations	40,803	43,926	44,000	+3,197	+74
AIDS Dental Services	7,763	7,787	7,800	+37	+13
Education and Training Centers	17,216	17,271	18,000	+784	+729
Subtotal, Ryan White AIDS programs	1,149,512	1,312,982	1,367,800	+218,288	+54,818
Family Planning	202,903	218,077	215,000	+12,097	−3,077
Rural Health Research	11,656	11,691	11,713	+57	+22
Health Care and Other Facilities	27,957		30,000	+2,043	+30,000
Buildings and Facilities	2,498	250	250	−2,248	
National Practitioner Data Bank	8,000	12,000	12,000	+4,000	
User Fees	−8,000	−12,000	−12,000	−4,000	
Program Management	114,059	114,059	120,000	+5,941	+5,941
Total, Health resources and services	3,611,395	3,772,968	3,885,900	+274,505	+112,932
MEDICAL FACILITIES GUARANTEE AND LOAN FUND: Interest subsidy program	6,000	1,000	1,000	−5,000	
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM (HEAL):					
New loan subsidies	1,020			−1,020	
Liquidating account (NA)	(29,566)	(37,000)	(37,000)	(+7,434)	
HEAL loan limitation (NA)	(85,000)			(−85,000)	
Program management [13]	3,675	3,688	3,688	+13	
Total, HEAL	4,695	3,688	3,688	−1,007	
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:					
Post-fiscal year 1988 claims (TF)	42,600	51,600	51,600	+9,000	
HRSA administration (TF)	3,000	3,000	3,000		
Subtotal, Vaccine injury compensation trust fund	45,600	54,600	54,600	+9,000	
VACCINE INJURY COMPENSATION: Pre-fiscal year 1989 claims (appropriations)			100,000	+100,000	+100,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

(In thousands of dollars)

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Total, Vaccine inquiry	45,600	54,600	154,600	+109,000	+100,000
Total, Health Resources and Services Admin	3,667,690	3,832,256	4,045,188	+377,498	+212,932
CENTERS FOR DISEASE CONTROL AND PREVENTION					
DISEASE CONTROL, RESEARCH AND TRAINING					
Preventive Health Services Block Grant:					
Program	147,362	146,566	120,000	−27,362	−26,566
Administration	1,730	2,247		−1,730	−2,247
Subtotal, Preventive Health Services Block Grant	149,092	148,813	120,000	−29,092	−28,813
Prevention Centers:					
Program	7,730	7,872	9,080	+1,350	+1,208
Administration	321	164		−321	−164
Subtotal, Prevention Centers	8,051	8,036	9,080	+1,029	+1,044
CDC/HCFA vaccine program:					
Childhood immunization:					
Program	361,983	350,659	405,900	+43,917	+55,241
Administration	48,175	48,909		−48,175	−48,909
Subtotal, Childhood immunization	410,158	399,568	405,900	−4,258	+6,332
HCFA vaccine purchase (NA)	437,104	566,278	566,278	+129,174	

Subtotal, CDC/HCFA vaccine program level	847,262	965,846	972,178	+124,916	+6,332
Communicable Diseases:					
AIDS:					
Program	505,080	497,497	631,779	+126,699	+134,282
Administration	119,864	124,727		−119,864	−124,727
Subtotal, HIV/AIDS	624,944	622,224	631,779	+6,835	+9,555
Tuberculosis:					
Program	113,316	112,912	119,236	+5,920	+6,324
Administration	4,655	4,738		−4,655	−4,738
Subtotal, Tuberculosis	117,971	117,650	119,236	+1,265	+1,586
Sexually Transmitted Diseases:					
Program	99,694	108,904	113,671	+13,977	+4,767
Administration	12,423	12,677		−12,423	−12,677
Subtotal, Sexually Transmitted Diseases	112,117	121,581	113,671	+1,554	−7,910
Chronic Diseases:					
Chronic and Environmental Disease Prevention:					
Program	160,249	211,694	258,568	+98,319	+46,874
Administration	51,728	51,874		−51,728	−51,874
Subtotal, Chronic and Environmental Disease	211,977	263,568	258,568	+46,591	−5,000
Breast and Cervical Cancer Screening:					
Program	135,306	135,064	145,000	+9,694	+9,936
Administration	7,473	8,421		−7,473	−8,421
Subtotal, Breast and Cervical Cancer Screening	142,779	143,485	145,000	+2,221	+1,515
Infectious Diseases:					
Program	54,742	95,179	115,215	+60,473	+20,036
Administration	58,115	67,336		−58,115	−67,336
Subtotal, Infectious diseases	112,857	162,515	115,215	+2,358	−47,300
Lead Poisoning Prevention:					
Program	31,324	31,212	38,205	+6,881	+6,993

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Administration	6,540	6,686		−6,540	−6,686
Subtotal, Lead Poisoning Prevention	37,864	37,898	38,205	+341	+307
Injury Control:					
Program	36,994	33,711	50,765	+13,771	+17,054
Administration	12,770	15,625		−12,770	−15,625
Subtotal, Injury Control	49,764	49,336	50,765	+1,001	+1,429
Occupational Safety and Health (NIOSH): [14]					
Program	72,823	65,610	200,000	+127,177	+134,390
Administration	114,390	119,954		−114,390	−119,954
Subtotal, Occupational Safety and Health	187,213	185,564	200,000	+12,787	+14,436
Epidemic Services:					
Program	14,767	39,432	69,844	+55,077	+30,412
Administration	52,578	55,484		−52,578	−55,484
Subtotal, Epidemic Services	67,345	94,916	69,844	+2,499	−25,072
Office of the Director:					
Budget Authority	32,964	29,581	21,581	−11,383	−8,000
1 percent Set Aside	(697)	(1,439)	(1,439)	(+742)	
Office of the Director, program level	(33,661)	(31,020)	(23,020)	(−10,641)	(−8,000)
National Center for Health Statistics:					
Program Operations:					
Budget Authority	10,020			−10,020	

1 percent Set Aside	.....	(9,323)	.....	.....	(−9,323)
Administration:					
Budget Authority	16,018	.....	.....	−16,018	.....
1 percent evaluation funds (NA)	(58,535)	(75,250)	(84,573)	(+26,038)	(+9,323)
Subtotal, Health Statistics program level	(84,573)	(84,573)	(84,573)	.....	.....
Buildings and Facilities	41,504	6,792	6,800	−34,704	+8
Prevention research	.....	24,969	.....	.....	−24,969
Health disparities demonstration	.....	29,963	10,000	+10,000	−19,963
Crime activities not funded from Crime Trust Fund	.....	8,000	.....	.....	−8,000
Subtotal, Centers for Disease Control	2,332,638	2,454,459	2,315,644	−16,994	−138,815
Crime Bill Activities:					
Crime Trust Fund:					
Rape Prevention and Education	45,000	36,945	37,000	−8,000	+55
Domestic Violence Community Demonstrations	6,000	5,993	6,000	.....	+7
Subtotal, Crime bill activities	51,000	42,938	43,000	−8,000	+62
Rape Prevention—General Revenues	.....	.....	8,000	+8,000	+8,000
Subtotal, rape prevention	45,000	36,945	45,000	.....	+8,055
Total, Crime activities incl general revenue	51,000	50,938	51,000	.....	+62
Total, Disease Control	2,383,638	2,497,397	2,366,644	−16,994	−130,753
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	2,542,559	2,528,429	2,927,187	+384,628	+398,758
AIDS (NA)	.....	(240,206)	.....	.....	(−240,206)
Subtotal, NCI	(2,542,559)	(2,768,635)	(2,927,187)	(+384,628)	(+158,552)
National Heart, Lung, and Blood Institute	1,582,924	1,641,524	1,793,697	+210,773	+152,173
AIDS (NA)	.....	(68,010)	.....	.....	(−68,010)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Subtotal, NHLBI	(1,582,924)	(1,709,534)	(1,793,697)	(+210,773)	(+84,163)
National Institute of Dental Research and Craniofacial	209,026	213,913	233,588	+24,562	+19,675
AIDS (NA)		(14,898)			(−14,898)
Subtotal, NIDR	(209,026)	(228,811)	(233,588)	(+24,562)	(+4,777)
National Institute of Diabetes and Digestive and Kidney Diseases	872,231	924,701	994,218	+121,987	+69,517
AIDS (NA)		(16,843)			(−16,843)
Subtotal, NIDDK	(872,231)	(941,544)	(994,218)	(+121,987)	(+52,674)
National Institute of Neurological Disorders and Stroke	779,257	813,195	903,278	+124,021	+90,083
AIDS (NA)		(28,633)			(−28,633)
Subtotal, NINDS	(779,257)	(841,828)	(903,278)	(+124,021)	(+61,450)
National Institute of Allergy and Infectious Diseases	1,349,135	699,927	1,540,102	+190,967	+840,175
AIDS (NA)		(766,217)			(−766,217)
Subtotal, NIAID	(1,349,135)	(1,466,144)	(1,540,102)	(+190,967)	(+73,958)
National Institute of General Medical Sciences	1,063,959	1,111,531	1,197,825	+133,866	+86,294
AIDS (NA)		(30,555)			(−30,555)
Subtotal, NIGMS	(1,063,959)	(1,142,086)	(1,197,825)	(+133,866)	(+55,739)
National Institute of Child Health and Human Development	673,509	652,746	748,482	+74,973	+95,736
AIDS (NA)		(72,260)			(−72,260)
Subtotal, NICHD	(673,509)	(725,006)	(748,482)	(+74,973)	(+23,476)
National Eye Institute	355,026	373,229	395,261	+40,235	+22,032

