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DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES
APPROPRIATIONS ACT, 2022

The explanatory statement accompanying this division is approved and indicates Congressional intent. Unless otherwise noted, the language set forth in House Report 117–96 carries the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement. While some language is repeated for emphasis, it is not intended to negate the language referred to above unless expressly provided herein.

In providing the operating plan required by section 516 of this Act, the departments and agencies funded in this Act are directed to include all programs, projects, and activities, including those in House Report 117–96 and this explanatory statement accompanying this Act. All such programs, projects, and activities are subject to the provisions of this Act.

In cases where House Report 117–96 or this explanatory statement directs the submission of a report, that report is to be submitted to the Committees on Appropriations of the House of Representatives and the Senate. Where this explanatory statement refers to the Committees or the Committees on Appropriations, unless otherwise noted, this reference is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

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

Congressional Reports.—Each department and agency is directed to provide the Committees on Appropriations, within 30 days from the date of enactment of this Act and quarterly thereafter, a summary describing each requested report to the Committees on Appropriations along with its status.

TITLE I
DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION (ETA)
TRAINING AND EMPLOYMENT SERVICES

National Programs

Advanced Robotics Manufacturing.—The agreement encourages the Department to appropriately address the need for workforce training and certificate programs targeting collective robotics and additive manufacturing, with an emphasis on programs that re-skill incumbent manufacturing workers.

Occupational Licensing.—The agreement directs the Department to provide a report, within 180 days of enactment of this Act, on best practices learned and future resources needed for continued implementation of the Department’s occupational licensing initiative.

Public Libraries.—The agreement urges the Department to develop a plan to build and strengthen partnerships between the one-stop system and public libraries and ensure that public libraries have the resources necessary to provide these workforce development services. The agreement requests a briefing within 120 days of enactment of this Act on the Department’s work with the Institute of Museum and Library Services and public libraries.

Water and Wastewater Operators.—The agreement is concerned by the nationwide shortage of water and wastewater operators, particularly in rural areas, and encourages the Secretary to make funding available through workforce development and apprenticeship activities consistent with National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists and the Workforce Innovation and Opportunity Act system.

Wireless Infrastructure.—The agreement encourages the Department to continue investments in the development of the wireless infrastructure workforce, including apprenticeships in the wireless sector.

Dislocated Worker National Reserve

Career Pathways for Youth Grants.—The agreement includes \$15,000,000 for grants to support national out-of-school time organizations that serve youth and teens and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth.

Strengthening Community College Training Grants (SCCTG).—The agreement provides \$50,000,000 for the SCCTG program.

Workforce Opportunity for Rural Communities.—The agreement provides \$45,000,000 for the Workforce Opportunity for Rural Communities program, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. The Department is strongly encouraged to develop funding opportunity announcements and make grant awards in coordination with the Appalachian Regional Commission (ARC), Delta Regional Authority (DRA), and Northern Border Regional Commission (NBRC), and each award shall not exceed \$1,500,000. Within the total, the agreement includes \$20,000,000 for grants in areas served by the ARC; \$20,000,000 for areas served by the DRA, and \$5,000,000 for areas served by the NBRC.

YouthBuild

The Department is encouraged to ensure YouthBuild grants serve geographically diverse areas, including rural areas.

Apprenticeship Grant Program

The agreement provides \$235,000,000 to support registered apprenticeships.

The agreement notes that funding under this program should be prioritized to support State, regional, and local apprenticeship efforts, as well as efforts by intermediaries, to expand registered apprenticeships into new industries and for underserved or underrepresented populations.

The agreement strongly encourages the Department to collaborate with the Northern Border Regional Commission to develop a targeted apprenticeship program to meet the needs of the rural communities in the region.

Community Project Funding/Congressionally Directed Spending

The agreement includes \$137,638,000 for the projects, and in the amounts, specified in the table titled “Community Project Funding/Congressionally Directed Spending” included in this explanatory statement accompanying this division.

JOB CORPS

Gainesville Job Corps Center.—The Department is encouraged to increase the capacity for Job Corps services or job training opportunities in North Central Florida.

Gulfport Job Corps Center.—The agreement requests quarterly updates regarding the Gulfport Job Corps Center project.

Job Corps Rural Training Sites.—The agreement encourages the Department to enhance opportunities for students in underserved rural or remote communities through partnerships between high quality center operators and existing rural training sites.

Rhode Island Job Corps Center.—The agreement requests a briefing within 120 days of enactment of this Act detailing the progress of discussions between the City of Pawtucket and the Exeter, Rhode Island Job Corps Center about increasing the offering of training services through a satellite center.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Unemployment Insurance Compensation

The agreement includes \$2,850,816,000 for Unemployment Insurance Compensation activities, an increase of \$285,000,000, for additional resources for States to increase staffing capacity and to accommodate sustained increases in workload.

Employment Service

National Activities.—The agreement includes an increase of \$1,000,000 to continue efforts to reduce the processing backlog for the work opportunity tax credit program and for assisting States to modernize information technology for processing of certification requests, which may include training and technical assistance.

Foreign Labor Certification

The agreement recognizes the importance of the H-2B program and urges the Department to take all necessary and appropriate steps to ensure prompt processing of H-2B visa applications.

WAGE AND HOUR DIVISION

The Wage and Hour Division shall collect data at the beginning of each fiscal year and submit in an electronic format yearly reports to the Committees on Health, Education, Labor, and Pensions and Appropriations of the Senate and the Committees on Education and Labor and Appropriations of the House of Representatives. The report shall include the following:

- The name and address of each employer holding a certificate under 29 USC 214(c);
- The starting date and ending date of each certificate for each employer under 29 USC 214(c);
- Information about the certificate for each employer under 29 USC 214(c) including if the certificate is an initial certificate or renewal and if the certificate is issued or pending; and
- The current number of workers employed by the employer holding the certificate under 29 USC 214(c) at the time of the data collected.

BUREAU OF LABOR STATISTICS (BLS)

The agreement is supportive of the BLS work plan and directives included in House Report 117-96. The agreement includes \$28,470,000 to complete the relocation of the BLS headquarters, which was initiated in fiscal year 2020.

DEPARTMENTAL MANAGEMENT

Bureau of International Labor Affairs.—The agreement requests the amount spent in the prior fiscal year on technical assistance grants to combat exploitative child labor and for worker rights issues be included in future Congressional Justifications. Not later than 60 days after enactment of this Act, the Bureau is

directed to brief the Committees on its planned allocation of fiscal year 2022 resources.

Evaluation Authority.—The agreement continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the Chief Evaluation Officer. The agreement expects to be notified of the planned uses of funds derived from this authority.

Federal Law Enforcement.—The agreement notes that the explanatory statement accompanying the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2022 directs the Attorney General to ensure implementation of evidence-based training programs on de-escalation and the use-of-force, as well as on police community relations, and the protection of civil rights, that are broadly applicable and scalable to all Federal law enforcement agencies. The agreement further notes that several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The agreement directs such agencies to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The agreement further directs such agencies to submit a report to the Committees on Appropriations on their efforts relating to such implementation no later than 180 days after consultation with the Attorney General. In addition, the agreement directs such agencies, to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The agreement further directs such agencies to submit a report to the Committees on Appropriations, no later than 180 days after enactment of this Act, on their efforts to so participate.

Study on the Impacts of Hours Worked.—The Government Accountability Office (GAO) is directed to conduct a study on the short- and long-term trends in the labor market of the number of hours worked by American workers, and the correlation with these trends.

Worker Access to Retirement plans and other Benefits.—The agreement recognizes that a growing segment of workers do not have access to employer-based retirement plans, and other benefits typically provided through full-time employment. The portability of benefits is an important feature of retirement savings, workers compensation, health insurance, income security and other work-related benefits. The agreement directs the Chief Evaluation Officer of the Department of Labor, in conjunction with Employee Benefits Security Administration and other relevant DOL offices, to submit a report to Congress within 6 months of enactment that provides a detailed and specific analysis of why some workers do not have access to these benefits and evidence-based recommendations for pilot programs or other initiatives to design, implement, and evaluate new and existing models and approaches to providing high-quality benefits to workers who currently do not have access to them. This proposal should ensure that the various models are evaluated for their ability to accommodate contributions from multiple employers for an individual worker, as well as their scalability at the national level.

IT MODERNIZATION

The Department is directed to continue to submit a report to the Committees not later than 90 days after enactment of this Act that provides an update on projects to be funded, planned activities and associated timelines, expected benefits, and planned expenditures. The report should also include completed activities, remaining activities and associated timelines, actual and remaining expenditures, explanation of any cost overruns and delays, and corrective actions, as necessary, to keep the project on track and within budget.

The agreement includes a new provision which modifies authority for the Department's Working Capital Fund (WCF), by increasing the authority to transfer up to \$36,000,000 in future unobligated balances of appropriations provided in this and future Department of Labor Appropriations acts into the WCF. The Department is directed to continue to comply with the plan requirements established by Public Law 115-245.

GENERAL PROVISIONS

The agreement modifies a provision related to program integrity activities.

The agreement includes a new provision related to the Working Capital Fund.

The agreement modifies a provision related to H-1B fees.

TITLE II
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

PRIMARY HEALTH CARE

Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.—Within the total for Health Centers, the agreement includes \$5,000,000 to fund Health Centers to increase access and address barriers to cancer screening, including patient education, case management, outreach, and other enabling services, as described in House Report 117-96.

Ending the HIV Epidemic.—The agreement includes \$122,250,000 within the Health Centers program for the Ending the HIV Epidemic Initiative.

HRSA Strategy to Address Intimate Partner Violence and Project Catalyst.—The agreement includes no less than \$2,000,000 for the HRSA Strategy to Address Intimate Partner Violence as described in House Report 117-96.

Native Hawaiian Health Care.—The agreement includes no less than \$22,000,000 for the Native Hawaiian Health Care Program.

Partnerships with Home Visiting Programs.—The agreement directs HRSA to provide written guidance to health centers on partnering with home visiting programs.

School-Based Health Centers.—The agreement includes \$30,000,000 for school-based health centers funded under section 330 of the Public Health Service (PHS) Act, as directed in P.L. 116-260.

Technical Assistance.—The agreement provides no less than \$2,000,000 within the amount provided for Health Centers to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services.

HEALTH WORKFORCE

Maternity Care Target Areas (MCTAs).—The agreement includes \$1,000,000 within the National Health Service Corps (NHSC) to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCTAs and collecting and publishing data on the availability and need for maternity care health services in health professional shortage areas.

Midwife Training.—Within the total funding for Scholarships for Disadvantaged Students, the agreement includes \$3,500,000 to educate midwives to address the national shortage of maternity care providers and the lack of diversity in the maternity care workforce.

Primary Care Training and Enhancement.—The agreement does not include dedicated funding to support trainings for primary care health professionals to screen, briefly intervene, and refer patients to treatment for the severe mental illness of eating disorders.

Oral Health Training.—The agreement includes not less than \$12,000,000 each for General and Pediatric Dentistry.

Area Health Education Centers.—The agreement provides \$3,000,000, an increase of \$1,000,000, to expand competitive grants for experiential learning opportunities through simulation labs as directed in P.L. 116-260.

Graduate Psychology Education (GPE).—Within the total for Mental and Behavioral Health, the agreement includes \$20,000,000 for GPE.

Peer Support.—Within the total for Behavioral Health Workforce Education and Training (BHWET), the agreement includes no less than \$14,000,000 for community-based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals, as described in House Report 117-96.

Mental and Substance Use Disorder Workforce Training Demonstration.—Within the total for BHWET, the agreement includes \$31,700,000 for this program. The agreement continues support for grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings as authorized under section 760 of the PHS Act.

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program.—Within the total for BHWET, the agreement includes \$24,000,000 for this program.

Sexual Assault Nurse Examiners Program.—The agreement includes \$13,000,000, an increase of \$4,000,000, within the total for Advanced Education Nursing to expand training and certification of Registered Nurses, Advanced Practice Registered Nurses, and Forensic Nurses to practice as sexual assault nurse examiners.

Registered Nurse (RN) Shortage.—The agreement includes \$4,750,000 within Nurse Education, Practice, Quality and Retention to address the shortage of RNs. The agreement directs HRSA to give priority in new funding announcements to public entities for training of additional RNs, specifically for acute care settings. In addition, the agreement directs HRSA to give priority to applicants in States listed in the HRSA publication “Supply and Demand Projections of the Nursing Workforce 2014–2030” as having the greatest shortages.

Experiential Learning Opportunities.—Within the total for Nurse Education, Practice, Quality, and Retention, the agreement includes \$5,750,000, an increase of \$2,750,000, to expand competitive grants to enhance nurse education through the expansion of experiential learning opportunities as directed in P.L. 116-260.

Nurse Practitioner Optional Fellowship Program.—The agreement provides \$6,000,000 for this program, as described in House Report 117-96.

Impact of COVID-19 on the Rural Nursing Workforce.—The agreement directs HRSA to submit a report within one year of enactment of this Act on the impact of the current public health emergency on the nursing workforce, especially in rural areas, and summarize strategies to mitigate and address these impacts.

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant Special Projects of Regional and National Significance (SPRANS)

Alliance for Maternal Health Safety Bundles.—The agreement includes \$12,000,000 for this activity, as described in House Report 117-96.

Children's Health and Development.—The agreement recognizes the work to improve child health through a Statewide system of early childhood developmental screenings and interventions started in fiscal year 2017. The agreement encourages HRSA to build upon this work in States with high levels of or disparities in childhood poverty.

Early Childhood Education Expert Grants.—The agreement includes \$5,000,000 to place early childhood development experts in pediatrician offices that serve a population with a high percentage of Medicaid and CHIP patients.

Hemophilia.—The agreement includes sufficient funding for the Regional Hemophilia Network Program.

Hereditary Hemorrhagic Telangiectasia (HHT) Centers of Excellence.—The agreement includes \$2,000,000 to establish a new competitive grant program for HHT Centers of Excellence, as described in House Report 117-96.

Infant-Toddler Court Teams.—The agreement includes \$13,000,000 for Infant-Toddler Court Teams, as described in House Report 117-96.

Maternal Mental Health Hotline.—The agreement includes \$4,000,000 for this activity.

National Fetal Infant and Child Death Review (FICDR).—The agreement includes \$2,100,000, an increase of \$1,000,000 above the fiscal year 2021 enacted level, for the national FICDR program to expand support and technical assistance to States and tribal communities and improve the availability of data on sudden unexpected infant deaths.

Regional Pediatric Pandemic Network.—The agreement provides \$18,000,000 for the regional pediatric pandemic network to significantly expand the capacity of the network by increasing the number of grants to award a new meritorious applicant from the original Regional Pediatric Pandemic Network competition to form a coordinated network with the existing grantee. Priority should be given to children's hospitals as defined by section 340E of the PHS Act (42 U.S.C. 256e) and their affiliated university pediatric partners. HRSA shall provide national leadership and coordination across the funded entities to ensure national dissemination of best practices to the broader pediatric care community. The agreement continues funding for the current grantee at no less than the fiscal year 2021 level.

State Maternal Health Innovation Grants.—The agreement includes \$29,000,000 for this activity.

Set-asides within SPRANS.—The agreement includes the following set-asides within SPRANS. Within the set-aside for Oral Health, \$250,000 is provided for activities described in House Report 117-96.

Budget Activity	FY 2022 Agreement
Set-aside for Oral Health.....	\$5,250,000
Set-aside for Epilepsy.....	3,642,000
Set-aside for Sickle Cell Disease.....	6,000,000
Set-aside for Fetal Alcohol Syndrome.....	1,000,000

Maternal and Child Health Programs

Autism and Other Developmental Disorders.—The agreement includes not less than \$37,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities program.

Severe Combined Immune Deficiency (SCID).—Within the total funding level for Heritable Disorders, the agreement includes \$4,000,000 to support newborn screening and follow-up for SCID and other newborn screening disorders.

RYAN WHITE HIV/AIDS PROGRAM

Ending the HIV Epidemic.—The agreement includes \$125,000,000 within the Ryan White program for the Ending the HIV Epidemic initiative.

HEALTH CARE SYSTEMS

Reimbursement of Travel and Subsistence Expenses Toward Living Organ Donation Program.—Within the total for Organ Transplantation, the agreement includes no less than \$7,000,000 for the Living Organ Donation Program, as described in House Report 117-96.

Organ Allocation Policy.—HRSA and the Organ Procurement and Transplantation Network are encouraged to ensure the process for changing organ allocation policies is transparent, thorough, and accommodates the recommendations of transplantation and organ donation professionals.

Poison Control Centers (PCCs).—The agreement directs HRSA to provide increased funds directly to the PCCs and requests a spend plan for the funds within 30 days of enactment of this Act.

Cell Transplantation Program.—The agreement requests a spend plan within 30 days of enactment of this Act for this program.

RURAL HEALTH

Rural Health Outreach.— The agreement provides no less than \$2,000,000 for HRSA's collaboration with the Northern Border Regional Commission (NBRC) to provide direct support to member States to help underserved rural communities identify and better address their health care needs and to help small rural hospitals improve their financial and operational performance. The agreement provides not less than \$25,000,000 for the Delta States Rural Development Network Grant Program, including \$13,000,000 to support HRSA's collaboration with the Delta

Regional Authority, as described under this heading in Conference Report 115-952.

Rural Maternity and Obstetrics Management Strategies (RMOMS).—The agreement includes \$6,000,000 for RMOMS, which supports grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care.

Rural Emergency Hospital Technical Assistance Program.—The agreement includes \$5,000,000 within the total for Rural Hospital Flexibility Grants to establish the Rural Emergency Hospital Technical Assistance Program. This program will provide technical assistance from existing State Flexibility Programs and other stakeholders to assist facilities in the implementation of the new Rural Emergency Hospital model.