AIDS (NA)		(9,945)			(−9,945)
Subtotal, NEI	(355,026)	(383,174)	(395,261)	(+40,235)	(+12,087)
National Institute of Environmental Health Sciences	329,492	347,043	375,743	+46,251	+28,700
AIDS (NA)		(6,749)			(−6,749)
Subtotal, NIEHS	(329,492)	(353,792)	(375,743)	(+46,251)	(+21,951)
National Institute on Aging	518,312	554,397	596,521	+78,209	+42,124
AIDS (NA)		(1,967)			(−1,967)
Subtotal, NIA	(518,312)	(556,364)	(596,521)	(+78,209)	(+40,157)
National Institute of Arthritis and Musculoskeletal and Skin Diseases	274,248	290,177	304,320	+30,072	+14,143
AIDS (NA)		(4,523)			(−4,523)
Subtotal, NIAMS	(274,248)	(294,700)	(304,320)	(+30,072)	(+9,620)
National Institute on Deafness and Other Communication Disorders	200,321	213,191	229,887	+29,566	+16,696
AIDS (NA)		(1,893)			(−1,893)
Subtotal, NIDCD	(200,321)	(215,084)	(229,887)	(+29,566)	(+14,803)
National Institute of Nursing Research	63,478	62,228	69,834	+6,356	+7,606
AIDS (NA)		(5,921)			(−5,921)
Subtotal, NINR	(63,478)	(68,149)	(69,834)	(+6,356)	(+1,685)
National Institute on Alcohol Abuse and Alcoholism	226,752	229,550	259,747	+32,995	+30,197
AIDS (NA)		(15,487)			(−15,487)
Subtotal, NIAAA	(226,752)	(245,037)	(259,747)	(+32,995)	(+14,710)
National Institute on Drug Abuse	526,192	393,940	603,274	+77,082	+209,334
AIDS (NA)		(181,170)			(−181,170)
Subtotal, NIDA	(526,192)	(575,110)	(603,274)	(+77,082)	(+28,164)
National Institute of Mental Health	748,841	699,678	861,208	+112,367	+161,530
AIDS (NA)		(107,904)			(−107,904)
Subtotal, NIMH	(748,841)	(807,582)	(861,208)	(+112,367)	(+53,626)
National Human Genome Research Institute	217,297	236,283	249,891	+32,594	+13,608

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
AIDS (NA)		(3,138)			(−3,138)
Subtotal, NHGRI	(217,297)	(239,421)	(249,891)	(+32,594)	(+10,470)
National Center for Research Resources	453,035	421,722	554,819	+101,784	+133,097
AIDS (NA)		(91,848)			(−91,848)
Subtotal, NCRR	(453,035)	(513,570)	(554,819)	(+101,784)	(+41,249)
John Fogarty International Center	28,236	19,048	35,426	+7,190	+16,378
AIDS (NA)		(11,305)			(−11,305)
Subtotal, FIC	(28,236)	(30,353)	(35,426)	(+7,190)	(+5,073)
National Library of Medicine	160,885	170,738	181,309	+20,424	+10,571
AIDS (NA)		(3,472)			(−3,472)
Subtotal, NLM	(160,885)	(174,210)	(181,309)	(+20,424)	(+7,099)
Office of the Director	241,101	222,308	302,947	+61,846	+80,639
AIDS (NA)		(41,752)			(−41,752)
Subtotal, OD	(241,101)	(264,060)	(302,947)	(+61,846)	(+38,887)
Buildings and facilities:					
Current year	206,570	218,227	223,822	+17,252	+5,595
Advance		40,000	40,000	+40,000	
Office of AIDS Research		1,725,588			−1,725,588
Total NIH:					
Current Year: Fiscal year 1998/99	13,622,386	14,763,313	15,582,386	+1,960,000	+819,073

Fiscal year 1999/2000		40,000	40,000	+40,000	
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION					
Mental Health:					
Knowledge development and application	57,964	57,964	57,964		
Mental Health Performance Partnership	275,420	275,420	275,420		
Children's Mental Health	72,927	72,927	72,927		
Grants to States for the Homeless (PATH)	23,000	23,000	25,000	+2,000	+2,000
Protection and Advocacy	21,957	21,957	22,957	+1,000	+1,000
Subtotal, mental health	451,268	451,268	454,268	+3,000	+3,000
Substance Abuse Treatment:					
Knowledge Development and Application	155,868	115,427	155,868		+40,441
Substance Abuse Performance Partnership	1,310,107	1,505,107	1,310,107		−195,000
Subtotal, Substance Abuse Treatment (BA)	1,465,975	1,620,534	1,465,975		−154,559
Substance Abuse Prevention:					
Knowledge Development and Application	151,000	117,441	151,000		+33,559
High Risk Youth Grants	6,000	10,000	7,000	+1,000	−3,000
Subtotal, Substance abuse prevention	157,000	127,441	158,000	+1,000	+30,559
Program Management and Buildings and Facilities	54,913	53,400	55,400	+487	+2,000
Data Collection	18,000	22,000	18,000		−4,000
Total, Substance Abuse and Mental Health	2,147,156	2,274,643	2,151,643	+4,487	−123,000
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
Retirement payments	149,217	159,251	159,251	+10,034	
Survivors benefits	11,643	11,531	11,531	−112	
Dependents' medical care	27,470	28,541	28,541	+1,071	
Military services credits	2,409	2,312	2,312	−97	
Total, Retirement pay and medical benefits	190,739	201,635	201,635	+10,896	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
AGENCY FOR HEALTH CARE POLICY AND RESEARCH					
Research on Health Care Systems Cost and Access:					
Federal Funds	88,074	98,067	47,659	−40,415	−50,408
1 percent evaluation funding (NA)	(19,906)	(42,847)	(93,255)	(+73,349)	(+50,408)
Subtotal	(107,980)	(140,914)	(140,914)	(+32,934)	.....
Health insurance and expenditure surveys: 1 percent evaluation funding (NA)	(36,300)	(27,800)	(27,800)	(−8,500)	.....
Program Support	2,230	2,341	2,341	+111	.....
Total, AHCPR	146,510	171,055	171,055	+24,545	.....
Federal Funds	90,304	100,408	50,000	−40,304	−50,408
1 percent evaluation funding (non-add)	(56,206)	(70,647)	(121,055)	(+64,849)	(+50,408)
Total, Public Health Service	22,101,913	23,709,652	24,437,496	+2,335,583	+727,844
Current Year: Fiscal year 1998/99	(22,101,913)	(23,669,652)	(24,247,496)	(+2,145,583)	(+577,844)
Fiscal year 1999/2000	.....	(40,000)	(190,000)	(+190,000)	(+150,000)
HEALTH CARE FINANCING ADMINISTRATION					
GRANTS TO STATES FOR MEDICAID					
Medicaid current law benefits	95,263,000	101,710,700	101,710,700	+6,447,700	.....
State and local administration	5,209,314	5,639,666	5,639,666	+430,352	.....
Vaccines for Children	487,245	566,278	566,278	+79,033	.....
Subtotal, Medicaid program level, fiscal year 1998/99	100,959,559	107,916,644	107,916,644	+6,957,085	.....

Carryover balance	−6,890,359	−5,522,222	−5,522,222	+1,368,137	.....
Less funds advanced in prior year	−27,988,993	−27,800,689	−27,800,689	+188,304	.....
Total, request, fiscal year 1998/99	66,080,207	74,593,733	74,593,733	+8,513,526	.....
New advance 1st quarter, fiscal year 1999/2000	27,800,689	28,733,605	28,733,605	+932,916	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental medical insurance	60,739,000	62,171,000	62,171,000	+1,432,000	.....
Hospital insurance for the uninsured	−52,000	555,000	555,000	+607,000	.....
Federal uninsured payment	86,000	97,000	97,000	+11,000	.....
Program management	131,000	130,000	130,000	−1,000	.....
Total, Payments to Trust Funds, current law	60,904,000	62,953,000	62,953,000	+2,049,000	.....
PROGRAM MANAGEMENT					
Research, demonstration, and evaluation: Regular Program	(51,500)	(50,000)	(75,000)	(+23,500)	(+25,000)
Medicare Contractors	(1,216,141)	(1,104,200)	(1,081,700)	(−134,441)	(−22,500)
(Year 2000 conversion)	.....	.....	(22,500)	(+22,500)	(+22,500)
User Fee legislative proposal	.....	165,500	.....	.....	−165,500
H.R. 3103 funding (NA)	(500,000)	(560,000)	(560,000)	(+60,000)	.....
Subtotal, Medicare Contractors limit'n on new BA	(1,216,141)	(1,269,700)	(1,081,700)	(−134,441)	(−188,000)
Subtotal, Contractors program level	(1,716,141)	(1,829,700)	(1,664,200)	(−51,941)	(−165,500)
State Survey and Certification	(154,000)	(104,700)	(124,700)	(−29,300)	(+20,000)
User fee legislative proposal	.....	(62,300)	.....	.....	(−62,300)
Federal Administration:					
Federal Administration	(369,200)	(421,084)	(406,084)	(+36,884)	(−15,000)
(Year 2000 conversion)	.....	.....	(15,000)	(+15,000)	(+15,000)
User Fees	(−1,934)	(−1,984)	(−1,934)	.....	(+50)
User fee legislative proposal	.....	(36,700)	.....	.....	(−36,700)
Subtotal, Federal Administration	(367,266)	(455,800)	(404,150)	(+36,884)	(−51,650)
Total, Program management	(1,788,907)	(1,942,500)	(1,685,550)	(−103,357)	(−256,950)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Total, current law	(1,788,907)	(1,942,500)	(1,685,550)	(−103,357)	(−256,950)
Total, user fee legislative proposals	(500,000)	(560,000)	(597,500)	(+97,500)	(+37,500)
Total, Program Management limitation on new BA	(2,288,907)	(2,502,500)	(2,283,050)	(−5,857)	(−219,450)
Medicare Trust Fund Activity:					
Hospital Insurance TF [15]	(−7,700,000)	(−6,800,000)	(−6,800,000)	(+900,000)	
Supplemental Medical Ins. TF [16]	(−2,000,000)	(−300,000)	(−300,000)	(+1,700,000)	
Total, Health Care Financing Administration	156,573,803	168,222,838	167,965,888	+11,392,085	−256,950
Federal funds	154,784,896	166,280,338	166,280,338	+11,495,442	
Current year, fiscal year 1998/99	(126,984,207)	(137,546,733)	(137,546,733)	(+10,562,526)	
New advance, 1st quarter, fiscal year 1999/2000	(27,800,689)	(28,733,605)	(28,733,605)	(+932,916)	
Trust funds	(1,788,907)	(1,942,500)	(1,685,550)	(−103,357)	(−256,950)
ADMINISTRATION FOR CHILDREN AND FAMILIES					
FAMILY SUPPORT PAYMENTS TO STATES					
Aid to Families with Dependent Children (AFDC)		35,000	35,000	+35,000	
Quality control liabilities		−25,000	−25,000	−25,000	
Payments to territories		21,000	21,000	+21,000	
Emergency assistance		65,000	65,000	+65,000	
Repatriation		1,000	1,000	+1,000	
Subtotal, Welfare payments		97,000	97,000	+97,000	
Child Support Enforcement:					
State and local administration		2,073,000	2,073,000	+2,073,000	

Federal incentive payments		469,000	469,000	+469,000	
Access and visitation		10,000	10,000	+10,000	
Subtotal, Welfare payments		2,552,000	2,552,000	+2,552,000	
Total, Payments, fiscal year 1998/99 program level		2,649,000	2,649,000	+2,649,000	
Less funds advanced in previous years		−660,000	−660,000	−660,000	
Total, payments, current request, fiscal year 1998/99		1,989,000	1,989,000	+1,989,000	
New advance, 1st quarter, fiscal year 1999/2000	660,000	750,000	750,000	+90,000	
LOW INCOME HOME ENERGY ASSISTANCE					
Advance from prior year (NA)	(1,000,000)	(1,100,000)	(1,100,000)	(+100,000)	
Fiscal year 1998/99 program level	(1,000,000)	(1,100,000)	(1,100,000)	(+100,000)	
New Emergency Allocation (NA)	(300,000)	(300,000)	(300,000)		
Advance funding (fiscal year 1999/2000)	1,100,000	1,087,000	1,100,000		+13,000
REFUGEE AND ENTRANT ASSISTANCE [17]					
Transitional and Medical Services	230,698	230,698	230,698		
Social Services	129,990	129,990	129,990		
Preventive Health	4,835	4,835	4,835		
Targeted Assistance	49,477	49,477	49,477		
Total, Refugee and entrant assistance (BA)	415,000	415,000	415,000		
CHILD CARE AND DEVELOPMENT BLOCK GRANT:					
Advance funding from prior year (NA)	(937,000)	(1,000,000)	(1,000,000)	(+63,000)	
Adjustment (current funding) [18]	65,672	176,672		−65,672	−176,672
Current year program level (fiscal year 1998/99)	(1,002,672)	(1,176,672)	(1,000,000)	(−2,672)	(−176,672)
Advance funding fiscal year 1999/2000	1,000,000	1,182,672	1,182,672	+182,672	
Social Services Block Grant (Title XX)	2,299,000	1,909,000	1,909,000	−390,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth, and Families:					
Head Start	4,347,433	4,660,000	3,295,000	−1,052,433	−1,365,000
Advance funding (fiscal year 1999/2000)			1,365,000	+1,365,000	+1,365,000
Subtotal, Head start	4,347,433	4,660,000	4,660,000	+312,567	
Runaway and Homeless Youth	43,574	43,653	44,653	+1,079	+1,000
Runaway Youth—Transitional Living	14,922	14,949	14,949	+27	
Subtotal, runaway	58,496	58,602	59,602	+1,106	+1,000
Child Abuse State Grants	20,988	21,026	21,026	+38	
Child Abuse Discretionary Activities	14,128	14,154	14,154	+26	
Abandoned Infants Assistance	12,229	12,251	12,251	+22	
Child Welfare Services	291,458	291,989	291,989	+531	
Child Welfare Training	5,989	6,000	8,000	+2,011	+2,000
Adoption Opportunities	22,958	27,363	25,000	+2,042	−2,363
Adoption Incentive		20,000	20,000	+20,000	
Family Violence	9,982			−9,982	
Social Services and Income Maintenance Research	25,953	10,000	21,000	−4,953	+11,000
Community Based Resource Centers	32,775	32,835	32,835	+60	
Developmental disabilities program:					
State Councils	64,803	64,575	64,803		+228
Protection and Advocacy	26,718	26,624	26,718		+94
Developmental Disabilities Special Projects	5,042	5,232	5,250	+208	+18
Developmental Disabilities University Affiliated	17,461	17,399	17,461		+62