Telehealth Centers of Excellence (COE).—The agreement includes \$7,500,000 for the Telehealth COE awarded sites.

Rural Communities Opioids Response (RCORP).—The agreement includes \$135,000,000 to continue RCORP. Within the funding provided, the agreement includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by P.L. 115-245 and continued through P.L. 116-260. In addition to the conditions set forth in Conference Report 115-952, the Centers are encouraged to develop interdisciplinary, dual-track fellowships to train psychiatrists in rural addiction psychiatry. Within this total, the agreement also includes \$2,500,000 of the funds available for career and workforce training services for NBRC to assist individuals affected by an opioid abuse disorder.

FAMILY PLANNING

The Family Planning program administers Title X of the PHS Act. This program supports preventive and primary healthcare services at clinics nationwide. The agreement does not include language proposed by the House.

PROGRAM MANAGEMENT

Oral Health Literacy.—The agreement includes \$300,000 for the activity described under this heading in House Report 117-96.

Targeted Investments in Impoverished Areas.—The agreement directs HRSA to develop and implement measures to increase the share of investments made in persistent poverty counties, high-poverty areas, and any other impoverished communities that HRSA determines to be appropriate areas to target. The agreement directs HRSA to provide an update to the Committees within 180 days of enactment of this Act on how HRSA is carrying out this directive.

Community Projects/Congressionally Directed Spending.— Within the funds included in this account, \$1,053,896,000 shall be for the Community Project Funding/Congressionally Directed Spending projects, and in the amounts, as specified in the table included in this explanatory statement accompanying this division.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The agreement provides \$8,457,204,000 in total program level funding for the Centers for Disease Control and Prevention (CDC), which includes \$7,498,546,000 in budget authority and \$903,300,000 in transfers from the Prevention and Public Health (PPH) Fund.

IMMUNIZATION AND RESPIRATORY DISEASES

The agreement provides a total of \$868,155,000 for Immunization and Respiratory Diseases, which includes \$448,805,000 in discretionary appropriations and \$419,350,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Section 317 Immunization Program.....	\$650,797,000
Acute Flaccid Myelitis.....	6,000,000
Influenza Planning and Response.....	211,358,000

Enhancing Section 317 Immunization Program.—The agreement includes an increase to enhance adult immunization as directed in House Report 117-96.

Improving Immunization Information Systems Infrastructure and Data.—The agreement directs CDC to provide an update to the Committees within 180 days of enactment of this Act on compliance with interoperability standards.

Influenza Planning and Response.—The agreement includes an increase to enhance CDC’s influenza activities.

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

The agreement provides \$1,345,056,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Domestic HIV/AIDS Prevention and Research...	\$986,712,000
HIV Initiative.....	195,000,000
School Health-HIV.....	36,081,000
Viral Hepatitis.....	41,000,000
Sexually Transmitted Infections.....	164,310,000
Tuberculosis.....	135,034,000
Infectious Diseases and the Opioid Epidemic....	18,000,000

Congenital Syphilis.—The agreement urges prioritization as outlined in House Report 117-96.

Ending the HIV Epidemic Initiative.—The agreement includes an increase to reduce new HIV infections.

Infectious Diseases and the Opioid Epidemic.—The agreement includes an increase to strengthen efforts to address infectious diseases associated with substance use. CDC is directed to prioritize jurisdictions with the highest age-

adjusted mortality rate related to substance use disorders and acute hepatitis C infection. CDC is also encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for Ending the HIV Epidemic funding.

School Health.—The agreement includes an increase for the investment in school health activities.

Sexually Transmitted Infections (STI).—The agreement includes an increase for STI prevention and control activities in public health programs.

Tuberculosis.—The agreement urges CDC to increase staffing of tuberculosis technicians in tribal areas and increase efforts to provide technical assistance to health professionals who service those populations.

Viral Hepatitis.—The agreement includes an increase to advance efforts to eliminate viral hepatitis.

EMERGING AND ZOOONOTIC INFECTIOUS DISEASES

The agreement provides \$693,272,000 for Emerging and Zoonotic Infectious Diseases, which includes \$641,272,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Antibiotic Resistance Initiative.....	182,000,000
Vector-Borne Diseases.....	54,603,000

Budget Activity	FY 2022 Agreement
Lyme Disease.....	20,500,000
Prion Disease.....	6,500,000
Chronic Fatigue Syndrome.....	5,400,000
Emerging Infectious Diseases.....	194,997,000
Harmful Algal Blooms.....	2,500,000
Food Safety.....	68,000,000
National Healthcare Safety Network.....	21,000,000
Quarantine.....	50,772,000
Advanced Molecular Detection.....	35,000,000
Epidemiology and Lab Capacity.....	40,000,000
Healthcare-Associated Infections.....	12,000,000

Advanced Molecular Detection.—The agreement includes an increase to bolster genomic epidemiology expertise and capacity. The agreement directs CDC to provide an update on the capabilities at public health laboratories in the fiscal year 2023 Congressional Justification.

Antimicrobial and Antibiotic Resistance (AMR).—The agreement includes an increase and directs CDC to improve data collection and increase support for U.S. health departments to detect, contain, and prevent AMR infections and increase collaborative efforts on the national, regional, State, tribal and local levels to assist

with AMR response and prevention efforts. The agreement encourages CDC to competitively award research activities that address aspects of AMR related to a “One Health” approach to public academic medical centers including Minority Serving Institutions, veterinary schools, including those with agricultural extension services, and public health departments whose proposals are in line with CDC’s strategy for addressing AMR bacteria. Furthermore, the agreement directs CDC to work with other HHS agencies to provide the briefing described under the section of the explanatory statement pertaining to the Office of the Secretary.

Food Safety.—The agreement includes an increase to help address critical unmet needs.

Lyme Disease and Related Tick-Borne Illnesses.—The agreement provides an increase in recognition of the importance of the prevention and control of Lyme disease and related tick-borne diseases, and encourages CDC to support surveillance and prevention of Lyme disease and other high consequence tick-borne diseases in endemic areas as well as areas not yet considered endemic. The agreement includes funding for CDC’s vector-borne diseases program to expand the programs authorized under the Kay Hagan Tick Act (P.L. 116–94) to promote a public health approach to combat rising cases of tick-borne diseases, including activities directed in House Report 117-96. CDC is directed to develop and implement methods to improve surveillance to more accurately report the disease burden, including through the development of real time data for reporting Lyme disease and other tick-borne diseases, as well as a process for estimating the prevalence of Post-Treatment Lyme Disease Syndrome. CDC is directed to direct funding to improve early diagnosis of Lyme and related tick-borne diseases to prevent the development of late stage disease and more serious and long-term disability. CDC is encouraged to coordinate with the National Institutes of Health (NIH), the National Institute of Mental Health, and the National Institute of

Neurological Disorders and Stroke on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses. CDC is urged, in coordination with NIH, to include in their surveillance the long-term effects on patients suffering from post-treatment Lyme disease syndrome, or “chronic Lyme disease.” Additionally, given the impact of Lyme disease and the status of ongoing clinical trials, the agreement requests a report within 180 days of enactment of this Act on CDC’s research to date and recommendations on actions needed to facilitate a successful Lyme disease vaccine rollout that will build confidence and encourage uptake should a vaccine be approved by the FDA.

Mycotic Diseases.—The agreement provides an increase of \$2,000,000 in Emerging Infectious Diseases for mycotic diseases and directs CDC to fully utilize its clinical trial partners and the Mycoses Study Group to address the growing threat from mycological infection in the United States and around the world.

Surveillance Data on the Chronic Effects of COVID-19.—The agreement recognizes that successfully addressing the health care needs of individuals who develop chronic cardiovascular, renal, and neurological effects of COVID-19 will require long-term, population level, public health surveillance that includes granular data related to COVID-19 and any comorbid medical conditions. The agreement directs CDC to provide, within 90 days of enactment of this Act, an accounting of the data on the chronic effects of COVID-19 currently being collected, the sources of these data, any existing or anticipated gaps that exist, and to provide a plan for addressing these surveillance data gaps as they relate to the chronic effects of COVID-19 infection in both the immediate and long-term.

Wastewater Surveillance.—The agreement directs CDC to report on existing National Wastewater Surveillance System grants and contracts within 90 days of enactment of this Act.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The agreement provides \$1,338,664,000 for Chronic Disease Prevention and Health Promotion, which includes \$1,083,714,000 in discretionary appropriations and \$254,950,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Tobacco.....	\$241,500,000
Nutrition, Physical Activity, and Obesity.....	58,420,000
High Obesity Rate Counties.....	16,500,000
School Health.....	17,400,000
Glaucoma.....	4,000,000
Vision and Eye Health.....	1,500,000
Alzheimer's Disease.....	30,500,000
Inflammatory Bowel Disease.....	1,000,000
Interstitial Cystitis.....	1,100,000
Excessive Alcohol Use.....	5,000,000
Chronic Kidney Disease.....	3,500,000
Chronic Disease Education and Awareness.....	3,000,000

Budget Activity	FY 2022 Agreement
Prevention Research Centers.....	26,961,000
Heart Disease and Stroke.....	145,105,000
Diabetes.....	151,129,000
National Diabetes Prevention Program.....	33,300,000
Breast and Cervical Cancer.....	227,000,000
WISEWOMAN.....	30,120,000
Breast Cancer Awareness for Young Women.....	5,960,000
Cancer Registries.....	51,440,000
Colorectal Cancer.....	43,294,000
Comprehensive Cancer.....	20,425,000
Johanna's Law.....	10,500,000
Ovarian Cancer.....	12,500,000
Prostate Cancer.....	14,205,000
Skin Cancer.....	4,000,000
Cancer Survivorship Resource Center.....	475,000
Oral Health.....	19,750,000
Safe Motherhood/Infant Health.....	83,000,000

Budget Activity	FY 2022 Agreement
Arthritis.....	11,000,000
Epilepsy.....	10,500,000
National Lupus Registry.....	9,500,000
Racial and Ethnic Approaches to Community Health (REACH).....	65,950,000
Good Health and Wellness in Indian Country...	22,500,000
Social Determinants of Health.....	8,000,000
Million Hearts.....	4,000,000
National Early Child Care Collaboratives.....	4,000,000
Hospitals Promoting Breastfeeding.....	9,750,000

Alzheimer’s Disease.—The agreement provides an increase to support provisions authorized by the BOLD Infrastructure for Alzheimer’s Act (P.L. 115-406).

Breast Cancer Awareness for Young Women.—The agreement includes an increase to expand awareness and prevention efforts.

Chronic Disease Education and Awareness.—The agreement includes an increase to expand this competitive grant program.

Diabetes.—The agreement includes an increase to enhance efforts to prevent diabetes and reduce its complications, and to expand the Diabetes Prevention Program.

Farm-to-School.—The agreement continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities promoting healthy eating habits for students. The agreement intends that these grants support multi-agency and multi-organizational State farm to early childhood programs with priority given to entities with experience running farm to early childhood programs. The agreement directs CDC to coordinate farm to early childhood program efforts with the Office of Community Food Systems at the Department of Agriculture.

Food Allergies.—The agreement includes \$2,000,000 for a school-based effort to address food allergies and reduce potentially fatal anaphylactic reactions.

Heart Disease and Stroke Prevention.—The agreement includes an increase to strengthen and expand evidence-based heart disease and stroke prevention activities focused on high risk populations.

High Obesity Rate Counties.—CDC grantees are expected to work with State and local public health departments and other partners to support measurable outcomes through community and population-level evidenced-based obesity intervention and prevention programs. Funded projects should integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. The agreement encourages CDC to consider including high childhood obesity rates in its eligibility criteria for the High Obesity Program.

Hospitals Promoting Breastfeeding.—The agreement includes an increase for evidence-based practice improvements in hospitals, with an emphasis on physician and care provider education, with the aim of supporting breastfeeding and increasing breastfeeding rates.

Johanna’s Law.—The agreement includes an increase to raise awareness about the five main types of gynecological cancer.

Mississippi Delta Health Collaborative (MDHC).—Within the funds provided for Chronic Disease Prevention and Health Promotion, the agreement encourages CDC to build on its longstanding investment in MDHC by working to replicate the work in additional sites while maintaining the current strategy. The agreement directs CDC to provide an update on these activities in the fiscal year 2023 Congressional Justification.

Oral Health.—The agreement includes an increase for efforts to reduce oral disease and provide effective interventions.

Ovarian Cancer.—The agreement provides an increase for prevention activities.

Safe Motherhood and Infant Health.—The agreement includes an increase to expand and increase support for Maternal Mortality Review Committees (MMRCs), Perinatal Quality Collaboratives (PQCs), and other programs including Sudden Unexplained Infant Death (SUID) and the Sudden Death in the Young (SDY) Case Registry. CDC is directed to expand support for MMRCs and improve data collection at the State level to create consistency in data collection, analysis and reporting across State MMRCs. This investment is necessary to provide accurate national statistics on U.S. maternal mortality rates and inform data-driven actions to prevent these deaths. The agreement directs CDC to submit the reports requested under this heading in House Report 117-96. Furthermore, the agreement includes funding for the SUID and SDY Registry to expand the number of States

and jurisdictions participating in monitoring and surveillance and urges CDC to facilitate data collection and analysis to improve SUID prevention strategies.

Skin Cancer Education and Prevention.—The agreement notes concern with the growing number of people diagnosed with preventable forms of skin cancer. The agreement continues to provide funding for skin cancer education and prevention and encourages CDC to increase its collaboration and partnership with local governments, business, health, education, community, non-profit, and faith-based sectors.

Social Determinants of Health.—The agreement provides an increase for the program of planning grants started in fiscal year 2021 (P.L. 116-260).

Racial and Ethnic Approaches to Community Health (REACH).—The agreement provides an increase to address racial and ethnic health disparities, including the Good Health and Wellness in Indian Country program.

Tobacco.—The agreement provides an increase to reduce deaths and prevent chronic diseases, including addressing the youth use of e-cigarettes.

Vision and Eye Health.—The agreement includes an increase and directs CDC to improve surveillance efforts, which may include updating national prevalence estimates on vision impairment and eye disease through the use of the National Health Nutrition Examination Survey and improving existing surveillance of social, economic, and environmental contexts as related to eye healthcare disparities.

WISEWOMAN.—The agreement includes an increase to provide uninsured and under-insured, low-income women with lifesaving preventive services.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

The agreement provides \$177,060,000 for Birth Defects and Developmental Disabilities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Child Health and Development.....	\$65,800,000
Birth Defects.....	19,000,000
Fetal Death.....	900,000
Fetal Alcohol Syndrome.....	11,000,000
Folic Acid.....	3,150,000
Infant Health.....	8,650,000
Autism.....	23,100,000
Health and Development for People with Disabilities.....	76,910,000
Disability & Health.....	39,000,000
Tourette Syndrome.....	2,000,000
Early Hearing Detection and Intervention.....	10,760,000
Muscular Dystrophy.....	6,500,000
Attention Deficit Hyperactivity Disorder.....	1,900,000

Budget Activity	FY 2022 Agreement
Fragile X.....	2,000,000
Spina Bifida.....	7,500,000
Congenital Heart.....	7,250,000
Public Health Approach to Blood Disorders.....	7,400,000
Hemophilia CDC Activities.....	3,500,000
Hemophilia Treatment Centers.....	5,100,000
Thalassemia.....	2,100,000
Neonatal Abstinence Syndrome.....	3,250,000
Surveillance for Emerging Threats to Mothers and Babies.....	13,000,000

Congenital Cytomegalovirus (CMV).—The agreement encourages CDC to continue its activities to prevent CMV infection, and directs CDC to provide an update on efforts to develop, implement, and evaluate CMV prevention strategies in the fiscal year 2023 Congressional Justification.

Congenital Heart Disease.—The agreement includes an increase to further implement the screening, surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (P.L. 115-342).

Disability and Health.—The agreement directs CDC to allocate the increase in the same manner as directed in P.L. 115-245.

Hemophilia Treatment Centers.—The agreement continues to support CDC's hemophilia programs and encourages CDC to increase outreach to underserved populations and inclusion in the Community Counts Hemophilia Data Collection program.

Muscular Dystrophy.—The agreement includes an increase and directs CDC to submit the report requested under this heading in House Report 117-96.

Neonatal Abstinence Syndrome (NAS).—The agreement includes an increase to support efforts to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy, including research on opioid use during pregnancy and related adverse outcomes from infancy through childhood, and to identify best practices for care, evaluation, and management to help children.

Public Health Approach to Blood Disorders.—The agreement includes an increase to expand sickle cell data collection efforts.

Spina Bifida.—The agreement includes an increase to support efforts to improve the health status of people living with spina bifida.

Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET).—The agreement includes an increase to expand CDC's SET-NET to additional jurisdictions.

Zika Surveillance.—The agreement supports CDC's continued collaboration with State, tribal, territorial, and local health departments to monitor mothers and babies impacted by the Zika virus during pregnancy in the highest risk jurisdictions. CDC was provided additional funding in fiscal year 2019 to expand its Zika surveillance to determine the long-term health impacts of infants born to mothers infected with the Zika virus.

PUBLIC HEALTH SCIENTIFIC SERVICES

The agreement provides a total of \$651,997,000 for Public Health Scientific Services. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Health Statistics.....	\$180,397,000
Surveillance, Epidemiology, and Informatics.....	410,600,000
Public Health Data Modernization.....	100,000,000
Public Health Workforce.....	61,000,000

Bereavement.—The agreement urges CDC to include a new module focused on bereavement to the Behavioral Risk Factor Surveillance Survey to better understand the scope of bereavement exposure in the U.S. CDC is also encouraged to include a special highlight section on its *Health, United States* publication.