State support system		4,982	6,000	+6,000	+1,018
Subtotal, Developmental disabilities	114,024	118,812	120,232	+6,208	+1,420
Native American Programs	34,869	34,933	34,933	+64	
Community services:					
Grants to States for Community Services	489,685	489,100	490,600	+915	+1,500
Community initiative program:					
Economic Development	30,009		30,065	+56	+30,065
Rural Community Facilities	3,493		3,500	+7	+3,500
Subtotal, discretionary funds	33,502		33,565	+63	+33,565
National Youth Sports	14,000		14,000		+14,000
Community Food and Nutrition	3,993		6,000	+2,007	+6,000
Subtotal, Community services	541,180	489,100	544,165	+2,985	+55,065
Program Direction	143,597	145,115	143,597		−1,518
Total, Children and Families Services Programs	5,676,059	5,942,180	6,008,784	+332,725	+66,604
VIOLENT CRIME REDUCTION PROGRAMS.					
Crime Trust Funds:					
Runaway Youth Prevention	14,973	11,000	11,000	−3,973	
Domestic Violence Hotline	1,198	1,200	1,200	+2	
Battered Women's Shelters	76,660	88,800	88,800	+12,140	
Total: Crime Trust Fund	92,831	101,000	101,000	+8,169	
Runaway Youth Prevention—General Revenues		4,000	4,000	+4,000	
Total, Violent crime reduction programs	92,831	105,000	105,000	+12,169	
Rescission of permanent appropriations	−21,000		−21,000		−21,000
FAMILY SUPPORT AND PRESERVATION	255,000	275,000	275,000	+20,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE					
Foster Care	3,540,300	3,982,700	3,982,700	+442,400	
Adoption Assistance	700,700	868,800	868,800	+168,100	
Independent living	70,000	70,000	70,000		
Unspecified request [19]		20,000			−20,000
Adoption Assistance proposal		200,000	200,000	+200,000	
Total, Program level: Payments to States	4,311,000	5,141,500	5,121,500	+810,500	−20,000
Less Advances from Prior Year	−1,111,000	−1,157,500	−1,157,500	−46,500	
Total, request, fiscal year 1998/99	3,200,000	3,984,000	3,964,000	+764,000	−20,000
New Advance, 1st quarter, fiscal year 1999/2000	1,157,500	1,355,000	1,355,000	+197,500	
Total, Administration for Children and Families	15,900,062	19,170,524	19,032,456	+3,132,394	−138,068
Current year, fiscal year 1998/99	(11,982,562)	(14,795,852)	(13,279,784)	(+1,297,222)	(−1,516,068)
Fiscal year 1999/2000	(3,917,500)	(4,374,672)	(5,752,672)	(+1,835,172)	(+1,378,000)
ADMINISTRATION ON AGING					
Grants to States:					
Supportive Services and Centers	309,500	300,319	300,319	−9,181	
Preventive Health	16,123	16,123	16,123		
Title VII/ombudsman		9,181	12,181	+12,181	+3,000
Nutrition:					
Congregate Meals	374,412	374,412	374,412		
Home Delivered Meals	112,000	112,000	112,000		

Frail Elderly In-Home Services	9,763	9,763	9,763		
Grants to Indians	18,457	18,457	18,457		
Aging Research, Training and Special Projects	10,000	10,000	18,000	+8,000	+8,000
Program Administration	14,795	14,795	14,795		
Total, Administration on Aging	865,050	865,050	876,050	+11,000	+11,000
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT:					
Federal Funds	102,123	100,761	101,000	−1,123	+239
Trust Funds	(5,851)	(5,851)	(5,851)		
1 percent Evaluation funds (ASPE) (NA)	(20,552)	(20,552)	(20,552)		
Subtotal	(128,526)	(127,164)	(127,403)	(−1,123)	(+239)
Adolescent Family Life (Title XX)	16,671	4,709	16,709	+38	+12,000
Physical Fitness and Sports	996	1,005	1,005	+9	
Minority health	29,034	23,100	24,500	−4,534	+1,400
Office of Women's Health	12,467	12,517	15,495	+3,028	+2,978
Anti-Terrorism	9,977	70,000	9,600	−377	−60,400
Total, General Departmental Management	177,119	217,943	174,160	−2,959	−43,783
Federal funds	171,268	212,092	168,309	−2,959	−43,783
Trust funds	(5,851)	(5,851)	(5,851)		
OFFICE OF THE INSPECTOR GENERAL:					
Federal Funds	31,855	29,000	29,000	−2,855	
H.R. 3103 funding (NA)	(84,650)	(97,350)	(97,350)	(+12,700)	
Total, Inspector General (BA)	31,855	29,000	29,000	−2,855	
Total, Inspector General program level	(116,505)	(126,350)	(126,350)	(+9,845)	
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	16,345	17,345	17,345	+1,000	
Trust Funds	(3,314)	(3,314)	(3,314)		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Total, Office for Civil Rights	19,659	20,659	20,659	+1,000	
Federal funds	16,345	17,345	17,345	+1,000	
Trust funds	(3,314)	(3,314)	(3,314)		
POLICY RESEARCH	13,974	14,000	14,000	+26	
Public Health and Social Service and Emergency fund			(300,000)	(+300,000)	(+300,000)
Total, Office of the Secretary	242,607	281,602	237,819	−4,788	−43,783
Federal funds	233,442	272,437	228,654	−4,788	−43,783
Trust funds	(9,165)	(9,165)	(9,165)		
Total, Department of Health and Human Services	195,683,435	212,249,666	212,549,709	+16,866,274	+300,043
Federal Funds	193,885,363	210,298,001	210,854,994	+16,969,631	+556,993
Current year, fiscal year 1998/99	(162,167,174)	(177,149,724)	(176,178,717)	(+14,011,543)	(−971,007)
Fiscal year 1999/2000	(31,718,189)	(33,148,277)	(34,676,277)	(+2,958,088)	(+1,528,000)
Trust funds	(1,798,072)	(1,951,665)	(1,694,715)	(−103,357)	(−256,950)
TITLE III—DEPARTMENT OF EDUCATION[20]					
EDUCATION REFORM[1]					
Goals 2000: Educate America Act:					
State Grants forward funded	464,500	474,000	464,500		−9,500
State Grants current funded	1,500	2,000	1,500		−500
Parental Assistance[2]	25,000	25,000	30,000	+5,000	+5,000
Subtotal, Goals 2000	491,000	501,000	496,000	+5,000	−5,000

School-to-Work Opportunities	200,000	125,000	125,000	−75,000	.....
Education Technology: [2]					
Technology for Education	541,000	591,000	561,000	+20,000	−30,000
National Activities:					
Technology Leadership Activities	.....	2,000	.....	.....	−2,000
Preservice Teacher Training	.....	75,000	.....	.....	−75,000
Community-Based Technology	.....	10,000	.....	.....	−10,000
Subtotal	541,000	678,000	561,000	+20,000	−117,000
Star Schools	34,000	34,000	46,500	+12,500	+12,500
Ready to Learn Television	7,000	7,000	11,000	+4,000	+4,000
Telcom Demo Project for Mathematics	2,035	2,000	5,000	+2,965	+3,000
Subtotal, Education technology	584,035	721,000	623,500	+39,465	−97,500
Total	1,275,035	1,347,000	1,244,500	−30,535	−102,500
Subtotal, Forward funded	(664,500)	(599,000)	(589,500)	(−75,000)	(−9,500)
EDUCATION FOR THE DISADVANTAGED [1]					
Grants to Local Education Agencies (LEAs):					
Basic Grants:					
Advance from prior year	(1,298,386)	(1,448,386)	(1,448,386)	(+150,000)	.....
Forward funded	4,821,326	4,822,114	4,070,500	−750,826	−751,614
Current funded	3,500	3,500	3,500	.....	.....
Subtotal, Basic grants	6,123,212	6,274,000	5,522,386	−600,826	−751,614
Advance fiscal year 1999/2000	1,448,386	1,448,386	2,500,000	+1,051,614	+1,051,614
Total, Program level	6,273,212	6,274,000	6,574,000	+300,788	+300,000
Concentration Grants	1,102,020	1,200,000	1,102,020	.....	−97,980
Targeted Grants	.....	293,000	.....	.....	−293,000
Subtotal, Grants to LEAs	7,375,232	7,767,000	7,676,020	+300,788	−90,980
Capital Expenses for Private School Children	41,119	10,000	35,000	−6,119	+25,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Even Start	124,000	114,992	124,000		+9,008
State agency programs:					
Migrant	305,473	354,689	320,473	+15,000	−34,216
Neglected and Delinquent/High Risk Youth	39,311	40,311	40,311	+1,000	
Evaluation [2]	6,977	8,900	6,977		−1,923
Comprehensive School Reform	120,000	150,000	120,000		−30,000
Transition to School Demonstrations [2]		35,000			−35,000
Total, ESEA	8,012,112	8,480,892	8,322,781	+310,669	−158,111
Migrant education:					
High School Equivalency Program [1]	7,634	10,000	8,000	+366	−2,000
College Assistance Migrant Program [1]	2,081	5,000	4,000	+1,919	−1,000
Subtotal, migrant education	9,715	15,000	12,000	+2,285	−3,000
Total, Compensatory education programs	8,021,827	8,495,892	8,334,781	+312,954	−161,111
Current Year fiscal year 1998/99	(20,192)	(62,400)	(22,477)	(+2,285)	(−39,923)
Fiscal year 1999/2000	(1,448,386)	(1,448,386)	(2,500,000)	(+1,051,614)	(+1,051,614)
Subtotal, forward funded	(6,553,249)	(6,985,106)	(5,812,304)	(−740,945)	(−1,172,802)
IMPACT AID					
Basic Support Payments	662,000	626,000	662,000		+36,000
Payments for Children with Disabilities	50,000	40,000	50,000		+10,000