Improving Accuracy of Diagnosis of Rare Diseases. —The agreement encourages the National Center for Health Statistics to work with Federal agency partners, including FDA and NIH, to establish a pathway for pursuing a specific diagnostic code for rare diseases that currently lack one. The agreement requests a report on the feasibility of such a pathway within 180 days of enactment of this Act.

National Center for Health Statistics.—The agreement includes an increase to begin to make much-needed investments in the next generation of surveys and products.

National Neurological Conditions Surveillance System.—The agreement provides a total of \$5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions.

Public Health Data Modernization.—The agreement commends CDC for the progress made to date and includes an increase to advance efforts toward creating a modern, high-speed, networked public health infrastructure that will work for all diseases and conditions. The agreement recognizes that this effort is not solely about technological upgrades or about short-term solutions.

ENVIRONMENTAL HEALTH

The agreement provides \$228,350,000 for Environmental Health programs, which includes \$211,350,000 in discretionary appropriations and \$17,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Environmental Health Laboratory.....	\$68,750,000
Newborn Screening Quality Assurance Program.....	19,000,000
Newborn Screening/Severe Combined Immunodeficiency Diseases	1,250,000
Environmental Health Activities.....	47,600,000

Safe Water.....	8,600,000
Amyotrophic Lateral Sclerosis Registry.....	10,000,000
Trevor’s Law.....	2,000,000
Climate and Health.....	10,000,000
Environmental and Health Outcome Tracking Network.....	34,000,000
Asthma.....	30,500,000
Childhood Lead Poisoning.....	41,000,000
Lead Exposure Registry.....	5,000,000
Vessel Sanitation.....	1,500,000

Asthma.—The agreement includes an increase for the National Asthma Control Program to expand surveillance.

Childhood Lead Poisoning.—The agreement includes an increase for this program.

Lead Exposure Registry.—The agreement includes an increase for the Flint, Michigan Lead Exposure Registry.

Newborn Screening.—The agreement includes an increase to expand newborn screening efforts.

Vessel Sanitation.—The agreement reflects a one-time appropriation as provided in section 138 of P.L. 117-43.

INJURY PREVENTION AND CONTROL

The agreement provides \$714,879,000 for Injury Prevention and Control activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Domestic Violence and Sexual Violence..	34,700,000
Child Maltreatment.....	7,250,000
Child Sexual Abuse Prevention.....	2,000,000
Youth Violence Prevention.....	15,100,000
Domestic Violence Community Projects...	5,500,000
Rape Prevention.....	56,750,000
Suicide Prevention.....	20,000,000
Adverse Childhood Experiences.....	7,000,000
National Violent Death Reporting System.....	24,500,000
Traumatic Brain Injury.....	7,250,000
Elderly Falls.....	2,050,000
Drowning.....	1,000,000
Other Injury Prevention Activities.....	28,950,000

Budget Activity	FY 2022 Agreement
Opioid Overdose Prevention and Surveillance.....	490,579,000
Injury Control Research Centers	9,000,000
Firearm Injury and Mortality Prevention Research.....	12,500,000

Adolescent Mental Health.—The agreement urges CDC to establish a program that leverages existing CDC activities dedicated to adolescent mental health to develop and implement national goals and a national strategy to improve adolescent mental wellbeing and advance equity, with a focus on culturally responsive prevention and early intervention. CDC is urged to coordinate with other Federal agencies and departments, as appropriate.

Adverse Childhood Experiences.—The agreement includes an increase and directs CDC to submit the report requested under this heading in House Report 117-96.

Domestic Violence and Sexual Violence.—The agreement notes recent bipartisan actions to reauthorize the Violence Against Women Act, and supports efforts to establish an interagency working group to coordinate domestic violence prevention across all levels of government and with all relevant stakeholders.

Firearm Injury and Mortality Prevention Research.—The agreement includes \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends the CDC take a comprehensive approach to studying these underlying causes and

evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director of CDC is to report to the Committees within 30 days of enactment on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Opioid Abuse and Overdose Prevention.—The agreement includes an increase to enhance efforts, including improvements in data quality and monitoring, including on substances driving overdoses. In addition to the directives included in House Report 117-96, CDC is directed to continue expansion of case-level syndromic surveillance data, improving interventions that monitor prescribing and dispensing practices as well as the timeliness and quality of morbidity and mortality data, and enhancing efforts with medical examiners and coroner offices. CDC is urged to improve utilization of state-based Prescription Drug Monitoring Programs (PDMPs) to assist in clinical decision-making and surveillance. CDC is further directed to continue to expand an innovative model to coordinate care for high-risk patients receiving opioid treatment and encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records.

Opioid Prescribing Guidelines.—The agreement applauds CDC's February 2022 Updated Clinical Practice Guideline for Prescribing Opioids for Chronic Pain, for use by primary care clinicians for chronic pain in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care. The agreement directs CDC to continue its work educating patients and providers, and to encourage uptake and use of the Guidelines. The agreement urges CDC to

continue coordination with other Federal agencies in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal government.

Public Safety Officer Suicide Reporting System.—The agreement continues funding for the activities described in the Helping Emergency Responders Overcome Act of 2020, as directed in P.L. 116-260.

Suicide Prevention.—The agreement includes an increase and directs CDC to expand its comprehensive suicide prevention program to implement and evaluate an evidence-based public health approach to suicide prevention with attention to high-risk, vulnerable populations and increase research to understand how certain factors, including access to mental health services, contribute to the risk of or protect against suicidal behaviors in different populations. CDC is also directed to expand and enhance its emergency department syndromic surveillance on suicidal behavior and nonfatal suicide-related outcomes to provide near real-time data on suicidal ideation and attempts, disaggregated by race and ethnicity, age, disability status, and sex, in order to inform community-based suicide prevention efforts. CDC is encouraged to use this funding to expand research, increase data collection to inform local responses, and support State health departments and other stakeholders as they develop and implement comprehensive suicide prevention plans.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)

The agreement provides a total of \$351,800,000 for NIOSH in discretionary appropriations. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
National Occupational Research Agenda.....	\$118,000,000
Agriculture, Forestry, and Fishing.....	27,500,000
Education and Research Centers.....	31,000,000
Personal Protective Technology.....	22,000,000
Mining Research.....	62,500,000
National Mesothelioma Registry and Tissue Bank.....	1,200,000
Firefighter Cancer Registry.....	3,000,000
Other Occupational Safety and Health Research.....	114,100,000

Agriculture, Forestry, and Fishing.—The agreement includes an increase to expand efforts to protect workers in this sector.

Analysis of the Impact of COVID-19 in the Workplace.—The agreement directs CDC to conduct an assessment and provide a briefing to the Committees within one year of enactment of this Act on the adequacy of reporting and data collection of COVID-19 infections, outbreaks, and deaths among workers, and recommendations and a professional budget justification for improvements in data collection and reporting by employers, localities, States and the Federal government for COVID-19 and future epidemics.

Coal Workers' Health Surveillance Program Mobile Medical Unit.—The agreement directs CDC to prioritize the maintenance of mobile medical units and urges CDC to consider the purchase of an additional mobile medical unit to

improve access to screening for miners, as early screening and detection of black lung can improve health outcomes and reduce mortality.

Education and Research Centers.—The agreement includes an increase to support efforts to reduce work-related injuries and illness.

Firefighter Cancer Registry.—The agreement includes an increase for this voluntary, anonymous registry system.

Personal Protective Technologies.—The agreement includes an increase and directs CDC to submit the report requested under this heading in House Report 117-96.

Total Worker Health.—The agreement provides an increase to expand the program.

Underground Mine Evacuation Technologies and Human Factors Research.—The agreement provides an increase for grant activities as directed in P.L. 116-94.

GLOBAL HEALTH

The agreement provides \$646,843,000 for Global Health activities. Within this total, the agreement includes the following amounts:

	FY 2022
Budget Activity	Agreement
Global AIDS Program.....	\$128,921,000
Global Tuberculosis.....	9,722,000
Global Immunization Program.....	228,000,000

Budget Activity	FY 2022 Agreement
Polio Eradication.....	178,000,000
Measles and Other Vaccine Preventable Diseases.....	50,000,000
Parasitic Diseases and Malaria.....	27,000,000
Global Public Health Protection.....	253,200,000

Global AIDS.—The agreement includes an increase to advance the global fight against HIV/AIDS.

Global Public Health Protection.—The agreement includes an increase for CDC to lead global health security activities to prevent, detect, and respond to infectious disease threats and outbreaks around the globe.

Parasitic Diseases and Malaria.—The agreement includes an increase to enhance parasitic diseases and malaria activities.

Polio Eradication.—The agreement includes an increase to support CDC activities related to wild poliovirus and vaccine-derived polio surveillance, vaccine procurement, and outbreak response. CDC is urged to continue to provide technical assistance to countries for polio immunization campaigns, conduct environmental surveillance of polio viruses to ensure prompt detection and to prevent potential outbreaks of paralytic polio disease. CDC is directed to provide a briefing on its polio eradication activities within 90 days of enactment of this Act.

Population-based Surveillance Platforms.—The agreement directs at least \$4,000,000 to be used to support existing longitudinal population-based infectious

disease surveillance platforms that enable comparative analysis between urban and rural populations in the developing world.

Soil Transmitted Helminth and Related Diseases of Poverty.—The agreement continues \$1,500,000 for surveillance, source remediation, and clinical care aimed at reducing soil transmitted helminth to extend the currently funded projects for another year.

Tuberculosis.—The agreement includes an increase to advance tuberculosis prevention, diagnosis, and treatment efforts.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The agreement provides \$862,200,000 for public health preparedness and response activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
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Public Health Emergency Preparedness	
Cooperative Agreement.....	\$715,000,000
Academic Centers for Public Health	
Preparedness.....	8,200,000
All Other CDC Preparedness.....	139,000,000
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Public Health Emergency Preparedness Cooperative Agreement.—The agreement includes an increase for cooperative agreement awards.

BUILDINGS AND FACILITIES

The agreement provides \$30,000,000 in discretionary budget authority.

Atlanta-based Buildings and Facilities.—The agreement includes funding to make progress on CDC’s backlog of maintenance and repairs at its Atlanta campuses. In order to protect Americans from health threats and to rapidly respond to public health emergencies, CDC needs a safe, secure, and fully operational infrastructure in the form of its own laboratories, buildings, and facilities. The agreement supports the completion of the Atlanta Masterplan Build Out and recognizes that CDC has over 9,700 employees in Georgia with over 4,000 staff in Atlanta currently working in leased office space. Completion of the Atlanta Masterplan Build Out will enable CDC to vacate leased spaces to owned facilities achieving cost savings through lease avoidance and gain operational efficiencies; improve scientific and laboratory collaboration; and enhance teamwork. Additionally, having CDC staff work in CDC owned facilities will provide enhanced security and resiliency for staff, scientific data and other critical public health resources.

Mine Safety Research Facility.—The agreement notes bill language and funding to support the design and construction for a mine safety research facility to replace the Lake Lynn Experimental Mine and Laboratory were provided in fiscal year 2021. The agreement requests the continuation of quarterly updates on progress in the construction of the facility, costs incurred, and unanticipated challenges which may affect timeline or total costs until completion of the facility.

CDC-WIDE ACTIVITIES

The agreement provides \$493,570,000 for CDC-wide activities, which includes \$333,570,000 in discretionary appropriations and \$160,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Preventive Health and Health Services Block Grant.....	\$160,000,000
Public Health Leadership and Support.....	113,570,000
Infectious Disease Rapid Response Reserve Fund.....	20,000,000
Public Health Infrastructure and Capacity.....	200,000,000

COVID-19 Testing Failure.—The agreement notes that GAO examined CDC laboratory quality control deficiencies in its July 2021 report *COVID-19: Continued Attention Needed to Enhance Federal Preparedness, Response, Service Delivery, and Program Integrity (GAO-21-551)* and made recommendations that CDC has agreed to pursue. The lack of clearly defined approval criteria and poor communication of test performance problems within CDC illustrate there is still a need for an assessment of what led to the failure. The agreement includes direction in the Office of the Secretary to establish a Task Force, including participation from outside stakeholders and subject matter experts, to evaluate what contributed to the shortcomings of the first COVID-19 tests, including laboratory irregularities,

and what policies, practices and systems should be established to address these issues in the future. The Task Force shall also examine CDC's processes for the development and deployment of diagnostics and its ongoing operations, including communications and electronic lab reporting with clinical, commercial, and State and local public health laboratories. Based on the conclusions of this effort, CDC shall develop an agency-wide coordination plan for developing and deploying assays during a public health emergency that engages a nationwide system, as appropriate, and leverages the expertise offered by the public and private sectors. In addition, the agreement directs CDC to provide an update to the Committees on the status of the implementation of the recommendations made by GAO-21-551 within 180 days of enactment of this Act.

Infectious Disease Rapid Response Reserve Fund.—The agreement includes an increase toward the replenishment of this fund to ensure that CDC is positioned to respond quickly to an imminent public health emergency.

Local Health Departments.—The agreement reiterates the language in House Report 117-96 and urges CDC to publicly track and report to the Committees how funds provided to State health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction.

Public Health Infrastructure and Capacity.—The agreement establishes a new funding line to provide a stable source of resources that is not segmented by disease, condition, or activity. The agreement recognizes that the nation's public health partners need to be better equipped and more flexible to coordinate together to save lives. The agreement directs that no less than 70 percent of this funding be awarded to health departments.

Public Health Scholars Program.—The agreement commends CDC for its commitment to health equity and workforce development to ensure a future where an increasingly diverse American public benefits from a more diverse and better

trained public health workforce. The agreement applauds CDC on the 10th anniversary of the CDC Undergraduate Public Health Scholars (CUPS) Program. The CUPS Program is hereby renamed the John R. Lewis CDC Undergraduate Public Health Scholars Program.

Rural Health.—The agreement requests CDC assess and submit a report within 180 days of enactment of this Act on the agency’s rural-focused efforts and how to strengthen such efforts. The report shall include a review of CDC’s recent work to address public health needs in rural America, a catalogue of CDC staff who have been specifically devoted to these activities, and a professional budget justification of what additional activities CDC would undertake in this area, given additional resources.

NATIONAL INSTITUTES OF HEALTH (NIH)

The agreement provides \$44,959,000,000 for NIH, including \$496,000,000 from the 21st Century Cures Act (P.L.114-255), an increase of \$2,250,000,000, or 5.3 percent, above fiscal year 2021. The agreement provides a funding increase of no less than 3.4 percent above fiscal year 2021 to every Institute and Center (IC).

The agreement appropriates funds authorized in the 21st Century Cures Act. Per the authorization, \$194,000,000 is transferred to the National Cancer Institute (NCI) for cancer research; \$76,000,000 to the National Institute of Neurological Disorders and Stroke (NINDS) and \$76,000,000 to the National Institute on Mental Health (NIMH) for the BRAIN Initiative; and \$150,000,000 will be allocated from the NIH Innovation Fund for the *All of Us* precision medicine initiative.

The Common Fund is supported as a set-aside within the Office of the Director at \$657,401,000. In addition, \$12,600,000 is provided to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (P.L. 113-94).

The agreement directs NIH to include updates on the following research, projects, and programs in the fiscal year 2023 Congressional Justification: closing congenital heart disease research gaps; efforts to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium; Environmental Influences on Child Health Outcomes (ECHO), including progress made by ECHO-funded research and efforts to include a larger representation of indigenous children into the national cohort; hearing health screening for older adults; maternal infections; efforts to modernize and improve the Surveillance, Epidemiology and End Results Registry; and multiple sulfatase deficiency.

NATIONAL CANCER INSTITUTE (NCI)

Cancer Survivorship.—The agreement urges NCI to address the unique needs of cancer survivors by continuing to allocate robust funding for Cancer Survivor Support Programs.

Childhood Cancer Data Initiative (CCDI).—The agreement includes \$50,000,000 for the third year of the CCDI.

Childhood Cancer STAR Act.—The agreement includes no less than \$30,000,000 for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act.

Deadliest Cancers.—The agreement directs NIH to provide a status update and timeline for the scientific framework (for gastric, esophageal, and gastroesophageal junction cancers) within 60 days of enactment of this Act.

Cancer Success Rates.—The agreement supports NCI's leading role in advancing cancer research and is encouraged by the scientific breakthroughs in genomics, computational science, immunotherapy, and bioengineering made possible through appropriations over the last decade. The agreement further understands that these scientific advancements have led to a substantial increase in NCI grant applications. To address this ongoing issue, the agreement provides an additional \$150,000,000 to NCI.

Reducing Native American Cancer Disparities.—The agreement urges NCI to continue to support and expand research efforts focused on reducing cancer disparities among Native American populations, which experience overall cancer incidence and mortality rates which are much higher than non-Native populations. The agreement encourages NCI to continue to support efforts to develop durable capacity for Tribally-engaged cancer disparities research through an integration of research, education, outreach, and clinical access.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Cardiovascular Disease Research.—The agreement remains concerned about the prevalence of cardiovascular disease among Americans and supports research into cutting-edge cardiovascular research and drug discovery. This research should focus across disciplines of medicine, immunology, imaging, chemistry, biomedical engineering, physics, statistics, mathematics, and entrepreneurship to design new therapies and therapy delivery systems and strategies that are safer, more effective, and improve patient compliance.

Community Engagement Alliance Against COVID-19 Disparities (CEAL) Initiative.—The agreement includes \$20,000,000 for the CEAL initiative. This initiative will connect researchers with community organizations and leaders to conduct outreach and increase participation of people from underrepresented communities in clinical trials for COVID-19 treatments and vaccines.

Congenital Heart Disease (CHD).—The agreement encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and co-morbidities, modifying treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks.

Hemophilia.—The agreement encourages NHLBI to pursue the recommended research agenda from the 2018 State of the Science Workshop, such as longitudinal studies to determine the factors that influence inhibitor development.

Hypertension Prevention Research.—The agreement recommends that NIH prioritize research funding on the impacts of exercise and aspirin on hypertension.

Lymphedema (LE).—The agreement directs NHLBI to increase support for research on LE and to establish a Research Condition Disease Categorization category for research related to lymphedema.

National Commission on Lymphatic Diseases.—The agreement directs NIH to establish a National Commission on Lymphatic Diseases and to engage with relevant Institutes, Centers, and external stakeholders in establishing this Commission. The agreement directs NIH to provide an update on progress to establish the Commission within 60 days of the enactment of this Act.

Pulmonary Fibrosis (PF).—The agreement recognizes that pulmonary fibrosis encompasses more than 200 different lung diseases that have many similarities despite having a variety of causes. This heterogeneity presents significant challenges for diagnosis and treatment. Accordingly, the agreement is pleased that the Institute-funded PRECISIONS study, which is testing a potential new treatment and aims to identify genetic variants for certain forms of PF, has moved ahead notwithstanding the challenges posed by the COVID-19 pandemic. Given the grim prognosis for most PF patients, the agreement also recognizes the critical need for other areas of research, particularly on common fibrosis pathways, as well as patient-centered clinical research. With additional resources and focus, additional disease mechanisms can be identified, which would allow for enhanced patient-centered care for all of those affected by PF. The agreement requests an update in the fiscal year 2023 Congressional Justification.

Pulmonary Hypertension.—The agreement encourages NHLBI to continue supporting research into this devastating condition and work with stakeholders to advance priorities such as better understanding disease progression and the relationship to COVID-19, and improving patient care management and clinical outcomes.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

National Dental Practice-Based Research Network (NDPBRN).—The agreement recommends that the NIDCR continues funding support of NDPBRN.

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

Type 1 Diabetes.—Given the growing prevalence of diabetes, the agreement is concerned that additional research is needed to determine how to improve the treatment of diabetic foot ulcers to reduce amputations, and urges NIDDK to support such efforts. Further, given the aging population, the agreement urges NIDDK to work with NIA to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer’s disease.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Frontotemporal Degeneration Research (FTD).— The agreement encourages NIH to continue to support a multi-site network of clinical centers to study genetic and sporadic cases of FTD and maintain progress toward biomarker discovery and drug development in clinical trials. To maximize the value of public investment in these projects and other research, the agreement encourages NIH to improve the secure sharing of data and biological samples from clinical and research settings in a uniform manner, making sure to include all forms of dementia, as different dementias can have similar root causes and pathologies. Development of a data biosphere that supports broad sharing of datasets will enable the broader community of researchers to bring their expertise to bear on the challenges currently confronting Alzheimer’s disease and related dementia disorders. The agreement also urges NIH to support efforts to ensure that federally funded dementia research will benefit all families impacted by FTD and other neurodegenerative diseases, regardless of age, racial, ethnic, cultural, socioeconomic, and geographic background.

Opioids, Stimulants, and Pain Management.—The agreement includes no less than the fiscal year 2021 level for the HEAL Initiative.

Pain and Addiction Collaborative Research.—The agreement recommends that NIH encourage collaborative research awards through NINDS and the NIDA for pain and addiction treatment and research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Cellular Immunity.—The agreement supports NIAID advancing efforts to incorporate cell-mediated immunity assessment into the wide range of intramural and extramural COVID-19 studies conducted and supported by NIH, including but not limited to vaccine schedule studies and understanding post-acute sequelae of SARS-CoV-2 infection.

Centers for AIDS Research.—The agreement includes \$71,000,000, an increase of \$10,000,000, for this activity as part of the Ending the HIV Epidemic initiative.

Consortium of Food Allergy Research (CoFAR).—The agreement includes \$9,100,000, an increase of \$3,000,000, for CoFAR to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with proven expertise in food allergy research

Herpes Simplex Virus.—The agreement is concerned with the correlation between Herpes Simplex Virus and cognitive decline, including a growing body of research indicating HSV as a contributing factor to Alzheimer’s disease, Encephalitis, and Bell’s Palsy, among other neurodegenerative diseases. The agreement encourages NIAID to prioritize research and development of curative approaches to Herpes Simplex Virus.

Lyme Disease and Other Tick-Borne Diseases.—The agreement includes a \$18,000,000 increase for Lyme Disease and other tick-borne illnesses research. The agreement encourages NIAID to use these funds to prioritize the support of meritorious research that informs a better understanding of Lyme disease pathogenesis and encourages the development of improved diagnostics and vaccines. The agreement directs NIH to leverage this understanding to develop

new tools that can more effectively prevent, diagnose, and treat Lyme disease, including long-term effects, and other tick-borne diseases. The agreement encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The agreement directs NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases, including vertical transmission. The agreement urges NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The agreement directs NIH to coordinate with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses.

Regional Biocontainment Laboratories (RBL).— The agreement directs \$52,000,000 to be evenly divided among the 12 RBLs to support efforts to prevent, prepare for, and respond to infectious disease outbreaks, including, but not limited to: (1) conducting research on developing testing for antiviral compounds, new vaccines, and point of care tests; (2) conducting research on validating methods for identifying suitable convalescent plasma for screening donors and other prophylactic methods to prevent infections; (3) supporting operations costs and facilities upgrades for purchase of equipment to speed drug discovery and testing; and (4) training new researchers in biosafety level 3 practices.

Responding to Infectious Diseases.—The agreement provides no less than \$540,000,000, an increase of \$15,000,000, to support NIAID research to combat antimicrobial resistance (AMR) and the training of new investigators to improve AMR research capacity as outlined in the 2020-2025 National Action Plan to Combat Antibiotic-Resistant Bacteria. The agreement directs NIAID to work with other HHS agencies to provide the briefing described under the section of the explanatory statement dealing with the Office of the Secretary. In addition, NIAID

should describe the focus of its initiatives to strengthen and diversify the ID/HIV research workforce for fiscal years 2022-2023.

SARS-CoV2-Immunity: Understanding Diversity and Addressing Disparity.—The agreement includes \$5,000,000 to engage with not-for-profit research institutes and/or academic institutions to undertake a series of deep immune profiling studies of individuals who acquired the SARS-CoV-2 virus in these underserved and understudied population communities with the intent of demonstrating a proven pipeline to ascertain immune dysfunction and outcomes applicable to any human condition or population.

Universal Flu Vaccine.—The agreement provides not less than \$245,000,000, an increase of \$25,000,000, for research to develop a universal influenza vaccine.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Increasing Diversity in Biomedical Research.—The agreement provides an increase of \$6,359,000 for NIGMS for programs, including but not limited to the Maximizing Opportunities for Scientific and Academic Independent Careers, Minority Access to Research Careers, Bridges to the Baccalaureate, Undergraduate Research Training Initiative for Student Enhancement, and the new programs under development, including the Advancing Research Careers diversity program for PhD to postdoctoral transitions and the Diversity Medical Science Training Program, that train the next generation of scientists while enhancing the diversity of the biomedical research workforce and enabling promising scientists to pursue high-risk, high-reward research.

Institutional Development Awards (IDeA).—The agreement provides \$410,453,000, an increase of \$13,384,000, for the IDeA program.

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

Impact of COVID-19 on Children.—The agreement includes an increase of \$7,500,000 for NICHD to support additional research into multisystem inflammatory syndrome in children (MIS-C) and other ways in which COVID-19 affects children.

Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative.—The agreement includes \$43,400,000, an increase of \$30,000,000, for the IMPROVE Initiative.

Physical Activity Promotion and Obesity Prevention for Preschool Children.—The agreement encourages NIH to support research to identify sustainable physical activity interventions for preschool children.

Research in Pregnant and Lactating Women.—The agreement includes \$1,500,000 within NICHD to contract with the National Academies of Science, Education, and Medicine (NAEM) to convene a panel with specific legal, ethical, regulatory, and policy expertise to develop a framework for addressing medicolegal and liability issues when planning or conducting research specific to pregnant people and lactating people. Specifically, this panel should include individuals with ethical and legal expertise in clinical trials and research; regulatory expertise; plaintiffs' attorneys; pharmaceutical representatives with tort liability and research expertise; insurance industry representatives; Federally funded researchers who work with pregnant and lactating women; representatives of institutional review boards; and health policy experts.

NATIONAL INSTITUTE ON AGING (NIA)

Addressing Participant Diversity in Clinical Trials.—The agreement encourages NIH to establish an operating efficiency working group to conduct an assessment of NIA’s internal infrastructure needs related to research operations, recruitment and engagement—with an emphasis on underrepresented communities—and report back to the Committees within 180 days of enactment of this Act. This review should assess gaps related to the infrastructure needed to ensure its Federally-funded clinical trials are well-designed and accessible to underrepresented communities at greatest risk of Alzheimer’s disease and related dementias and outline the resources needed to address identified gaps, including the appropriate staffing levels needed to support research optimization, grant oversight, and compliance.

Alzheimer’s Disease and Related Dementias.—The agreement provides an increase of \$289,000,000. Within 30 days of release of the fiscal year 2023 budget, NIA is directed to provide the Committees a summary of specific accomplishments it has achieved in ADRD research and its priorities for the coming year. These will focus on specific scientific questions NIA has answered in the past year, expects to answer in the next two years, and would use the funding requested in fiscal year 2023 to answer in its pursuit of treatments and a cure. NIA is directed to provide similar specific details to the Committees within 60 days of enactment of this Act for its fiscal year 2023 Professional Judgement Budget that it released in August 2021, and in future Professional Judgement Budgets. The agreement requests the NASEM to brief the Committees within 60 days of enactment of this Act on the resources it could bring to support efforts to identify and pursue the most promising areas of research into preventing and treating ADRD.

Center on Exposome Studies in Alzheimer's Disease and Related Dementias (ADRD).—The agreement directs NIA to establish research infrastructure in the form of a Center(s) on Exposome Studies in ADRD, as described in House Report 117-96, and includes \$15,000,000 to facilitate these efforts.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

E-cigarettes.—The agreement encourages NIDA to conduct interdisciplinary research on the relationship between the vaping of tobacco and marijuana, with an emphasis on risk perceptions, decision-making and neuroscience. NIDA is also encouraged to support targeted research on the use and consequences of e-cigarettes in pediatric populations.

Opioids, Stimulants, and Pain Management.—The agreement includes no less than \$345,295,000 for the HEAL Initiative.

Medication-assisted Treatment for Methamphetamines.—While there are currently approved medications for alcohol and opioid addiction, there remains no FDA-approved medication for methamphetamine addiction. The agreement urges NIDA to continue their ongoing trials to expeditiously find and approve a treatment for methamphetamine.

Methamphetamine and Other Stimulants.—The agreement encourages NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment, and to partner with institutions in areas with higher numbers of methamphetamine-related deaths compared to opioid-related deaths and that have demonstrated research expertise in methamphetamine and cardiovascular diseases.

Overdose Prevention Centers.—The agreement acknowledges the controversial nature of Overdose Prevention Centers and encourages NIDA to support research on the potential public health impacts of these centers.

Pain and Addiction Collaborative Research.—The agreement recommends that the NIH encourage collaborative research awards through NINDS and the NIDA for pain and addiction treatment and research.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Impact of COVID on Mental Health.—The agreement includes an increase of \$20,000,000 for NIMH to expand research on the impact of the COVID-19 pandemic on mental health.

Veteran Suicide Prevention.—The agreement is aware of NIMH collaborations with the Department of Veterans Affairs (VA) and the Department of Defense (DoD) to strategically plan and coordinate research particularly around the area of suicide. The agreement encourages NIMH to continue to support research related to veteran suicide in the context of the NIMH suicide prevention portfolio, and to work with VA and DoD to identify gaps or opportunities where NIMH research may enhance suicide mitigation efforts for this at-risk population.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Data-sharing and Privacy.—The agreement encourages NIH to convene a working group to determine whether there are national security risks associated with potential collaborations where individually identifiable health information of the people of the U.S. is exchanged. This working group should evaluate what types of data sharing could pose a national security risk among private, public, and academic institutions that partake in science and technology research and their research partners, with a focus on international partners. This should include a review of what circumstances would constitute a sharing of data and make recommendations regarding areas where Federal agencies can coordinate to

increase education to such private and academic research institutions that partake in science and technology research to ensure the institutions can better protect themselves from national security threats with a strengthened understanding of intellectual property rights, research ethics, data misuse, as well as education on how to recognize and report such threats.

Emerging Centers of Excellence in Genomic Sciences.—The agreement includes no less than \$15,000,000 for this activity as described in House Report 117-96.

Germline RUNX1 Mutations.—The agreement commends NHGRI for collaborating with NCI to launch and maintain the RUNX1–FPD Clinical Research Study, the only longitudinal natural history study of patients with germline RUNX1 mutations and their families. This study has broad implications for the fields of hematology and oncology because it offers researchers the rare opportunity to monitor the genomic evolution of cancer within a precancerous population in real time. The agreement urges NHGRI to provide additional resources for the study to allow more patients to participate. In addition, the agreement encourages NHGRI to continue to work towards implementation of an open-source database to share data in real-time for the benefit of the entire research community and the patients and their families searching for answers.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Creative Arts Therapy.—The agreement recognizes the potential of creative art therapies as tools to address disorders of aging. However, clinical studies on these applications either have been limited in scale, not designed within a scientific and statistically significant framework, or produced only anecdotal results. The Trans-NIH Music and Health Work Group is currently developing a toolkit to improve future clinical trials for music-based interventions to treat and prevent disorders of

aging. NCCIH is directed to provide the Committees with a report within 180 days of enactment of this Act on the progress of the toolkit's development and any plans for pilot projects to test and refine the toolkit, including future funding needs.

Pain and Pain Management Research.—The agreement urges NIH, along with DoD and VA, to continue to support research on non-pharmacological treatments for pain management and comorbidities including opioid abuse and disorders in military personnel, veterans, and their families. The agreement urges the NIH, VA, and DOD to expand research on non-pharmacological treatments to ensure the best quality of care for veterans and service members. The Comprehensive Addiction and Recovery Act (P.L. 114–198) calls for an expansion of research and education on and delivery of complimentary and integrative health to veterans, and the NCCIH can play an important role in coordinating efforts with the VA, DOD, and other relevant agencies.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Cardiovascular Disease (CVD).—CVD, including heart disease and stroke, is the leading cause of death in the U.S. and worldwide, disproportionately affecting minority populations, and accounting for approximately 1 in 3 CVD events in U.S. adults. The agreement encourages NIMHD to focus funding on reducing disparities in CVD in African Americans from the rural South and among poor people, where the burden is significant.

Chronic Diseases and Health Disparities.—In fiscal year 2021, NIMHD undertook an initiative to support regional comprehensive research and coordinating centers on the prevention, treatment, and management of multiple chronic diseases associated with health disparities. The agreement remains strongly supportive of this effort and includes sufficient funding for NIMHD to continue this effort in fiscal year 2022.

Health Disparities Research.—The agreement includes an increase of \$50,000,000 for NIMHD to support research related to identifying and reducing health disparities.

Research Centers in Minority Institutions.—The agreement recognizes the importance of the RCMI Research Coordination Network in ensuring that collectively, institutions can engage in multi-site collaborative research, and provides \$5,000,000 for this activity.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Advanced Genomic Technologies.—The agreement strongly supports NCATS, in collaboration with the NIH All of Us Research Program, continuing to apply and evaluate advanced genomic technologies, specifically long-read genome sequencing. Collaboration with multiple entities including research institutes with expertise in the application of short-read sequencing in rare genetic disorders and depth of experience with long-read sequencing; academic and clinical institutions with the capability to identify and include family units to participate in this effort; and clinical geneticists with extensive experience in variant identification and analysis is strongly encouraged. Special emphasis should be placed on the inclusion of minority populations.

Clinical and Translational Science Awards (CTSAs).—The agreement includes \$606,646,000 for the CTSA program, an increase of \$19,805,000 above the fiscal year 2021 enacted level. The agreement maintains its strong support for the CTSA program and commends the national network for their efforts to modernize the translation of research into health benefits across the full spectrum of medical research, for their contributions to the COVID–19 response, and for addressing health disparities, health equity, and enhancing rural care. The agreement is

concerned the recent CTSA Funding Opportunity Announcement (FOA) could alter the CTSA's strategic direction and divert appropriated resources intended for CTSA hubs. Resources provided by the agreement are intended to enhance funding for hubs, thus bolstering the national network. Therefore, NCATS is directed to ensure that any CTSA hub that has successfully recompleted through the new FOA does not receive more than a 5 percent reduction in total annual support for its core hub responsibilities. In addition, the agreement directs that all CTSA hub partner organizations that contribute key resources and expertise to a CTSA hub's translational work should continue to be treated as full partners, including treatment of their entire NIH research enterprises in the calculation of hub budgets. This will support local CTSA hubs and maintain collaborations with community organizations and research and academic partners that expand the full spectrum of research and translation, and foster innovation. Further, the agreement strongly encourages NCATS to fund expanded programs that address the significant disparities and burden of disease disproportionately affecting minority and special populations and to substantively respond. Finally, the agreement reiterates previous direction that NCATS inform the Committees prior to any planned changes to the size of hub awards, scope of the program, or strategic changes to the program, specifically noting that the Committees shall be consulted prior to any new CTSA initiatives being implemented.

Cures Acceleration Network (CAN).—The agreement continues its support for CAN to further reduce barriers between research discovery and clinical trials at \$60,000,000, the same as the fiscal year 2021 enacted level. The agreement urges NCATS to consider supporting activities within CAN and other NCATS' offices or divisions that focus on precision medicine—from precision prevention, to precision diagnosis, to precision therapeutics. Activities should also include the

ability to generate the data to demonstrate the efficacy and cost effectiveness of precision medicine.