Payments for Heavily Impacted Districts (Sec. f)	62,000	20,000	62,000		+42,000
Subtotal	774,000	686,000	774,000		+88,000
Facilities Maintenance (Sec. 8008)	3,000	10,000	5,000	+2,000	−5,000
Construction (Sec. 8007)	7,000		7,000		+7,000
Payments for Federal Property (Sec. 8002)	24,000		24,000		+24,000
Total, Impact aid	808,000	696,000	810,000	+2,000	+114,000
SCHOOL IMPROVEMENT PROGRAMS					
Professional development [21]	335,000	335,000	335,000		
Program innovation [21]	350,000		350,000		+350,000
Safe and drug-free schools:					
State Grants [21]	531,000	526,000	381,000	−150,000	−145,000
National Programs	25,000	30,000	175,000	+150,000	+145,000
Coordinator Initiative		50,000			−50,000
Subtotal, Safe and drug-free schools	556,000	606,000	556,000		−50,000
Inexpensive Book Distribution (RIF)	12,000	13,000	14,000	+2,000	+1,000
Arts in Education	10,500	10,500	10,500		
Other school improvement programs:					
Magnet Schools Assistance	101,000	101,000	104,000	+3,000	+3,000
Education for Homeless Children and Youth [21]	28,800	30,000	28,800		−1,200
Women's Education Equity	3,000	3,000	3,000		
Training and Advisory Services (Civil Rights)	7,334	8,300	7,334		−966
Ellender Fellowships/Close Up [21]	1,500		1,500		+1,500
Education for Native Hawaiians	18,000	18,000	22,000	+4,000	+4,000
Alaska Native Education Equity	8,000	8,000	12,000	+4,000	+4,000
Charter Schools	80,000	100,000	80,000		−20,000
Subtotal, other school improvement programs	247,634	268,300	258,634	+11,000	−9,666
Comprehensive Regional Assistance Centers	27,054	40,000	27,054		−12,946
Advanced Placement Fees	3,000	3,000	4,000	+1,000	+1,000
Education Opportunity Zones (proposed legislation)		200,000			−200,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Construction			100,000	+100,000	+100,000
Total, School improvement programs	1,541,188	1,475,800	1,655,188	+114,000	+179,388
Subtotal, forward funded	(1,246,300)	(891,000)	(1,096,300)	(−150,000)	(+205,300)
LITERACY INITIATIVE [22]					
Advance from prior year		(210,000)			(−210,000)
Adjustment		50,000			−50,000
Total, current year		260,000			−260,000
INDIAN EDUCATION					
Grants to Local Educational Agencies	59,750	62,000	62,000	+2,250	
Special Programs for Indian Children		3,265	3,265	+3,265	
National Activities		735	735	+735	
Total, Indian Education	59,750	66,000	66,000	+6,250	
BILINGUAL AND IMMIGRANT EDUCATION					
Bilingual education:					
Instructional Services	160,000	168,000	160,000		−8,000
Support Services	14,000	14,000	14,000		
Professional Development	25,000	50,000	25,000		−25,000
Immigrant Education	150,000	150,000	150,000		

Foreign Language Assistance	5,000	5,000	5,000		
Total, Bilingual and Immigrant Education	354,000	387,000	354,000		−33,000
SPECIAL EDUCATION					
State grants: [1]					
Advance from prior year			(210,000)	(+210,000)	(+210,000)
Grants to States Part B	3,801,000	3,810,700	4,090,000	+289,000	+279,300
Subtotal, Part B	(3,801,000)	(3,810,700)	(4,300,000)	(+499,000)	(+489,300)
Preschool Grants	373,985	373,985	373,985		
Grants for Infants and Families	350,000	370,000	370,000	+20,000	
Evaluation forward funded	5,000			−5,000	
Evaluation current funded	1,700			−1,700	
Subtotal, State grants	4,531,685	4,554,685	4,833,985	+302,300	+279,300
IDEA National Programs (Public Law 105–17):					
State Program Improvement Grants [1]	35,200	45,200	35,200		−10,000
Research and Innovation to Improve Services	64,508	64,508	64,508		
Technical Assistance and Dissemination	44,556	44,556	44,556		
Personnel Preparation	82,139	82,139	82,139		
Parent Information Centers	18,535	20,535	18,535		−2,000
Technology and Media Services	32,523	34,023	32,523		−1,500
Public Telecom Info/Training Dissemination	1,500		1,500		+1,500
Subtotal, IDEA special programs reauthorization	278,961	290,961	278,961		−12,000
Total, Special education	4,810,646	4,845,646	5,112,946	+302,300	+267,300
Subtotal, Forward funded	(4,565,185)	(4,599,885)	(4,869,185)	(+304,000)	(+269,300)
Program level	4,810,646	4,845,646	5,322,946	+512,300	+477,300
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	2,246,888	2,304,411	2,298,467	+51,579	−5,944
Tech assistance to States					
Client Assistance State grants	10,714	10,928	10,928	+214	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Training	39,629	33,685	39,629		+5,944
Special demonstration programs	15,942	18,942	18,942	+3,000	
Migratory workers	2,350	2,350	2,350		
Recreational programs	2,596	2,596	2,596		
Protection and advocacy of individual rights (PAIR)	9,894	9,894	9,894		
Projects with industry	22,071	22,071	22,071		
Supported employment State grants	38,152	38,152	38,152		
Independent living:					
State grants	21,859	22,296	22,296	+437	
Centers	45,205	46,109	46,109	+904	
Services for older blind individuals	10,950	11,169	11,169	+219	
Subtotal, Independent living	78,014	79,574	79,574	+1,560	
Program Improvement	2,900	1,900	1,900	−1,000	
Evaluation	1,587	1,587	1,587		
Helen Keller National Center for Deaf-Blind Youths and Adults	7,549	8,176	8,176	+627	
National Institute for Disability and Rehabilitation Research (NIDRR)	76,800	81,000	81,000	+4,200	
Subtotal, mandatory programs	2,555,086	2,615,266	2,615,266	+60,180	
Assistive Technology	36,109	30,000	30,000	−6,109	
Total, Rehabilitation services	2,591,195	2,645,266	2,645,266	+54,071	
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	8,186	8,256	8,661	+475	+405