Full Spectrum of Medical Research.—The agreement supports NIH’s efforts to advance the full spectrum of medical research, which ensures breakthroughs in basic science are translated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional community. The agreement notes the importance of flagship initiatives, including CTSA’s, to these important efforts.

OFFICE OF THE DIRECTOR (OD)

All of Us Research Program/Precision Medicine Initiative.—The agreement provides a total of \$541,000,000 for the All of US precision medicine initiative, \$41,000,000 above the fiscal year 2021 enacted level. The agreement directs NIH to continue its efforts to recruit and retain participants from historically underrepresented populations in biomedical research, and to expand its efforts to enroll participants from geographically diverse communities. To achieve this diversity, NIH is encouraged to support additional avenues for enrollment from the Midwest and Great Plains regions that facilitate participation from both rural and urban communities. These efforts will help ensure that All of Us scientific resources reflect the rich diversity of our country and that advances made from this program will benefit the health of all Americans.

Alternatives to Animals in Research and Testing.—The agreement directs NIH to submit a report not later than 180 days after enactment of this Act on the programs to support the use of alternatives to animals in research, including: (1) what programs currently exist at NIH for developing, promoting, and funding

alternatives to animal research and testing; and (2) a plan for including the reduction, where possible and appropriate, the number of animals used in Federally-funded research and testing.

Alzheimer's Disease and Dementia Screening Tools.—The agreement urges NIH to update its analysis of validated screening tools, including digital screening tools that can reliably detect mild cognitive impairment. This review should focus on identifying tools that have been developed in the time since the last assessment was conducted and on providing information to assist healthcare providers in regularly using such tools to assess the cognitive health of their patients.

Amyotrophic Lateral Sclerosis (ALS).—The agreement is aware of the significant need to expand scientific understanding of ALS and to translate the science more rapidly into effective treatments that can make ALS a livable disease. To achieve these outcomes as soon as possible, the agreement includes \$25,000,000 to implement the Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79). The agreement directs NIH to organize a trans-agency initiative to develop an ALS research strategic plan, as described in House Report 117-96. The agreement strongly supports the Transformative Research Award program for ALS and directs the Director to continue to fund this critical initiative in fiscal year 2022. Finally, the agreement includes \$1,000,000 to commission a study by NASEM to identify and recommend actions for the public, private, and nonprofit sectors to undertake to make ALS a livable disease within a decade.

Animal Model Validation.—The agreement encourages NIH to provide a report to the Committees no later than one year after enactment outlining the progress of

its efforts to improve animal model validation, support the development of models to improve translation, and what additional funding may be required.

Analyzing Sex and Race/Ethnicity Differences and Long-Term Health Effects of COVID-19.—To better understand how sex differences and race/ethnicity variables are implicated in the severity of the COVID–19 pandemic, the agreement encourages the ICs in coordination with the OD and Office of Research on Women’s Health to support research that studies how sex as a biological variable and social element, and race/ethnicity variables impact short and long-term outcomes due to infection with SARS–CoV–2.

Artificial Intelligence/Big Data.—The agreement directs NIH to develop best practices to standardize controlled data access processes. Such an effort will streamline access, support the emerging NIH data science infrastructure, and meet the needs of the research community while preserving the original protections agreed to when the data were collected, taking into account potential cost and burden. It should consider lessons learned from past efforts, review emerging processes and technologies being piloted by ICO repositories, and develop new potential solutions that leverage technological advancements. The agreement directs NIH, within one year after enactment of this Act, to develop and present recommendations for: potential common solutions for streamlining and centralizing controlled access mechanisms through implementation improvements and use of emerging technological advancements; make controlled access data stored in NIH-operated and supported repositories more findable and accessible; and assess the extent to which increased interoperability of controlled access repositories leads inadvertently to gaps in oversight and control, including explicit consideration of increased re-identification risk. The agreement directs ODSS and NLS to continue to provide quarterly updates to the Committees on its efforts.

Biomedical Research Facilities.—The agreement provides \$60,000,000 for grants to public and/or not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k.

BRAIN Initiative.—Overall, the agreement provides \$620,000,000 for the BRAIN Initiative, including \$152,000,000 authorized in the Cures Act. The overall funding level includes \$70,000,000 for the Human Brain Cell Atlas; \$30,000,000 for the Armamentarium for Brain Cell Access; and \$10,000,000 for the Brain Connectivity Map.

Building Diversity in Cell Models of Human Disease.—The agreement encourages NIH to consider funding the development of a specialized suite of ethnically diverse and tissue-specific cell lines with structures labeled for studying disease mechanism and detection. If funded, the originating cells should be collected from volunteers in a culturally sensitive manner who have consented to allow for derivation of cell line(s), distribution, and use. NIH should consider collaborating with experienced research community leaders in building cell line collections that are publicly accessible.

Cerebral Palsy.—The agreement strongly encourages NIH to strengthen, accelerate, and coordinate cerebral palsy research across the lifespan, including in areas identified as priorities in the 2017 NINDS/NICHHD Strategic Plan for CP Research, such as basic and translational discoveries, including neuroprotective, regenerative medicine and mechanisms of neuroplasticity, as well as studies aimed at early detection and intervention, comparative effectiveness and functional outcomes. The agreement encourages that a follow-up workshop be held in 2022 in conjunction with key stakeholders to provide updates on promising research to

refine the specific opportunities that were identified in the 5 to 10 year NIH strategic plan, including early detection and intervention.

Chimera Research.—The agreement supports NIH’s funding limitation regarding the introduction of human pluripotent cells into non-human vertebrate animal pre-gastrulation stage embryos. The agreement takes seriously the bio-ethical considerations regarding the creation of human-animal chimeras and the continuation of research using these cells.

Collection and Reporting of Animal Research Numbers and Agency Funding.—The agreement recognizes that Congress has expressed an interest in reducing the use of nonhuman animals in NIH-funded research and replacing animals with valid and reliable non-animal alternatives when appropriate for the science. In the National Institutes of Health Revitalization Act of 1993, Congress first requested that the agency create a plan for doing so. The agreement also recognizes the scientific community’s stated commitment to the “three Rs” of replacement, reduction, and refinement. Integral to that commitment are the accurate counting of animals used in research and testing and the accurate reporting of NIH funding dedicated to projects involving animals. The agreement recognizes that it has been NIH’s policy since 1985 to collect an “average daily inventory” of vertebrate animals housed in research facilities that wish to receive agency funding. The agreement understands that domestic facilities are required to file such documentation every four years as part of an Animal Welfare Assurance and that copies of the documents are available to the public only through Freedom of Information Act requests. The agreement requests a report from NIH within one year of enactment of this Act outlining a plan for collaborating with USDA to increase the accuracy and transparency of the data collected. The plan should also include details on how NIH will address any incomplete reporting of NIH funded

research with animals and encourage prospective documentation of study design and analysis plans.

Communications with the Committees.—NIH shall consult with the Committees prior to additional changes with the Congressional liaison staff. NIH shall notify the Committees of any limitations to full compliance with directives included in a report or explanatory statement, and such notification shall be provided within 15 days of the public release of any such report or statement. In addition, NIH is directed to provide an Excel spreadsheet with the fiscal year 2022 enacted level and the fiscal year 2023 request level by Institute and Center, including all ongoing or proposed initiatives by Institute or Center, as well as any programs identified with a funding level in the fiscal year 2022 explanatory statement, when the fiscal year 2023 Congressional Justification is published.

Cybersecurity.—The agreement includes an increase of \$40,000,000 to strengthen cybersecurity at NIH.

Diversity of the Biomedical Research Workforce.—The agreement directs NIH to study, to the extent possible, the race, ethnicity, age, disability status, and career stage breakdown of the impact of COVID-19 on participation in the workforce by monitoring the types of awards received from and awarded to institutions for 2 years beginning 90 days after enactment of this Act. If pre-pandemic data on these demographics are not available, the agreement directs the NIH to collect them going forward. If the data demonstrate that fewer women are applying for grants, then it is imperative that NIH take steps to address this disparity. The agreement requests a status update to the Committees from NIH on this research in the fiscal year 2023 Congressional Justification, as well as the steps being taken to maintain the diversity of the research workforce.

Dual Purpose/Dual Benefit Research.—The agreement strongly urges a continued partnership between NIH, National Institute of Food and Agriculture, and the other relevant 115 Federal research and development agencies to develop a next generation interagency program using agriculturally important large animal species. The agreement expects NIH to continue this important cooperative partnership program to further strengthen ties between human medicine, veterinary medicine, and animal sciences, with the goal to improve animal and human health and provide enhanced applicability and return on investment in research.

Federal Law Enforcement.—The agreement notes that the explanatory statement accompanying the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2022 directs the Attorney General to ensure implementation of evidence-based training programs on de-escalation and the use-of-force, as well as on police community relations, and the protection of civil rights, that are broadly applicable and scalable to all Federal law enforcement agencies. The agreement further notes that several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The agreement directs such agencies to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The agreement further directs such agencies to submit a report to the Committees on Appropriations on their efforts relating to such implementation no later than 180 days after consultation with the Attorney General. In addition, the agreement directs such agencies, to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The agreement further directs such agencies to submit a report to the Committees on

Appropriations, no later than 180 days after enactment of this Act, on their efforts to so participate.

Firearm Injury and Mortality Prevention Research.— The agreement includes \$12,500,000, the same level as fiscal year 2021, to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director is to report to the Committees within 30 days of enactment of this Act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Foreign Influence.—To support NIH's efforts to expeditiously complete foreign influence investigations, the agreement includes \$2,500,000 for this activity within the Office of Extramural Research. The agreement directs NIH to provide biannual briefings on the progress of these investigations.

Humane Research Alternatives.—Recognizing that humane, cost-effective, and scientifically suitable non-animal methods are available for certain research models, the agreement directs NIH to appoint a working group to make recommendations for encouraging the use of non-animal models where appropriate in NIH intramural and extramural research, including epidemiological and clinical studies, cell-based methods, computer modeling and simulation, and human tissue studies, with consideration for complexity of the biomedical research area, and the

current applicability and translatability of the non-animal model. The panel should also report on effectively moving research away from methods that rely on poorly-defined animal models to methods that rely on validated non-animal alternatives. The working group should review and recommend means of encouraging greater reliance on validated human-relevant non-animal methods/approaches that are appropriate for identified research areas. Membership should include individuals with proven knowledge of/experience with non-animal research methods; with proven knowledge of/expertise with animal research models; with expertise in evaluating the adequacy of justifications described in research applications and proposals for why the research goals cannot be accomplished using an alternative model; and with knowledge of research animal welfare, and relevant scientific limitations. The Committee asks that NIH provide a report of the working group's findings within 180 days of enactment of this Act.

IDeA States Pediatric Clinical Trials Network.—The agreement includes no less than the fiscal year 2021 funding level to continue this program.

INCLUDE Initiative.— The agreement includes no less than \$75,000,000, an increase of \$10,000,000 above the fiscal year 2021 enacted level, within OD for the INCLUDE Initiative. The agreement is pleased that this multi-year, trans-NIH research initiative has enabled significant advances in understanding immune system dysregulation, new research into the connection with Alzheimer's disease, and the creation of national Data Coordinating Center, all of which may dramatically improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals. The agreement encourages NIH to pursue some of the most neglected areas of research and care such as health disparities for African Americans with Down syndrome, mosaic Down syndrome, those with the dual diagnosis of Down syndrome and autism, and new studies on

metabolic dysregulation. The agreement requests the Director provide an updated plan within 60 days of enactment of this Act that includes a timeline, description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate and increase pipeline research initiatives specific to Down syndrome.

Long Haul COVID-19.—The agreement directs NIH to post on its website a summary of the status of the RECOVER Initiative at least every 6 months and, as appropriate, any findings from the study.

Chimpanzee Maintenance, Care, and Transportation.—The agreement directs NIH to provide a report to the Committees quarterly, beginning no later than June 1, 2022, that shall include: (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees, remaining, if any, at the Alamogordo Primate Facility (APF), the Keeling Center for Comparative Medicine and Research (KCCMR), or the Southwest National Primate Research Center (SNPRC); and (3) a list of any chimpanzee deaths, including details on the cause of death and the specific rationale behind any euthanasia decisions, that have occurred at any time after January 1, 2020, at APF, KCCMR, SNPRC, and the national sanctuary system.

Mucopolysaccharide (MPS) Diseases.—The agreement encourages expanded research of treatments for neurological, inflammatory, cardiovascular, and skeletal manifestations of MPS, with an emphasis on gene therapy. The agreement encourages the NIH, NCATS, and NINDS to increase funding to grantees to incentivize MPS research, particularly given the aging and small population of current researchers.

Office of AIDS Research.—The agreement includes no less than \$3,194,000,000 across NIH for HIV/AIDS research.

Office of Behavioral and Social Sciences Research (OBSSR).—The agreement includes \$38,932,000 for OBSSR.

Office of Research on Women's Health (ORWH).—The agreement includes \$59,480,000 for ORWH. Within this amount, the agreement includes \$4,000,000 for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program to fund additional BIRCWH fellows at existing sites with a goal of increasing the diversity of the scholars, sites, and research areas supported by the program, and to expand the number of sites to increase the number and skills of investigators who conduct research on sex influences on health and disease.

Office of the Chief Officer for Scientific Workforce Diversity (COSWD).—The agreement includes \$16,190,000 to the Office of the COSWD.

Osteopathic Medical Schools.—The agreement recognizes that increased access to research funding for the osteopathic profession will significantly bolster NIH's capacity to support robust recovery from the COVID-19 pandemic, address health disparities in rural and medically-underserved populations, and advance research in primary care, prevention, and treatment. The agreement requests an update on the current status of NIH funding to colleges of osteopathic medicine and representation of doctors of osteopathic medicine on NIH National Advisory Councils and standing study sections in the fiscal year 2023 Congressional Justification.

Pediatric Clinical Trials Authorized under Best Pharmaceuticals for Children Act.—The agreement directs that funding authorized by the Best Pharmaceuticals

for Children Act (P.L. 107-109) include research to prepare for and conduct clinical trials.

Postural Orthostatic Tachycardia Syndrome (POTS).—Approximately one-third of individuals infected with SARS-CoV-2 are developing long-lasting symptoms referred to as post-acute sequelae of SARS-CoV-2 (PASC). A significant portion of individuals with PASC experience moderate to severe autonomic nervous system dysfunction 6 months after the onset of infection. Reports suggest that the most common type of autonomic nervous system dysfunction in PASC patients is POTS. There are no FDA approved treatments for POTS or PASC associated autonomic nervous system dysfunction at this time, and patients suffer with significant disability and a poor quality-of-life. The agreement encourages NIH to ensure that the \$1,150,000,000 investment Congress has provided to NIH for PASC research is used, in part, to identify how viruses like SARS-CoV-2 result in autonomic nervous system dysfunction, such as POTS, and how we can most effectively treat PASC associated autonomic nervous system dysfunction, including PASC associated POTS. The agreement encourages NIH to leverage the expertise of research centers that have previously studied post-viral POTS in pursuing these important research questions.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome (NAS).—The agreement encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the agreement encourages NIH to build on the ACT NOW study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short-term and

longitudinally. The agreement further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.

Preventing Chronic Disease in Rural Areas.—The agreement urges NIH support research to improve outcomes for rural patients with chronic illnesses and improve abilities of families of these patients to support their treatments.

Radiopharmaceuticals.—The agreement encourages NIH to explore the use of new isotopes and novel applications for radiopharmaceuticals and leverage next-generation advanced manufacturing techniques for isotope production being made by DOE-funded research universities and National Laboratories.

Rare Disease Research.—The agreement urges NIH to expand research on rare genetic and chromosomal abnormalities, such as 7q11.23 Duplication Syndrome and Hereditary Spastic Paraparesis 49. The agreement requests an update on these activities in the fiscal year 2023 Congressional Justification.

Research Involving Enhanced Potential Pandemic Pathogens.—The agreement supports a robust evaluation of whether the HHS Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogen Care and Oversight has achieved its intended purpose and whether the scope of research it covers is sufficient. The agreement directs HHS and NIH to convene the National Science Advisory Board for Biosecurity and conduct such a review.

State of Bereavement Care.—The agreement is aware of research indicating that individuals and families suffer severe health, social, and economic declines following the death of a loved one—be it a child, sibling, spouse, or parent. The agreement encourages OMH, ACF, CDC, CMS, HRSA, IHS, NIH, and SAMHSA to examine their activities to advance bereavement care for families, including

prevalence of bereavement events and the details of those events (what relationships are impacted, how the loved one died and at what age), risk factors and associated health events or outcomes, biological or physiological changes in wellbeing, and what interventions, or programs could help functional coping or adaptive processing.

Strategic Plan.—The agreement recognizes that NIH should carefully consider national security considerations when developing and executing their NIH-wide Strategic Plan.

Temporomandibular Disorders (TMD).—The agreement strongly encourages OD to establish a National Collaborative Research Consortium for TMDs to coordinate, fund, and translate basic and clinical research. Research priorities may include improvements to clinical outcomes; facial pain and sex factors; population-based research to further understand the burden and costs of TMDs; comparative effectiveness research on TMD treatments; and artificial intelligence and novel data approaches.

Trans-NIH Pediatric Research Consortium (N-PeRC).—The agreement requests a report within 180 days after enactment of this act on how N-PeRC plans to support studies of the physical, mental and behavioral health impacts of COVID-19 on children, including multisystem inflammatory syndrome in children, as well as plans for N-PeRC's focus over the coming 3 years.

Tribal Health Research Office.—The agreement recognizes the important work of the Tribal Health Research Office, but is concerned that no such analogous office exists to support Native Hawaiians (NH). The agreement encourages OD, in coordination with NIMHD and other ICs, to prioritize addressing the research needs of NH and to partner with entities with a proven track record of working closely with NH communities and organizations, which will allow for the development of NH researchers.