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF	44,141	44,791	45,500	+1,359	+709
GALLAUDET UNIVERSITY	81,000	83,480	83,480	+2,480	
Total, Special Inst for Persons with Disabilities	133,327	136,527	137,641	+4,314	+1,114
VOCATIONAL AND ADULT EDUCATION[1]					
Vocational education:					
Basic State Grants	1,027,550	1,030,650	1,027,550		−3,100
Tech-Prep Education	103,000	106,000	103,000		−3,000
Tribally Controlled Postsecondary Vocational Institutions[2]	3,100		4,100	+1,000	+4,100
National Programs: Research	13,497	13,497	12,000	−1,497	−1,497
Subtotal, Vocational education	1,147,147	1,150,147	1,146,650	−497	−3,497
Adult education:					
State Programs	345,339	361,000	345,339		−15,661
National programs:					
National Leadership activities	4,998	27,000	4,998		−22,002
National Institute for Literacy	5,491	6,000	5,491		−509
Subtotal, National programs	10,489	33,000	10,489		−22,511
Literacy Programs for Prisoners	4,723			−4,723	
Subtotal, adult education	360,551	394,000	355,828	−4,723	−38,172
Total, Vocational and adult education	1,507,698	1,544,147	1,502,478	−5,220	−41,669
Subtotal, forward funded	(1,504,598)	(1,544,147)	(1,498,378)	(−6,220)	(−45,769)
STUDENT FINANCIAL ASSISTANCE					
Pell Grant—maximum grant (NA)	(3,000)	(3,100)	(3,100)	(+100)	
Pell Grants—Regular Program	7,344,934	7,594,000	8,527,551	+1,182,617	+933,551
Federal Supplemental Educational Opportunity Grants	614,000	619,000	619,000	+5,000	
Federal Work Study	830,000	900,000	900,000	+70,000	
Federal Perkins loans:					
Capital Contributions	135,000	60,000	60,000	−75,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Loan Cancellations	30,000	30,000	30,000		
Subtotal, Federal Perkins loans	165,000	90,000	90,000	−75,000	
State Student Incentive Grants	25,000		36,000	+11,000	+36,000
Total, Student financial assistance	8,978,934	9,203,000	10,172,551	+1,193,617	+969,551
FEDERAL FAMILY EDUCATION LOAN PROGRAM					
Federal Administration	46,482	48,482	46,482		−2,000
HIGHER EDUCATION					
Aid for institutional development:					
Strengthening Institutions	55,450	60,000	55,450		−4,550
Hispanic Serving Institutions	12,000	28,000	17,000	+5,000	−11,000
Strengthening Historically Black Colleges (HBCUs)	118,495	134,500	122,495	+4,000	−12,005
Strengthening historically black graduate insts	25,000	25,000	30,000	+5,000	+5,000
Strengthening Tribal Colleges [23]		5,000			−5,000
Subtotal, Institutional development	210,945	252,500	224,945	+14,000	−27,555
Program development:					
Fund for the Improvement of Postsec. Ed. (FIPSE)	25,200	22,500	22,500	−2,700	
Minority Teacher Recruitment [24]	2,212	67,000	2,212		−64,788
Minority Science Improvement	5,255	7,500	5,255		−2,245
International educ and foreign language studies:					
Domestic Programs	53,581	53,581	53,581		
Overseas Programs	5,770	6,536	6,536	+766	

Institute for International Public Policy	1,000	1,000	1,000		
Subtotal, International education	60,351	61,117	61,117	+766	
Urban Community Service	4,900		4,637	−263	+4,637
Subtotal, Program development	97,918	158,117	95,721	−2,197	−62,396
Interest Subsidy Grants for Prior Year Construction	13,700	13,000	13,000	−700	
Special grants:					
Mary McLeod Bethune Memorial Fine Arts Center	6,620			−6,620	
Federal TRIO Programs	529,667	583,000	554,667	+25,000	−28,333
National Early Intervention Scholarships and Partn	3,600		3,600		+3,600
Connections		140,000	75,000	+75,000	−65,000
Scholarships: Byrd Honors Scholarships	39,288	39,288	39,288		
Graduate fellowships: Graduate Assistance in Areas of National Need	30,000	37,500	31,000	+1,000	−6,500
Youth Offender Grants	12,000		16,723	+4,723	+16,723
Early Awareness Information		15,000			−15,000
Learning anytime anywhere partnerships		30,000	10,000	+10,000	−20,000
Access and Retention Innovation		20,000			−20,000
Improving Teacher Quality:					
Teacher quality enhancement grants			37,500	+37,500	+37,500
Teacher training partnership grants			37,500	+37,500	+37,500
Total, Higher education	943,738	1,288,405	1,138,944	+195,206	−149,461
HOWARD UNIVERSITY					
Academic Program	180,511	176,981	176,981	−3,530	
Endowment Program		3,530	3,530	+3,530	
Howard University Hospital	29,489	29,489	29,489		
Total, Howard University	210,000	210,000	210,000		
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM: Federal Administration	698	698	698		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM					
Federal Administration	104	96	96	−8	
EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT					
Research and statistics:					
Research	72,567	72,567	72,567		
Regional Education Laboratories	56,000	56,000	56,000		
Statistics	59,000	68,000	59,000		−9,000
Interagency Research Initiative		50,000			−50,000
Assessment:					
National Assessment	32,000	36,000	32,000		−4,000
National Assessment Governing Board	3,471	4,000	3,471		−529
Subtotal, Assessment	35,471	40,000	35,471		−4,529
Subtotal, Research and statistics	223,038	286,567	223,038		−63,529
Fund for the Improvement of Education	108,100	105,000	115,000	+6,900	+10,000
International Education Exchange	5,000	5,000	7,000	+2,000	2,000
21st Century Community Learning Centers	40,000	200,000	75,000	+35,000	−125,000
Civics Education	5,500	6,300	7,500	+2,000	+1,200
Eisenhower Professional Dvp. National Activities	23,300	50,000	23,300		−26,700
Eisenhower Regional Math and Science Ed. Consortia	15,000	25,000	15,000		−10,000
Javits Gifted and Talented Education	6,500	6,500	6,500		
National Writing Project	5,000	5,000	7,000	+2,000	+2,000

Total, ERSI	431,438	689,367	479,338	+47,900	−210,029
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION	343,914	362,000	362,000	+18,086	
OFFICE FOR CIVIL RIGHTS	61,500	68,000	63,500	+2,000	−4,500
OFFICE OF THE INSPECTOR GENERAL	30,242	31,242	31,242	+1,000	
Total, Departmental management	435,656	461,242	456,742	+21,086	−4,500
STUDENT LOANS					
New Annual Loan Volume (Excluding consolidation):					
Federal Family Education Loans (FFEL)	(20,461,000)	(21,932,000)	(21,932,000)	(+1,471,000)	
Federal Direct Student Loans (FDSL)	(11,204,000)	(12,002,000)	(12,002,000)	(+798,000)	
Total Outstanding Loan Volume:					
Federal Family Education Loans (FFEL)	(119,189,182)	(126,602,699)	(126,602,699)	(+7,413,517)	
Federal Direct Student Loans (FDSL)	(33,565,504)	(45,363,630)	(45,363,630)	(+11,798,126)	
Total, Department of Education	32,149,716	33,590,568	34,367,651	+2,217,935	+777,083
Current year fiscal year 1998/99	(30,701,330)	(32,142,182)	(31,867,651)	(+1,166,321)	(−274,531)
Fiscal year 1999/fiscal year 2000	(1,448,386)	(1,448,386)	(2,500,000)	(+1,051,614)	(+1,051,614)
TITLE IV—RELATED AGENCIES					
ARMED FORCES RETIREMENT HOME					
Operations and Maintenance: TF	55,452	55,028	55,028	−424	
Capital Program: TF	13,217	15,717	15,717	+2,500	
Total, AFRH	68,669	70,745	70,745	+2,076	
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE[25]					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	65,235	73,000	73,000	+7,765	
National Senior Volunteer Corps:					
Foster Grandparents Program	87,593	94,162	94,162	+6,569	
Senior Companion Program	35,368	35,368	35,368		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Retired Senior Volunteer Program	40,279	43,300	43,300	+3,021	
Senior Demonstration Program		1,080	1,080	+1,080	
Subtotal, Senior Volunteers	163,240	173,910	173,910	+10,670	
Program Administration	28,129	31,512	28,129		−3,383
Total, Domestic Volunteer Service Programs	256,604	278,422	275,039	+18,435	−3,383
Corporation for Public Broadcasting:					
Fiscal year 2001 (current request) with fiscal year 2000 comparable	300,000	340,000	340,000	+40,000	
Fiscal year 2000 advance with fiscal year 1999 comparable (NA)	(250,000)	(300,000)	(300,000)	(+50,000)	
Fiscal year 1999 advance with fiscal year 1998 comparable (NA)	(250,000)	(250,000)	(250,000)		
Digitalization program		50,000	15,000	+15,000	−35,000
Subtotal, fiscal year 1999 appropriation	250,000	300,000	265,000	+15,000	−35,000
Federal Mediation and Conciliation Service	33,481	34,620	34,620	+1,139	
Federal Mine Safety and Health Review Commission	6,060	6,060	6,060		
Institute of Museum and Library Services [26]	146,340	146,340	156,340	+10,000	+10,000
Medicare Payment Advisory Commission (TF)	(7,015)	(7,015)	(7,015)		
National Commission on Libraries and Info Science	1,000	1,000	1,000		
National Council on Disability	1,793	2,344	2,344	+551	
National Education Goals Panel	2,000	2,100	2,100	+100	
National Labor Relations Board	174,661	184,451	184,451	+9,790	
National Mediation Board	8,600	8,400	8,400	−200	
Occupational Safety and Health Review Commission	7,900	8,050	8,100	+200	+50

RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	205,500	191,000	189,000	−16,500	−2,000
Less Income Tax Receipts on Dual Benefits	−12,000	−11,000	−11,000	+1,000	.....
Subtotal, Dual Benefits	193,500	180,000	178,000	−15,500	−2,000
Federal Payment to the RR Retirement Account	50	150	150	+100	.....
Limitation on administration:					
Consolidated Account	(87,228)	(86,000)	(90,000)	(+2,772)	(+4,000)
Inspector General	(5,794)	(5,400)	(5,600)	(−194)	(+200)
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	20,308	19,689	19,689	−619	.....
SPECIAL BENEFITS FOR DISABLED COAL MINERS					
Benefit payments	581,470	538,183	538,183	−43,287	.....
Administration	4,620	4,620	4,620	.....	.....
Subtotal, Black Lung, fiscal year 1998/99 program level	586,090	542,803	542,803	−43,287	.....
Less funds advanced in prior year	−160,000	−160,000	−160,000	.....	.....
Total, Black Lung, current request, fiscal year 1998/99	426,090	382,803	382,803	−43,287	.....
New advances, 1st quarter fiscal year 1999/2000	160,000	141,000	141,000	−19,000	.....
SUPPLEMENTAL SECURITY INCOME					
Federal benefit payments	23,710,300	28,020,000	28,020,000	+4,309,700	.....
Beneficiary services	46,000	61,000	61,000	+15,000	.....
Research and demonstration	16,700	30,000	37,000	+20,300	+7,000
Administration	2,027,000	2,064,000	2,100,000	+73,000	+36,000
Automation investment initiative	50,000	.....	.....	−50,000	.....
Subtotal, SSI fiscal year 1998/99 program level	25,850,000	30,175,000	30,218,000	+4,368,000	+43,000
Less funds advanced in prior year	−9,690,000	−8,680,000	−8,680,000	+1,010,000	.....
Subtotal, regular SSI current year, fiscal year 1998/99	16,160,000	21,495,000	21,538,000	+5,378,000	+43,000
Additional CDR funding [7]	75,000	177,000	227,000	+152,000	+50,000
User Fee Activities	35,000	75,000	75,000	+40,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
Non-disability redeterminations [7]		50,000			−50,000
SSI reforms (welfare) [7]	100,000			−100,000	
Total, SSI, current request, fiscal year 1998/99	16,370,000	21,797,000	21,840,000	+5,470,000	+43,000
New advance, 1st quarter, fiscal year 1999/2000	8,680,000	9,550,000	9,550,000	+870,000	
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	(2,900,440)	(2,931,400)	(2,928,400)	(+27,960)	(−3,000)
HI/SMI Trust Funds	(965,000)	(952,000)	(952,000)	(−13,000)	
Social Security Advisory Board	(1,600)	(1,600)	(1,600)		
SSI	(2,027,000)	(2,064,000)	(2,100,000)	(+73,000)	(+36,000)
Subtotal, regular LAE	(5,894,040)	(5,949,000)	(5,982,000)	(+87,960)	(+33,000)
User Fee Activities	(35,000)	(75,000)	(75,000)	(+40,000)	
SSI non-disability redeterminations [7]		(50,000)			(−50,000)
Claimant representative payments		(19,000)			(−19,000)
Automation Initiative: [7]					
OASDI Automation	(140,000)			(−140,000)	
SSI Automation	(50,000)			(−50,000)	
Subtotal, automation initiative	(190,000)			(−190,000)	
TOTAL, REGULAR LAE	(6,119,040)	(6,093,000)	(6,057,000)	(−62,040)	(−36,000)
Additional CDR funding: [7]					
OASDI	(115,000)	(178,000)	(178,000)	(+63,000)	

SSI	(75,000)	(177,000)	(227,000)	(+152,000)	(+50,000)
Subtotal, CDR funding	(190,000)	(355,000)	(405,000)	(+215,000)	(+50,000)
SSI reforms (welfare) [7]	(100,000)			(−100,000)	
Total, LAE	(6,409,040)	(6,448,000)	(6,462,000)	(+52,960)	(+14,000)
OFFICE OF INSPECTOR GENERAL					
Federal Funds	10,164	12,000	11,082	+918	−918
Trust Funds	(38,260)	(40,000)	(39,130)	(+870)	(−870)
Total, Office of the Inspector General	48,424	52,000	50,212	+1,788	−1,788
Total, Social Security Administration	29,826,862	36,024,492	36,043,704	+6,216,842	+19,212
Federal funds	25,666,562	31,902,492	31,944,574	+6,278,012	+42,082
Current year fiscal year 1998/99	(16,826,562)	(22,211,492)	(22,253,574)	(+5,427,012)	(+42,082)
New advances, 1st quarter fiscal year 1999/2000	(8,840,000)	(9,691,000)	(9,691,000)	(+851,000)	
Trust funds	(4,160,300)	(4,122,000)	(4,099,130)	(−61,170)	(−22,870)
United States Institute of Peace	11,160	11,495	11,495	+335	
Total, Title IV, Related Agencies	31,138,717	37,447,084	37,440,163	+6,301,446	−6,921
Federal Funds (all years)	26,878,380	33,226,669	33,238,418	+6,360,038	+11,749
Current year, fiscal year 1998/99	(17,738,380)	(23,195,669)	(23,207,418)	(+5,469,038)	(+11,749)
Fiscal year 1999/2000	(8,840,000)	(9,691,000)	(9,691,000)	(+851,000)	
Fiscal year 2000/01	(300,000)	(340,000)	(340,000)	(+40,000)	
Trust funds	(4,260,337)	(4,220,415)	(4,201,745)	(−58,592)	(−18,670)
SUMMARY					
Title I—Department of Labor:					
Federal Funds	9,343,958	9,491,601	9,164,409	−179,549	−327,192
Current year	(9,093,958)	(9,241,601)	(8,914,409)	(−179,549)	(−327,192)
2000 advance	(250,000)	(250,000)	(250,000)		
Trust Funds	(3,605,086)	(3,506,092)	(3,374,535)	(−230,551)	(−131,557)
Current year	(3,565,086)	(3,506,092)	(3,374,535)	(−190,551)	(−131,557)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1998 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1999—Continued

[In thousands of dollars]

Item	1998 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				1998 appropriation	Budget estimate
2000 advance	(40,000)			(−40,000)	
Title II—Department of Health and Human Services:					
Federal Funds	193,885,363	210,298,001	210,854,994	+16,969,631	+556,993
Current year	(162,167,174)	(177,149,724)	(176,178,717)	(+14,011,543)	(−971,007)
2000 advance	(31,718,189)	(33,148,277)	(34,676,277)	(+2,958,088)	(+1,528,000)
Trust Funds	(1,798,072)	(1,951,665)	(1,694,715)	(−103,357)	(−256,950)
Title III—Department of Education:					
Federal Funds	32,149,716	33,590,568	34,367,651	+2,217,935	+777,083
Current year	(30,701,330)	(32,142,182)	(31,867,651)	(+1,166,321)	(−274,531)
2000 advance	(1,448,386)	(1,448,386)	(2,500,000)	(+1,051,614)	(+1,051,614)
Title IV—Related Agencies:					
Federal Funds	26,878,380	33,226,669	33,238,418	+6,360,038	+11,749
Current year	(17,738,380)	(23,195,669)	(23,207,418)	(+5,469,038)	(+11,749)
2000 advance	(8,840,000)	(9,691,000)	(9,691,000)	(+851,000)	
2001 advance	(300,000)	(340,000)	(340,000)	(+40,000)	
Trust Funds	(4,260,337)	(4,220,415)	(4,201,745)	(−58,592)	(−18,670)
Administration offset, LHHS-Ed sec. 519			−33,000	−33,000	−33,000
Total, all titles:					
Federal Funds	262,257,417	286,606,839	287,592,472	+25,335,055	+985,633
Current year	(219,700,842)	(241,729,176)	(240,135,195)	(+20,434,353)	(−1,593,981)
2000 advance	(42,256,575)	(44,537,663)	(47,117,277)	(+4,860,702)	(+2,579,614)
2001 advance	(300,000)	(340,000)	(340,000)	(+40,000)	
Trust Funds	(9,663,495)	(9,678,172)	(9,270,995)	(−392,500)	(−407,177)
Current year	(9,623,495)	(9,678,172)	(9,270,995)	(−352,500)	(−407,177)