Tuberous Sclerosis Complex (TSC).—The agreement acknowledges NIH’s updated 2016 TSC Research Plan and progress advancing the plan. NIH should encourage research opportunities in the five key areas prioritized by workshop participants. Because TSC impacts multiple organ systems, the agreement encourages the Director to coordinate the participation of ICs on a research strategy aimed at addressing the medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity. The agreement encourages NICHD to facilitate development of a viable newborn screening assay for TSC. The agreement encourages the Director to apply recommendations from the 2017 Neurodevelopmental Disorders Biomarkers Workshop to take advantage of biomarker expertise and lessons learned across disease groups, the 2018 Accelerating the Development of Therapies for Anti-Epileptogenesis and Disease Modification workshop for which TSC is a model disorder given the ability to diagnose TSC prior to onset of epilepsy, and the 2020 Curing the Epilepsies workshop which highlighted TSC as one of the best opportunities to prevent epilepsy.

BUILDINGS AND FACILITIES

The recommendation includes \$250,000,000 for buildings and facilities. The agreement directs NIH to continue to provide quarterly updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds \$3,500,000, including any changes to those plans and the original baseline estimates for individual projects. It also directs NIH to describe in its fiscal year 2023 and future Congressional Justifications how the projects requested in its budgets tie to its capital planning process, including the RFAC's role in determining which projects are selected for including in the budget.

The agreement increases the amount of funding appropriated to Institutes and Centers that may be used for repairs and improvements from \$45,000,000 to \$100,000,000 and raises the per project cap from \$3,500,000 to \$5,000,000.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

MENTAL HEALTH

Certified Community Behavioral Health Clinics.—The agreement includes increased funding.

Mental Health Block Grant.—The agreement again includes a five percent set-aside of the total for evidence-based crisis care programs as described in House Report 117-96.

National Child Traumatic Stress Initiative.—The agreement includes an increase and directs SAMHSA to follow the directives in House Report 117-96.

Within the total provided for Mental Health Programs of Regional and National Significance (PRNS), the agreement includes the following amounts:

	FY 2022
Budget Activity	Agreement
Capacity:	
Seclusion and Restraint.....	\$1,147,000
Project AWARE.....	120,001,000
Mental Health Awareness Training.....	24,963,000

	FY 2022
Budget Activity	Agreement
Behavioral Health Crisis and 988 Coordinating Office.....	5,000,000
Mental Health Crisis Response Grants.....	10,000,000
Healthy Transitions.....	29,451,000
Infant and Early Childhood Mental Health.....	10,000,000
Interagency Task Force on Trauma Informed Care.....	1,000,000
Children and Family Programs.....	7,229,000
Consumer and Family Network Grants.....	4,954,000
Project LAUNCH.....	23,605,000
Mental Health System Transformation.....	3,779,000
Primary and Behavioral Health Care Integration.....	52,877,000
National Strategy for Suicide Prevention.....	23,200,000
<i>Zero Suicide</i>	<i>21,200,000</i>
<i>American Indian and Alaska Native</i>	<i>2,400,000</i>
Suicide Lifeline.....	101,621,000

	FY 2022
Budget Activity	Agreement
Garrett Lee Smith–Youth Suicide Prevention– States.....	38,806,000
Garrett Lee Smith–Youth Suicide Prevention– Campus.....	6,488,000
American Indian and Alaskan Native Suicide Prevention Initiative.....	2,931,000
Tribal Behavioral Grants.....	20,750,000
Homelessness Prevention Programs.....	30,696,000
Minority AIDS.....	9,224,000
Criminal and Juvenile Justice Programs.....	6,269,000
Assisted Outpatient Treatment.....	21,000,000
Assertive Community Treatment for Individuals with Serious Mental Illness	9,000,000
Science and Service:	
Garrett Lee Smith–Suicide Prevention Resource Center.....	9,000,000
Practice Improvement and Training.....	7,828,000

	FY 2022
Budget Activity	Agreement
Primary and Behavioral Health Integration Technical Assistance.....	1,991,000
Consumer & Consumer Support Technical Assistance Centers.....	1,918,000
Minority Fellowship Program.....	10,059,000
Disaster Response.....	1,953,000
Homelessness.....	2,296,000

Behavioral Health Crisis and 988 Coordinating Office.—The agreement includes \$5,000,000 for the Office of the Assistant Secretary for Mental Health and Substance Use to establish an office dedicated to the implementation of the 988 National Suicide Prevention Lifeline (Lifeline) and coordination of behavioral health crisis care across HHS operating divisions, including CMS and HRSA. The office will support technical assistance and coordination of the nation’s crisis care network, the implementation of the 988 Lifeline, and the development of a crisis care system with the objective of expanding crisis care services and follow-up care, including through services provided by Federally Qualified Health Centers, Community Mental Health Centers, Certified Community Behavioral Health Clinics, and other community providers. Additionally, the office will coordinate with first responders including the 911 system so that behavioral health crisis services are well integrated into emergency care. The agreement requests that

SAMHSA provide a report to the Committees within 180 days of enactment of this Act outlining a nationwide crisis care system plan of action.

Infant and Early Childhood Mental Health.—The agreement directs SAMHSA to continue to allow a portion of additional funds provided for technical assistance to existing grantees, to better integrate infant and early childhood mental health into State systems.

Mental Health Awareness Training.—The agreement includes an increase and directs SAMHSA to continue to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans and armed services personnel and their family members.

Mental Health Crisis Response Grants.—The agreement includes new crisis response grants as directed in House Report 117-96.

National Suicide Prevention Lifeline.—The agreement includes an increase to prepare for the launch of a new 988 number in July 2022, including for specialized services as detailed in House Report 117-96. The agreement directs SAMHSA to keep the Committees fully apprised of progress toward this launch. SAMHSA is directed to provide a briefing with a status update within 60 days of enactment of this Act, to provide a briefing within 60 days of the launch of 988, and as necessary throughout the year.

Project AWARE.—The agreement includes an increase for school-and campus-based mental health services and support. Of the amount provided, the agreement directs \$12,500,000 for grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. The agreement requests SAMHSA submit a report to the

Committees within 180 days after enactment of this Act outlining grantee efforts. The agreement recognizes that the COVID-19 pandemic has increased the need for school and community-based trauma services for children and their families. Accordingly, within this increase, the agreement provides \$7,000,000 to increase student access to evidence-based, culturally relevant, trauma support services and mental health care through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (P.L. 115-271).

Projects for Assistance in Transition from Homelessness (PATH).—The agreement recognizes that inadequate housing and support opportunities exist for people with serious mental illness. The agreement directs SAMHSA to encourage PATH grantees to partner with public housing agencies in their communities, and to use existing outreach and engagement mechanisms to identify, qualify, and select individuals and initiate housing support services to meet the individual's needs.

SUBSTANCE ABUSE TREATMENT

Data Collection Review.—The agreement notes that as drug overdose death rates continue to rise, federal data collection requirements can present barriers to recipients of Federal grant funds that provide services to individuals in need of treatment and other services. Data collection is critically important in determining the effectiveness of Federal investments but should not create new barriers to services. The agreement directs SAMHSA to review and update the data collection requirements in the Government Performance and Results Act (GPRA) of 1993 or otherwise required by SAMHSA through rules or regulations for programs administered through the Center for Substance Abuse Treatment. The agreement directs SAMHSA to provide a briefing on the updated GPRA requirements to the Committees 90 days after enactment of this Act.

Rural Opioid Technical Assistance (ROTA) Grants.—The agreement is disappointed SAMHSA did not fund an additional cohort of ROTA grants in fiscal year 2021 and strongly encourages SAMHSA to fund additional grants in fiscal year 2022.

State Opioid Response (SOR) Grants.—The agreement provides an increase, including for tribes and tribal organizations, and directs SAMHSA to provide the Committees with a briefing on whether additional flexibility is needed to ensure States are able to spend these urgently needed funds. The agreement again notes serious concern that longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award of fiscal year 2020 funds. When making awards in fiscal year 2022, the agreement directs the Assistant Secretary to award funds in a manner that avoids funding cliffs between States with similar mortality rates. The agreement notes that large swings in funding between grant cycles can pose a significant challenge for States seeking to maintain programs that were instrumental in reducing drug overdose fatalities. The agreement continues bill language that directs SAMHSA to submit the formula methodology used in calculating SOR grants to the Committees not less than 21 days prior to releasing the Funding Opportunity Announcement. The agreement continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees no later than 180 days after enactment and make such an evaluation publicly available on SAMHSA's website.

SOR Overdose Data Report.—The agreement recognizes that drug overdose mortality data collection and reporting is complex, often with multi-substance use contributing to mortality. The agreement encourages SAMHSA to evaluate the data used to calculate SOR allocations, including whether accurate, State-level data

exists for mortality rates for opioid use disorders and whether such data should be used to calculate the 15 percent set aside within SOR.

Within the total provided for Substance Abuse Treatment Programs of Regional and National Significance, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Capacity:	
Opioid Treatment Programs/Regulatory Activities.....	\$8,724,000
Screening, Brief Intervention, and Referral to Treatment.....	31,840,000
<i>PHS Evaluation Funds</i>	<i>2,000,000</i>
Targeted Capacity Expansion - General.....	112,192,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</i>	<i>101,000,000</i>
Grants to Prevent Prescription Drug/Opioid Overdose.	14,000,000
First Responder Training.....	46,000,000
<i>Rural Focus</i>	<i>26,000,000</i>
Pregnant and Postpartum Women.....	34,931,000

	FY 2022
Budget Activity	Agreement
Recovery Community Services Program.....	2,434,000
Children and Families.....	29,605,000
Treatment Systems for Homeless.....	36,386,000
Minority AIDS.....	65,570,000
Criminal Justice Activities.....	89,000,000
<i>Drug Courts</i>	<i>70,000,000</i>
Improving Access to Overdose Treatment.....	1,000,000
Building Communities of Recovery.....	13,000,000
Peer Support Technical Assistance Center.....	1,000,000
Comprehensive Opioid Recovery Centers.....	5,000,000
Emergency Department Alternatives to Opioids.....	6,000,000
Treatment, Recovery, and Workforce Support.....	10,000,000
Science and Service:	
Addiction Technology Transfer Centers.....	9,046,000
Minority Fellowship Program.....	5,789,000

Building Communities of Recovery.—The agreement provides an increase for enhanced long-term recovery support principally governed by people in recovery from substance use disorders.

Comprehensive Opioid Recovery Centers.—The agreement includes an increase and directs SAMHSA to make the funding opportunity available to all eligible entities, as defined in section 7121 of the SUPPORT Act (P.L. 115-271).

First Responder Training.—Of the funding provided, the agreement provides \$7,500,000 to make awards to rural public and non-profit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Service’s Needs (SIREN) Act (P.L. 115-334). The agreement notes that the fiscal year 2021 grants included award amounts less than the maximum amount allowable in order to fund more projects and encourages SAMHSA to follow this approach in fiscal year 2022 to the extent practicable.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction.— The agreement directs SAMHSA to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options. Within the amount provided, the agreement includes \$12,000,000 for grants to Indian Tribes, Tribal Organizations, or consortia.

Opioid Abuse in Rural Communities.—The agreement encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, including by improving access through telehealth. SAMHSA is encouraged to focus on addressing the needs of individuals with substance use disorders in rural and medically underserved areas. In addition, the agreement encourages SAMHSA to consider early interventions, such as co-prescription of

overdose medications with opioids, as a way to reduce overdose deaths in rural areas.

Opioid Use Disorder Relapse.—The agreement recognizes SAMHSA’s efforts to address opioid use disorder relapse within Federal grant programs by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence. The agreement encourages SAMHSA to continue these efforts.

Pregnant and Postpartum Women.—The agreement provides an increase and again encourages SAMHSA to fund an additional cohort of States under the pilot program authorized by the Comprehensive Addiction and Recovery Act (P.L. 114-198).

Treatment, Recovery, and Workforce Support.—The agreement includes an increase to implement section 7183 of the SUPPORT Act (P.L. 115-271). SAMHSA is directed to, in consultation, with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

SUBSTANCE ABUSE PREVENTION

Within the total provided for Substance Abuse Prevention Programs of Regional and National Significance, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Capacity:	
Strategic Prevention Framework/	
Partnerships for Success.....	\$127,484,000
<i>Strategic Prevention Framework Rx</i>	<i>10,000,000</i>
Federal Drug-Free Workplace.....	4,894,000
Minority AIDS.....	41,205,000
Sober Truth on Preventing Underage Drinking	
(STOP Act).....	12,000,000
<i>National Adult-Oriented Media Public Service</i>	
<i>Campaign</i>	<i>2,000,000</i>
<i>Community-based Coalition Enhancement Grants</i>	<i>9,000,000</i>
<i>Intergovernmental Coordinating Committee on the</i>	
<i>Prevention of Underage Drinking</i>	<i>1,000,000</i>

	FY 2022
Budget Activity	Agreement
Tribal Behavioral Health Grants.....	20,750,000
Science and Service:	
Center for the Application of Prevention Technologies.....	7,493,000
Science and Service Program Coordination.....	4,072,000
Minority Fellowship Program.....	321,000

At-Home Prescription Drug Disposal.—The agreement supports efforts to encourage at-home prescription drug deactivation and disposal and urges SAMHSA to support these types of programs.

Sober Truth on Preventing Underage Drinking Act (STOP Act).—The agreement provides an increase for community-based coalition enhancement grants.

Strategic Prevention Framework-Partnerships for Success Program.—The agreement encourages the program to support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State’s top three substance use issues for 12 to 18 year old youth as determined by the State’s epidemiological data. The agreement directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions. SAMHSA is also directed to issue a report within 120 days of enactment of this Act assessing the extent to which the work of local grantees complements and aligns with the primary prevention efforts led by the corresponding State alcohol and drug agency.

Substance Misuse Prevention.—The agreement supports efforts to reduce the risks associated with drug use, including efforts to avoid drug overdose deaths and the spread of diseases such as HIV and hepatitis. However, the agreement strongly encourages that funds appropriated for substance misuse prevention purposes in the Center for Substance Abuse Prevention, as well as the 20 percent prevention set-aside in the Substance Abuse Prevention and Treatment Block Grant, be used only for bona fide substance misuse prevention activities and not for any other purpose.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Within the total provided for health surveillance and program support, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Health Surveillance.....	\$48,623,000
<i>PHS Evaluation Funds</i>	30,428,000
Program Management.....	81,500,000
Performance and Quality Information Systems...	10,000,000
Drug Abuse Warning Network.....	10,000,000
Public Awareness and Support.....	13,000,000
Behavioral Health Workforce Data.....	1,000,000
<i>PHS Evaluation Funds</i>	1,000,000

Community Project Funding/Congressional Directed Spending.—The agreement includes \$127,535,000 for the projects, and in the amounts, specified in the table titled “Community Project Funding/Congressionally Directed Spending” included in this explanatory statement accompanying this division.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

The agreement includes \$350,400,000 for AHRQ. Within the total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Health Costs, Quality, and Outcomes:	
Prevention/Care Management.....	\$11,542,000
Health Information Technology (IT).....	16,349,000
Patient Safety Research.....	79,615,000
Health Services Research, Data, and Dissemination.....	98,003,000
Medical Expenditure Panel Survey.....	71,791,000
Program Management.....	73,100,000

While the agreement does not include dedicated funding to expand these activities, the agreement encourages AHRQ to continue supporting research on health equity, health system innovations responding to COVID-19, improving

maternal morbidity and mortality State and local data, opioids research, research on the use of natural products such as kratom to treat pain, and prenatal care for pregnant individuals.

Antimicrobial Resistance.—The agreement directs AHRQ to work with other HHS agencies to provide the briefing described under the section of the explanatory statement pertaining to the Office of the Secretary.

Center for Primary Care Research.—The agreement includes \$2,000,000 to establish the Center for Primary Care Research authorized at 42 USC 299b–4(b) and as described under this heading in House Report 117-96.

Diagnostic Errors.—The agreement includes \$10,000,000, an increase of \$8,000,000, for researching diagnostic error and associated risks to patient safety.

Heart Disease Research.—Heart disease is the leading cause of death for Americans. Understanding how to reduce the rate of cardiac events and to control the metabolic processes that lead to such events is needed. The agreement supports AHRQ studying and assessing the current evidence for lipid control and cardiovascular event reduction, quality measures for the improvement of clinical outcomes, and development and dissemination of educational resources and materials about improving cardiovascular clinical outcomes for coronary heart disease death, myocardial infarction, ischemic stroke, and urgent coronary revascularization procedure.

Organ Availability.—The agreement urges AHRQ to evaluate innovative approaches to enhance the availability of organs, otherwise encourage donation, and further improve the organ transplantation process, including through consultation with other Federal agencies.

Trafficking Awareness Training for Health Care.—The agreement does not include additional funding for this activity.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

PROGRAM MANAGEMENT

Audio-Only Evaluation and Management Services.—The agreement requests CMS, in coordination with the Assistant Secretary for Planning and Evaluation, conduct a review of audio-only services delivered during the COVID-19 public health emergency, and provide an update on the provision of such services in the fiscal year 2023 Congressional Justification.

Autism Treatment and Services.—The agreement encourages CMS to identify the supportive services that are most beneficial to improved outcomes for autism patients, and to begin reviewing existing coverage policies for these services.

Computed Tomography (CT) Colonography.—The agreement encourages CMS to consider existing evidence to determine whether CMS should cover CT Colonography as a Medicare-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

Diabetes Technology.—The agreement requests a report within 120 days of enactment of this Act outlining coverage and payment policies for new technologies for individuals with diabetes, including hybrid-closed loop technologies.

Home Visiting.—The agreement directs CMS to build upon its 2016 Joint Informational Bulletin to clearly articulate how Medicaid dollars can be blended and braided appropriately in home visiting programs to reach eligible families, provide streamlined coverage options for home visiting services, and cover specific components of home visiting programs.

Lowering the Cost of Care.—The agreement encourages the Center for Medicare & Medicaid Innovation to consider creative pilot projects that lower the

cost of care among older Americans and enable individuals who retire overseas to retain and utilize their Medicare primary healthcare benefits. The pilot should consider potential cost savings involving international collaborations where the quality of care is comparable and less expensive. CMS shall provide an update on this effort in the fiscal year 2024 Congressional Justification.

Measuring Cognitive Impairment.—The agreement directs CMS to continue to include questions in the Medicare Current Beneficiary Survey pertaining to mild cognitive impairment, Alzheimer’s, and other related dementias, and to add questions on whether beneficiaries have been advised about Alzheimer’s and dementia care planning services that are covered under Medicare. The agreement also encourages CMS to identify actions the agency can take within existing authorities to reduce the prevalence of dementia and improve early detection.

Obesity.—The agreement encourages CMS to work to ensure beneficiary access to care for obesity if determined as clinically appropriate by the patient’s physician and consistent with statutory and regulatory authority. The agreement also encourages CMS to reexamine its Medicare Part B national coverage determination for intensive behavioral therapy for obesity considering current United States Preventive Services Task Force recommendations.

Reimbursement Coding for Reducing Opioid Consumption.—The agreement encourages CMS to undertake efforts to ensure reimbursement of FDA-approved devices and therapies for unique post-surgery patient populations that use alternative means for effective pain management. CMS is encouraged to support provider efforts to track patient pain scores and reductions in opioid consumption using such alternative means for effective pain management.

Respite Care.—The agreement requests CMS, in consultation with the Office of the Assistant Secretary for Planning and Evaluation, to provide a report to the Committees within 180 days of the enactment of this Act on the current

capacity and best practices for the provision of hospice respite care, including in the home.

Rural Hospitals.—The agreement notes that the Consolidated Appropriations Act, 2021 (P.L. 116–260) directed CMS to produce a report on rural hospital closures within 180 days of enactment, which the Committees have not received. The agreement directs CMS to provide an update on the report requested in fiscal year 2021 and a briefing on rural hospital payment policy within 30 days of enactment of this Act.

Telehealth and the Homeless Population.—The agreement directs CMS to identify and share with States best practices regarding ways in which telehealth and remote patient monitoring can be leveraged through the Medicaid and Medicare programs for the homeless. This should include identification of barriers to mental health services via telehealth coverage, as well as ways to address those barriers.

Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies.—The agreement requests an update in the fiscal year 2023 Congressional Justification on this program.

Transportation for Dialysis.—The agreement urges CMS to delay further implementation of the Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport model until it ensures appropriate alternative transportation to dialysis services and diabetes-related wound care for low-income beneficiaries who have no other means of transportation.

HEALTH CARE FRAUD AND ABUSE CONTROL

Department of Justice.—The agreement provides an increase of \$20,207,000 for the Department of Justice to expand fraud and abuse detection efforts.

Senior Medicare Patrol.—Within the amount provided for CMS, the agreement includes \$30,000,000 for this program.

ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

LOW INCOME HOME ENERGY ASSISTANCE

The agreement includes \$1,100,000 in additional technical assistance funding for HHS to establish a system to simplify the formulation process to enable ACF staff to provide estimates more readily when requested by the Committees. Once such a system is in place, the agreement instructs HHS to work collaboratively with the Committees to promptly respond to requests for estimates and to ensure no request shall be outstanding for longer than 10 calendar days.

REFUGEE AND ENTRANT ASSISTANCE

The agreement notes that the front matter of this explanatory statement establishes that language included in House Report 117-96 should be complied with unless specifically addressed to the contrary in this explanatory statement. In cases where the House Report addresses an issue not addressed in this joint explanatory statement, the House Report language is deemed to carry the same emphasis as language included in this explanatory statement.

Confidentiality of Behavioral and Mental Health.—The agreement recognizes that unaccompanied children often share extensive personal information to case managers, clinicians, or other adults while in Office of Refugee Resettlement

(ORR) care, and expects ORR and its grantees and contractors to protect sensitive personal information, behavioral health records, and mental health records consistent with all applicable child welfare laws, regulations, and licensing requirements.

Office of the Ombudsperson.—The agreement strongly supports efforts to increase and improve independent oversight of the Unaccompanied Children program. Accordingly, the agreement strongly encourages the Secretary to establish an Office of the Ombudsperson to provide independent child-welfare focused recommendations to ORR and the Secretary regarding the care of unaccompanied children. The agreement requests a briefing within 120 days of enactment of this Act on a strategy for establishing such an office in accordance with the direction in House Report 117-96 and the resources necessary to do so.

Services for Children.—The agreement includes no less than \$558,000,000 for post-release services, legal services, and child advocates. This will allow HHS to expand such services, to serve children in ORR's care and children recently released from HHS custody, as well as to additional high-release communities that are not currently being served.

The agreement understands the supply of service providers may be constrained in some areas, and encourages ORR to allow grantees to use flexibilities in contracting expenses, to the extent practicable, to build the capacity to ensure the necessary legal requirements are met to provide expanded services to children.

Sibling Placement.—The agreement continues to direct ORR to place siblings in the same facility, or with the same sponsor, to the extent practicable, and so long as it is appropriate and in the best interest of the child.

Spend Plan.—The agreement directs ORR to submit a comprehensive spend plan to the Committees every 60 days, incorporating all funding provided in this

Act, and previous Acts. The agreement expects the plan to contain a report on facilities per House Report 117-96.

State-Licensed Shelters.—The agreement includes an increase in funding for State-licensed shelters for ORR to increase its network of beds, safely bring back online beds that were impacted by COVID-19 restrictions, partner with current providers to provide additional bed capacity, and engage non-governmental organizations and governmental jurisdictions to identify ways to expand bed capacity through new grants or contracts. The agreement continues to direct HHS to prioritize awarding grant or contract funding to licensed, community-based placements (including foster care and small group homes) over large-scale institutions, and to notify the Committees prior to all new funding opportunity announcements, grants or contract awards, or plans to lease, rent, or acquire real property.

Further, the agreement strongly encourages ORR to more consistently and predictably post funding opportunity announcements, and to provide training and technical assistance to potential new providers.

Unlicensed Facilities.—The agreement recognizes the impact the ongoing COVID-19 pandemic continues to have on State-licensed facilities, and expects any unlicensed facilities to meet the statutory requirements included in this Act. The agreement directs ORR to rigorously limit how long children are in unlicensed facilities, and to submit, within 60 days of enactment of this Act, an updated report to the Committees on HHS' Plans to Phase Out the Use of Emergency Intake Sites as required by the Continuing Appropriations Act, 2022 (P.L. 117-43).

In addition, the agreement expects ORR to adopt systemic changes to reduce its reliance on unlicensed facilities, and to restore access to, and expeditiously activate, as necessary, sufficient licensed bed capacity to serve unaccompanied children during periods of higher referrals or emergencies.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Migrant and Seasonal Head Start (MSHS) Eligibility Requirements.—The agreement reiterates the need for the report on the Impact of the Federal Poverty Guidelines, as requested in House Report 116-450, including the section examining how such requirements may be affecting MSHS, and requests a briefing on the findings and recommendations of that report as soon as practicable.

In addition, the agreement directs the Office of Head Start to issue, and post online within 30 days of enactment of this Act, guidance on the flexibilities MSHS programs can offer farmworker families concerned with demonstrating income eligibility or residency as referenced in House Report 117-96.

Quality Improvement Funding for Staff Recruitment and Retention and Trauma-Informed Care.—The agreement provides \$52,000,000 in quality improvement funding, including a prioritization on activities to improve staff compensation in order to recruit and retain qualified staff and support the provision of high-quality program services. Funds may also be used to address the rise of adverse childhood experiences attributable to the pandemic and the increased prevalence of substance use, economic hardship, home and community violence, and other traumatic experiences that can negatively impact child development and lead to disruptions in classroom environments. The agreement directs the Administration to allow flexibility to meet local needs while focusing these funds on improving the compensation of staff with an emphasis on positions with high rates of turnover.

Runaway and Homeless Youth.—The agreement urges ACF to be flexible with current grantees to avoid reducing the availability of safe shelter and housing for young people.

National Communications System, National Runaway Safeline.—The agreement encourages ACF to coordinate with the Department of Education to increase

outreach efforts at schools and community based organizations to raise awareness of the resources provided by the National Runaway Safeline to connect homeless children and youth and those at risk of homelessness with services.

Child Abuse Prevention and Treatment Act Infant Plans of Safe Care.—The agreement continues \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106 of the Child Abuse Prevention and Treatment Act.

Child Abuse Discretionary Activities.—The agreement includes \$2,000,000 to support and expand a national child abuse hotline.

The agreement encourages the program to consider demonstration projects for serving children in foster care who have experienced severe trauma through trauma-informed interventions. The agreement encourages ACF to work with nonprofit organizations, with Institutional Review Board-approved research, to study and report on the findings and outcomes of such programs, including evidence-based clinical services, foster parent training and curriculum, volunteer support services for foster parents, positive biological and birth family engagement to enhance family reunification, enrichment activities for the children, and trauma-informed systems work.

Child Welfare Research.—The agreement is concerned by the high rates of homelessness among children who age-out of the foster care system and encourages HHS to support the development, implementation, and evaluation of innovative programs that serve vulnerable populations of youth transitioning out of the foster care system.

The agreement encourages the program to consider funding partnerships with child protection simulation laboratories that provide in-person, online, and trauma-informed, evidenced-based training.

Adoption Opportunities.—The agreement includes \$1,000,000 to continue the National Adoption Competency Mental Health Training Initiative and encourages the program to institutionalize its curriculums as the standard for consistent training in all State child welfare agencies.

Social Services Research and Demonstration.—The agreement includes \$10,000,000 for carrying out a diaper distribution pilot program to provide grants to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

Community Project Funding/Congressionally Directed Spending.—The agreement includes \$26,992,000 for the projects, and in the amounts, specified in the table titled “Community Project Funding/Congressionally Directed Spending” included in this explanatory statement accompanying this division.

Native American Programs.—The agreement includes \$14,000,000 for Native American language preservation activities, and not less than \$5,500,000 for language immersion programs authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.

National Domestic Violence Hotline.—The agreement encourages the Hotline to explore evidence-based best practices for anti-violence intervention and prevention programs.

Family Violence Prevention and Services.—The agreement recognizes that women and girls of color are often disproportionately impacted by domestic violence and includes up to \$5,000,000 for development or enhancement of culturally specific services for survivors of domestic violence and sexual assault.

In addition, the agreement includes \$1,000,000 for a Native Hawaiian Resource Center on Domestic Violence.

ADMINISTRATION FOR COMMUNITY LIVING (ACL)

AGING AND DISABILITY SERVICES PROGRAMS

Protection of Vulnerable Older Americans.—Within the total, the agreement includes a \$1,000,000 increase for the long-term care ombudsman program.

National Family Caregiver Strategy.—The agreement continues to provide \$400,000 for the Family Caregiving Advisory Council.

Aging Network Support Activities.—Within the total, the agreement provides \$6,000,000 to the Holocaust Survivor's Assistance program.

The agreement includes \$4,000,000 for the Care Corps grant program.

The agreement encourages ACL to coordinate with the Department of Labor to identify and reduce barriers to entry for a diverse and high-quality direct care workforce, and to explore new strategies for the recruitment, retention, and advancement opportunities needed to attract or retain direct care workers.

Alzheimer's Disease Program.—Within the total, the agreement provides \$2,000,000 for the National Alzheimer's Call Center.

Paralysis Resource Center (PRC).—Within the total, the agreement directs not less than \$9,200,000 to the National PRC.

Developmental Disabilities Programs.—Within the total, the agreement includes not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research.—The agreement includes funds to increase annual grant funding to competitively funded model systems centers, and a \$100,000 increase for the Traumatic Brain Injury Model Systems National Data and Statistical Center.

In addition, the agreement includes \$2,000,000 to increase the number of Federally-funded Spinal Cord Injury Model System Centers.

Community Project Funding/Congressionally Directed Spending.—The agreement includes \$13,871,000 for the projects, and in the amounts, specified in the table titled “Community Project Funding/Congressionally Directed Spending” included in this explanatory statement accompanying this division.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Alzheimer's and Related Dementias.—The agreement is encouraged by work underway on the National Alzheimer’s Project Act Plan to develop national dementia prevention goals and supports further efforts to incorporate evidence-based dementia risk reduction strategies in clinical practice and public health.

Antimicrobial Resistance (AMR).— The agreement directs the Office of the Assistant Secretary for Health (OASH), NIH, ASPR/BARDA, CDC, and AHRQ to jointly brief the Committees no later than 30 days after the enactment of this Act detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance against the national targets for 2020 established in the March 2015 National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in 2021. Agencies are directed to outline the focus of their plans for fiscal years 2022-2023 and how these are connected to longer-term objectives included in the follow-on National Action Plan released in October 2020.

Blood Donor Awareness.—The agreement encourages the Secretary to implement Section 3226 of P.L. 116–136. In executing this campaign, the Secretary should prioritize efforts that help improve the diversity of blood donors, especially

among populations that are disproportionately impacted by blood disorders such as sickle cell disease.

Cell-mediated Immunity Measures.—The Office of the Secretary shall provide to the Committees a report within 60 days of enactment of this Act on the efforts of the Department to incorporate cell-mediated immunity measures into the Department’s COVID-19 surveillance and research strategy.

Coordinated Treatment for Mesothelioma Patients.—Mesothelioma is an aggressive asbestos-related malignancy of the pleura that is often associated with a poor prognosis. While a rare disease, mesothelioma is highly concentrated in regions predominated by industries with high exposure to asbestos such as shipyards, aluminum plants, and power generation. The agreement is concerned with the quality-of-care patients with mesothelioma receive from providers with less experience treating rare malignancies. Without sufficient expertise there can be delays in diagnoses and use of outdated therapies. The agreement urges the Department to support comprehensive mesothelioma therapy programs in regional hospitals in areas of the country with exceptionally high rates of mesothelioma. High quality programs deliver focused, individualized treatment, by using a comprehensive approach that brings together appropriate experts in treating and caring for mesothelioma patients, including experts in pulmonary medicine, thoracic surgery, medical oncology, radiation oncology, rehabilitation medicine, pathology, physical therapy, palliative care, and end-of-life care.

Disparity Populations.—To ensure underserved and disadvantaged populations continue to be best served by programs and offices within the Department, the agreement directs the Secretary to continue the collection of data on disparity populations, as defined by Healthy People 2030, in surveys administered with funding in this Act.

Ending the HIV Epidemic.—The agreement directs HHS to provide a spend plan to the Committees no later than 60 days after enactment of this Act, to include resource allocation by State. The agreement further directs HHS to brief the Committees on fiscal year 2022 plans no later than 90 days after enactment of this Act.

Federal Funds.—The agreement includes an increase of \$8,600,000 for administrative resources necessary for the operation of the Department.

Lung Cancer in Women.—The agreement requests an update on the status of research on women and lung cancer and the disparate impact of lung cancer in women who have never smoked in the fiscal year 2023 Congressional Justification.

Nonrecurring Expenses Fund.—HHS continues several construction projects that have not been completed after more than 5 years, while it continues to submit notifications for new projects. HHS shall prioritize current construction projects for completion, specifically the CDC NIOSH facility and those facilities for the Indian Health Service and FDA. The agreement directs HHS to provide quarterly reports for all ongoing projects. The report shall include the following for each project: agency project is funded under; a description for each project; the date the project was notified to the Committees; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; and any expected future obligations. For any project ongoing more than 3 years, the report should include a narrative describing the cause for delay and steps being taken by the agency to ensure prompt completion.

Obligation Reports.—The agreement directs the Secretary to submit electronically to the Committees an excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation not later than 30 days after the end of each quarter.

Office of the General Counsel (OGC).—The agreement notes strong concerns that OGC does not consistently respond to Congressional requests for technical assistance in a timely manner. The agreement directs the General Counsel to prioritize the Committees' requests for legal and administrative information.

Pandemic Guidelines.—Individuals with certain chronic conditions, disabilities, and older adults are more likely to become severely ill, be hospitalized, and die from COVID-19. The agreement commends the CDC ACIP recommendations and the HHS Office of Civil Rights for its continued vigilance regarding potential discrimination in high-risk populations during COVID-19 and for working collaboratively with States to ensure State guidelines reflect best practices for serving individuals with disabilities and older adults.

Rapid HIV Self-Test.—Rapid HIV self-testing can play an important role towards meeting the public health objectives outlined by the Ending the HIV Epidemic initiative, particularly in regards to rural and otherwise hard to reach populations. HHS is encouraged to incorporate rapid HIV self-testing into emerging efforts.

Stillbirth Task Force.—The agreement provides \$750,000 for this activity as described under this heading in House Report 117-96.

Sexually Transmitted Infections (STIs).—The agreement is pleased that HHS is updating a National STI Action Plan. The Department is directed to provide a progress report to the Committees within 90 days of enactment of this Act. In addition, the agreement includes \$250,000 for OASH to develop a national strategic plan or amend the STIs National Strategic Plan for the treatment and prevention of HSV types 1 and 2.

Study on Animal Abuse.—The agreement is concerned about the link between animal abuse and future violence and encourages further study into the

underlying factors that contribute to acts of violence against animals and animal violence as a predictor of future violence against humans.

Task Force on CDC COVID-19 Testing Failure.—The agreement directs the Secretary to establish a Task Force, including participation from outside stakeholders and subject matter experts, to evaluate what contributed to the shortcomings of the first COVID-19 tests developed by CDC, including laboratory irregularities, and what policies, practices and systems should be established to address these issues in the future. The Task Force shall also examine CDC’s processes for the development and deployment of diagnostics and its ongoing operations, including communications and electronic lab reporting with clinical, commercial, and State and local public health laboratories.