2000 advance	(40,000)		(−40,000)

[1] Forward funded except where noted.
[2] Current funded.
[3] Three year forward funded availability.
[4] 15-month forward funded availability.
[5] The request earmarks $91 million for integrity activities.
[6] Figures include $20 million related to the Work Opportunity Tax Credit which is unauthorized for fiscal year 1998 and fiscal year 1999.
[7] Two year availability.
[8] Tax credit is unauthorized.
[9] The request and the bill include four earmarks totalling $40.5 million.
[10] The request proposes an indefinite appropriation for this account
[11] Proposed for consolidation.
[12] Proposed for transfer to AoA; House bill shifts funding to AoA
[13] The fiscal year 1998 APT displayed an appropriation for this appropriation of $2.688 million and a $1 million scorekeeping adjustment.
[14] Includes Mine Safety and Health.
[15] Intermediate estimates: Page 40 of the 1998 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund.
[16] Intermediate estimates: Page 39 of the 1998 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund.
[17] The request does not include traditional bill language permitting the use of carryover funds in fiscal year 1998 and fiscal year 1999.
[18] The request includes a $180 million legislative proposal for later transmittal.
[19] The budget justification indicates a request of $3,964,000,000 The President's actual budget request is $3,984,000,000 (see p. 428 Appendix)
[20] Fiscal year 1998 library funding was provided through the Department of Education. Comparable figures are now displayed in the Institute for Museum and Library Services account
[21] Forward funded.
[22] Reflects contingent transfer of $210 million to Special Education enacted in the fiscal year 1998 bill. The President proposes to retain the funding in this account
[23] This program has never been authorized in law.
[24] The purposes for which the additional funding is requested for this program have never been specifically authorized in law.
[25] The request earmarks $59.573 million for America Reads. Appropriations for Americorps are provided in HUD-VA bill.
[26] Fiscal year 1998 library funding was provided in the Department of Education. Comparable figures are displayed here for purposes of comparison

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gated as of October 1, 1998 under the fifth paragraph of the Community Development Block Grants account in the Departments of Veterans Affairs, and Housing and Urban Development, and Independent Agencies Appropriations Act, 1998 (Public Law 105–65; October 27, 1997) shall be transferred to this account to be awarded to state housing finance agencies for activities under this heading with any outstanding earmarks for a state to be awarded to that state's housing finance agency.

COMMUNITY PLANNING AND DEVELOPMENT

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901), $225,000,000, to remain available until expended: *Provided*, That the Secretary may use up to 1 percent of the funds under this heading for technical assistance: *Provided further*, That within 30 days of the close of fiscal year 1999, the Secretary shall submit a report to the Congress summarizing all technical assistance provided during the fiscal year.

COMMUNITY DEVELOPMENT BLOCK GRANTS

(INCLUDING TRANSFERS OF FUNDS)

For grants to States and units of general local government and for related expenses, not otherwise provided for, to carry out a community development grants pro-

HOMELESS ASSISTANCE GRANTS

For the emergency shelter grants program (as authorized under subtitle B of title IV of the Stewart B. McKinney Homeless Assistance Act, as amended); the supportive housing program (as authorized under subtitle C of title IV of such Act); the section 8 moderate rehabilitation single room occupancy program (as authorized under the United States Housing Act of 1937, as amended) to assist homeless individuals pursuant to section 441 of the Stewart B. McKinney Homeless Assistance Act; and the shelter plus care program (as authorized under subtitle F of title IV of such Act), $1,000,000,000, to remain available until expended: *Provided,* That not less than 30 percent of these funds shall be used for permanent housing, and all funding for services must be matched by 25 percent in funding by each grantee.

HOUSING PROGRAMS

HOUSING FOR SPECIAL POPULATIONS

(INCLUDING TRANSFERS OF FUNDS)

For assistance for the purchase, construction, acquisition, or development of additional public and subsidized housing units for low income families under the United States Housing Act of 1937, as amended (42 U.S.C. 1437), not otherwise provided for, $870,000,000, to remain available until expended: *Provided,* That of the total amount provided under this heading, $676,000,000 shall

HOMELESS ASSISTANCE

HOMELESS ASSISTANCE GRANTS

Appropriations, 1998	$823,000,000
Budget estimate, 1999	1,150,000,000
Committee recommendation	1,000,000,000

PROGRAM DESCRIPTION

The "Homeless Assistance Grants Program" account is intended to fund the emergency shelter grants program, the supportive housing program, the section 8 moderate rehabilitation single-room occupancy program, and the shelter plus care program.

COMMITTEE RECOMMENDATION

The Committee recommends $1,000,000,000 for homeless assistance grants. The amount recommended is $177,000,000 more than the fiscal year 1998 level and $150,000,000 less than the budget request for fiscal year 1999. The Committee is concerned about the funding structure of the McKinney homeless assistance grants programs and the overall direction of HUD's administration of the program. The Committee believes that there is a need for a strong continuum of care approach which results in permanent and stable housing, not a revolving door. There is a particular need to stabilize homeless persons with mental disabilities to avoid this revolving door syndrome as well the destabilizing impact this population can have on the effectiveness of local continuum of care strategies. Therefore, the Committee is recommending a requirement that 30 percent of funds be allocated to permanent housing.

The Committee believes that a significant portion of these permanent housing funds should be targeted primarily to persons with mental disabilities as an important step to a permanent solution by providing these persons with stable housing and needed supportive services. Research now shows that chronically homeless, chronically disabled individuals, and families receive housing primarily through regular, long-term use of the emergency shelter system. This interferes with their treatment regimen resulting in costly hospital and jail stays. It also clogs the emergency system with permanent users, reducing its ability to address the more temporary problems of families and individuals who are homeless because of an economic crisis.

For example, studies conducted on the Philadelphia and New York City shelter systems show that 10 percent of single adults with disabilities use 50 percent of the emergency shelter resources. Federal homeless funding should be adjusted to focus an appropriate portion of resources on providing permanent supportive housing for chronically disabled, chronically homeless people, who cannot expect to be housed by any other system. This will not only improve outcomes for this most needy subpopulation, but will free the emergency system to successfully help people who are experiencing an economic crisis.

In addition, there would be a new 25-percent match requirement for services, thus expanding resources and establishing a balance between homeless services and the development of transitional and permanent housing.

The Committee is concerned over questions about the current adequacy of funding for the Homeless Assistance Grants Program. The Committee expects HUD to provide a full accounting of the program to the Appropriations Subcommittee on VA, HUD, and Independent Agencies by May 1, 1999, including trends in the costs and activities associated with the homeless, as well as an analysis of the success of the various strategies for a continuum of care and transition to permanent housing.

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS [HOPWA]

Appropriations, 1998	$204,000,000
Budget estimate, 1999	225,000,000
Committee recommendation	225,000,000

PROGRAM DESCRIPTION

The Housing Opportunities for Persons with AIDS [HOPWA] Program is designed to provide States and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons living with HIV/AIDS and their families.

COMMITTEE RECOMMENDATION

The Committee recommends an appropriation of $225,000,000 for this program, an increase of $21,000,000 over the fiscal year 1998 level and the same as the budget request. The Committee remains deeply concerned about the growing costs of this program, especially compared with the funding levels of other housing programs and the overall housing needs of low-income families. HUD, therefore, is requested to submit to the Appropriations Subcommittee on VA, HUD, and Independent Agencies no later than January 15, 1999, a review of the program, including the costs and location of each project, including all component costs associated with bricks and mortar, supportive services, and administrative costs. HUD also is requested to submit legislative and administrative reforms designed to cap the costs of the program at the current level.

HOUSING PROGRAMS

HOUSING FOR SPECIAL POPULATIONS

Appropriations, 1998	$839,000,000
Budget estimate, 1999	
Committee recommendation	870,000,000

PROGRAM DESCRIPTION

This account consolidates the housing for the elderly under section 202; housing for the disabled under section 811; and public housing for Indian families. Under these programs the Department provides capital grants to eligible entities for the acquisition, rehabilitation, or construction of housing. Twenty-five percent of the funding provided for housing for the disabled is available for tenant-based assistance under section 8.

647-4824

10-12 Wld State Dept.