Teen Pregnancy Prevention Program Evidence Review.—The agreement includes \$900,000 for the Assistant Secretary for Planning and Evaluation to conduct an independent, systematic, rigorous review of evaluation studies on such programs.

Telehealth Report.—The agreement directs HHS to submit a report no later than 180 days after enactment of this Act detailing the impact of the actions taken by the Secretary during the COVID–19 public health emergency (PHE) to increase telehealth services under the Medicare, Medicaid, and Children’s Health Insurance Programs, as well as other HHS entities engaged in policy or programmatic telehealth changes during the PHE.

Tribal Set-Aside.—The agreement includes an increase of \$1,500,000 for a Tribal set-aside within the Minority HIV/AIDS Prevention and Treatment program.

U.S.-Mexico Border Health Commission.—The agreement includes an increase of \$900,000.

White House Conference on Food, Nutrition, Hunger, and Health.—The agreement recognizes that levels of hunger, nutrition insecurity, and chronic disease in the United States are rising, and disproportionately afflict racial and ethnic minorities as well as low-income and rural populations. The agreement directs HHS to convene a White House Conference on Food, Nutrition, Hunger, and Health in 2022, for the purpose of developing a roadmap to end hunger and improve nutrition by 2030. The agreement includes \$2,500,000 to support this conference. The conference should be developed using a whole-of-government approach—in partnership with the Executive Office of the President, the Department of Agriculture, and other Federal agencies—and in consultation with State, territories, local, and Tribal officials, and a diverse group of interested parties from across the country, including anti-hunger, nutrition, and health experts; the private sector; and people with lived experience of hunger and nutrition insecurity. The conference should examine why hunger and nutrition insecurity persist and how they affect health, including their role in the high prevalence of chronic disease. It should also review existing and cross-departmental strategies and consider new approaches to improve health by eliminating hunger, reducing the prevalence of chronic disease, and improving access to and consumption of nutritious foods in accordance with Dietary Guidelines for Americans. The conference shall produce a final report detailing its findings and proposed solutions to end hunger and improve nutrition security in the United States by 2030.

In preparation for the White House Conference on Food, Nutrition, Hunger, and Health, HHS shall consult with other Federal agencies and report initial findings to the Committees no later than 120 days after enactment of this Act. The findings shall identify current programming that directly or indirectly impacts food and nutrition insecurity and diet related diseases; specific statutory, regulatory, and

budgetary barriers to ending hunger and improving nutrition and health in the United States and the Territories; existing examples of coordination mechanisms between Federal agencies; Federal agencies and State, local, and Tribal governments; and all levels of government and program implementers; and additional authorities or resources needed to eliminate hunger and improve nutrition and health.

Office of Minority Health (OMH)

Center for Indigenous Innovation and Health Equity.—The agreement includes an increase of \$1,000,000 to support the work of the Center for Indigenous Innovation and Health Equity.

Language Access Services.—The agreement includes \$1,000,000 to research, develop, and test methods of informing limited English proficient individuals about their right to and the availability of language access services, in accordance with directives in H. Rpt. 117-96.

Lupus Initiative.—The agreement supports the OMH National Lupus Outreach and Clinical Trial Education program, its goal of increasing minority participation in lupus clinical trials, and the program developing resources used by the broader lupus community to enhance trial enrollment. The agreement encourages OMH to continue to develop public-private partnerships with organizations representing lupus patients, implement action plans, and engage the lupus community to increase participation in clinical trials for all minority populations at highest risk of lupus.

Public Health Pilot Program.—The agreement does not include the pilot program proposed by House Report 117-96.

Office on Women's Health (OWH)

Combatting Violence Against Women.—The agreement includes an increase of \$2,000,000 for the State partnership initiative to combat violence against women.

Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes.—The agreement includes \$1,000,000 for the OWH to convene an Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes to oversee and coordinate the HHS Action Plan to Improve Maternal Health in America.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

(ONC)

The agreement includes a \$1,800,000 increase to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resources standards or associated implementation standards.

The agreement notes the general provision limiting funds for actions related to promulgation or adoption of a standard providing for the assignment of a unique health identifier does not prohibit the Department from examining the issues around patient matching, and reiterates the need for the report requested in the explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (P.L. 116-94).

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Office of the Assistant Secretary for Preparedness and Response (ASPR)

National Emergency Tele-critical Care Network (NETCCN).—The agreement includes funding for the NETCCN, which has enabled skilled telehealth providers to support health systems undergoing a COVID-19 surge or experiencing staff shortages to operate remotely during the COVID-19 public health emergency. This funding could be used to expand the NETCCN to meet additional COVID-19 needs or used in future public health emergencies and disaster response efforts.

Pediatric Disaster Care.—The agreement includes \$6,000,000 for the Pediatric Disaster Care Centers of Excellence.

Reporting.—The agreement directs ASPR to brief the Committees monthly regarding activities funded by this Act and other available appropriations. The agency shall notify the Committees 24 hours in advance of any obligation greater than \$25,000,000 from any appropriation. Such notification shall include the source of funding, including section number where applicable or program name from this explanatory statement, and a description of the obligation. In addition, ASPR shall submit a monthly obligation report in electronic format. Such report shall include information for each obligation greater than \$25,000,000, and each obligation shall include the source of the appropriation and the program under which the obligation occurred. Such report is due not later than 30 days after the end of the month and shall be cumulative for the fiscal year with the most recent obligations listed at the top. Furthermore, the Secretary shall report to the Committees on the current inventory of COVID-19 vaccines and therapeutics, as well as the deployment of these vaccines and therapeutics during the previous month, reported by State and other jurisdiction not later than 30 days after the enactment of this Act, and monthly thereafter until the inventory is expended.

National Disaster Medical System

Mission Zero.—The agreement includes \$2,000,000 for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

Public Health Preparedness Equipment.—The agreement includes \$10,000,000 for ASPR to invest in next generation air mobility solutions that will ensure more cost-effective health delivery systems.

Hospital Preparedness Program

National Special Pathogen System (NSPS).—The agreement includes \$6,500,000, an increase of \$1,500,000, for the National Emerging Special Pathogens Training and Education Center (NETEC) and directs NETEC to serve as the NSPS coordinating body. The agreement also includes \$21,000,000, an increase of \$15,000,000, for the Regional Emerging Special Pathogen Treatment Centers (RESPTCs) Program and to increase the overall number of RESPTCs by at least three Centers. The RESPTC expansion shall be a competitive process as directed in House Report 117-96. The agreement requests both a written report and a briefing, within 90 days of enactment of this Act, on progress in establishing a robust NSPS and integrating NSPS with other health care delivery systems of care for emergencies, such as the trauma system.

Biomedical Advanced Research and Development Authority (BARDA)

Antimicrobial Resistance.—The agreement includes an increase of at least \$25,000,000 to support the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator and the advanced research and development of broad-spectrum antimicrobials and next-generation therapeutics that address the growing incidence of antimicrobial resistance. In addition, the agreement directs

BARDA to work with other HHS agencies to provide the briefing described under the section of the joint explanatory statement pertaining to the Office of the Secretary.

Infectious Diseases.—The agreement supports robust funding for enhanced work by BARDA to proactively prepare for emerging infectious disease outbreaks and other naturally occurring threats. The agreement encourages ASPR to delineate information on emerging infectious diseases, pandemic influenza, and antimicrobial resistance investments in its annual five-year budget plan for medical countermeasure (MCM) development to clarify how ASPR is considering such naturally occurring threats in relation to other priority areas of MCM development, particularly given their inclusion in the Strategic Initiatives section of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (P.L. 116–22).

Screening Framework for Providers of Synthetic Double-stranded DNA.—The fiscal year 2021 Explanatory Statement requested a report on efforts to update the 2010 Screening Framework Guidance for Providers of Synthetic Double-stranded DNA within 180 days of enactment, which has not yet been provided. The agreement directs ASPR to provide a report to the Committees no later than 30 days after enactment of this Act.

Trusted Domestic Vaccine Supplier Capability.—The agreement recognizes the need for domestic manufacturing of key biological starting materials (KSM), including plasmid DNA and mRNA, antibodies, and other MCMs, to ensure timely response to unanticipated health emergencies. Therefore, the agreement encourages the Department to expand domestic manufacturing of KSMs and collaborate with U.S. companies that have pharmaceutical capabilities to ensure

the development and stockpiling of synthesized medicines for future pandemics and biothreats.

Strategic National Stockpile (SNS)

Adequate Elastomeric Components.—The agreement expects the Secretary, in conjunction with ASPR, to ensure that it has the necessary elastomeric components to support the COVID-19 vaccination campaign. The agreement requests a briefing to the Committees no later than 90 days after enactment of this Act, on its assessment of the estimated supply of elastomeric components, domestically and internationally, related to vaccine administration; an assessment of current and future domestic capacity for elastomeric components related to the administration of such vaccines; the identification of any gaps in capacity for manufacturing; and recommendations to ensure adequate supplies of elastomeric components.

Re-envisioning the SNS.—The agreement directs the Secretary to develop plans for re-envisioning the SNS to ensure a transparent and deliberative decision-making process for procurement that meets healthcare and national security needs and engages interagency partners. This process will include a wide variety of topics, including real-time inventory transparency; data and analytics to enhance evidence-based policy decisions and risk mitigation strategies; elasticity to readily scale responses; modeling and simulation to plan and exercise; supply chain risk management, including the identification and mitigation of over-reliance on foreign sources of critical supplies; and revolving inventory management. The agreement directs the submission of a report and a briefing on these efforts, including a timeline of key activities and an update on activities required by Executive Order 14001, within 60 days of enactment of this Act.

Replenishing Personal Protective Equipment (PPE).—The agreement notes with concern the emergence of counterfeit PPE products in the U.S. healthcare system and the critical need to boost domestic PPE manufacturing. The agreement urges the Secretary to develop a long-term sustainable procurement plan that gives preference to and results in purchases from domestic manufacturers of PPE and PPE raw materials.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

The agreement includes \$1,000,000,000 and bill language to establish the Advanced Research Projects Agency for Health within the Office of the Secretary.

GENERAL PROVISIONS

Prevention and Public Health Fund.—The agreement includes the following allocation of amounts from the Prevention and Public Health Fund.

PREVENTION AND PUBLIC HEALTH FUND

		FY 2022
Agency	Budget Activity	Agreement
ACL	Alzheimer's Disease Program.....	\$14,700,000
ACL	Chronic Disease Self-Management.....	8,000,000
ACL	Falls Prevention.....	5,000,000
CDC	Hospitals Promoting Breastfeeding.....	9,750,000

		FY 2022
Agency	Budget Activity	Agreement
CDC	Diabetes.....	52,275,000
CDC	Epidemiology and Laboratory Capacity Grants.....	40,000,000
CDC	Healthcare Associated Infections.....	12,000,000
CDC	Heart Disease & Stroke Prevention Program.....	57,075,000
CDC	Million Hearts Program.....	4,000,000
CDC	Office of Smoking and Health.....	127,850,000
CDC	Preventative Health and Health Services Block Grants.....	160,000,000
CDC	Section 317 Immunization Grants.....	419,350,000
CDC	Lead Poisoning Prevention.....	17,000,000
CDC	Early Care Collaboratives.....	4,000,000
SAMHSA	Garrett Lee Smith-Youth Suicide Prevention.....	12,000,000

The agreement modifies a provision related to NIH facilities.

The agreement modifies a provision to rescind unobligated balances.

The agreement includes a new provision related to facilities at CDC.

The agreement includes a new provision related to the Ryan White HIV/AIDS program.

The agreement includes a new provision related to grantee notifications to the NIH Director.

The agreement includes a new provision related to the CDC Undergraduate Public Health Scholars Program.

The agreement includes a new provision related to Building T-44 at the National Institutes of Health.

TITLE III
DEPARTMENT OF EDUCATION
SCHOOL IMPROVEMENT PROGRAMS

Alaska Native Education Equity.—The Department is directed to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs in place by the start of Alaska's school year in mid-August. The Department is directed to ensure that Alaska Native Tribes, Alaska Native regional non-profits, and Alaska Native corporations have the maximum opportunity to compete successfully for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and through various forms of telecommunications. Finally, the Department is encouraged to include as many peer reviewers as possible who have experience with Alaska Native education and Alaska generally on each peer review panel.

Rural Education.—The agreement directs the Department, in collaboration with the U.S. Census Bureau, to provide a briefing and related material for the authorizing and appropriations Committees of Congress within 180 days of enactment of this Act that includes: analysis of the accuracy and effectiveness of U.S. Census Bureau's Small Area Income and Poverty Estimates as a measurement of student enrollment from families with incomes below the poverty line for the Rural and Low-Income School (RLIS) and Small Rural Schools Achievement programs; analysis of the accuracy and effectiveness of other poverty measurements, including State-provided poverty data for measuring student enrollment from families with incomes below the poverty line for the RLIS and Small Rural Schools Achievement programs; and any recommendations for improving measurements of poverty in rural local educational agencies (LEAs).

Student Support and Academic Enrichment Grants Technical Assistance and Capacity Building.—The reservation for technical assistance (TA) and capacity building should be used to support state educational agencies (SEAs) and LEAs in carrying out authorized activities under this program identified by SEAs and LEAs, which may include support for fostering school diversity efforts across and within school districts. The Department is directed to prioritize its TA and capacity building support for SEAs and LEAs seeking to address such school diversity needs. In future Congressional Justifications, the Department shall continue to provide current and planned expenditures for this reservation and include a plan for how resources will be spent to provide TA and to build the capacity of SEAs and LEAs.

INDIAN EDUCATION

National Activities.—The increase for National Activities will support additional awards under a new Native American Language Immersion competition and a new award under the State-Tribal Education Partnership program for up to five years.

Funds for the Native American Language Immersion program should continue be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the most extensive possible geographical distribution and language diversity. Further, the Department should continue to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

INNOVATION AND IMPROVEMENT

Education Innovation and Research (EIR).— Within the total for EIR, and including continuation awards, the agreement includes \$82,000,000 to provide grants for social and emotional learning (SEL) and \$82,000,000 for Science, Technology, Education, and Math (STEM) and computer science education activities. Within the STEM and computer science set-aside, awards should expand opportunities for underrepresented students such as minorities, girls, and youth from families living at or below the poverty line to help reduce the enrollment and achievement gap. To fulfill both set-asides, the agreement supports the prioritization of high-quality SEL and STEM proposals for both the early- and mid-phase evidence tiers. The agreement encourages the Department to take steps necessary to ensure the statutory set-aside for rural areas is met and that EIR funds are awarded to diverse geographic areas. The agreement expects the remainder of EIR funds to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation.

Not less than two weeks before the publication of a notice of proposed priorities or a notice inviting applications, the Department is directed to brief the Committees on plans for carrying out an EIR competition. In addition, the Department shall provide a briefing and notice of grant awards to the Committees at least seven days before grantees are announced.

Statewide Family Engagement Centers.—The agreement provides increased funding for the Department to make new awards to States under this program that prioritize the use of funds for evidence-based activities and focus on underserved students.

Supporting Effective Educator Development (SEED).—Within SEED, the Department is directed to support professional development that helps educators incorporate SEL practices into teaching, and to support pathways into teaching that provide a strong foundation in child development and learning, including skills for implementing SEL strategies in the classroom through a competitive preference priority (CPP). The share of maximum points for the SEL CPP, out of the total maximum CPP points in the fiscal year 2022 competition, should be no less than the share of CPP points the SEL priority represented in the fiscal year 2020 competition.

In addition, the SEED program is an ideal vehicle for helping ensure that more highly trained school leaders are available to serve in traditionally underserved LEAs. Therefore, the Secretary shall continue to include an absolute priority to support the preparation of principals and other school leaders in the fiscal year 2022 competition.

Not less than two weeks before the publication of a notice of proposed priorities or a notice inviting applications, the Department is directed to brief the Committees on plans for carrying out a SEED competition. In addition, the Department shall provide a briefing and notice of grant awards to the Committees at least seven days before grantees are announced.

Arts in Education National Program.—The Department is directed to adhere to the applicable requirements of ESEA, including the statutory priority for eligible national nonprofit organizations “of national scope”, in administering this competition. The Secretary is directed to award prior experience points to applicants that have conducted an Arts in Education National Program project during budget periods 2018-19, 2019-20, and 2020-21.

Community Project Funding/Congressional Directed Spending.—The agreement includes \$140,480,000 for the projects, and in the amounts, specified in

the table “Community Project Funding/Congressionally Directed Spending” included in this explanatory statement accompanying this division.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

School Safety National Activities

The agreement includes \$201,000,000 for national activities, an increase of \$95,000,000 which shall be used by the Department as described in this statement. If non-competitive continuation awards are lower than anticipated, or resources become available for another reason, the Department is directed to use funds only for activities described in this statement or for Project SERV.

Not less than two weeks before the publication of a notice of proposed priorities or a notice inviting applications, the Department is directed to brief the Committees on plans for carrying out any new competition funded within School Safety National Activities. In addition, the Department shall provide a briefing and notice of grant awards to the Committees at least seven days before grantees are announced.

Project Prevent.—The agreement includes \$5,000,000 for new awards for Project Prevent grants to increase the capacity of LEAs to serve students exposed to violence in their communities.

School-based Mental Health Professionals.—The agreement includes \$55,000,000, an increase of \$45,000,000 over the fiscal year 2021 enacted level, for the Mental Health Services Professional Demonstration Grants program established in the Department of Education Appropriations Act, 2019 and \$56,000,000, an increase of \$45,000,000 over the fiscal year 2021 enacted level for the School-Based Mental Health Services Grants program established in the Department of Education Appropriations Act, 2020.

The agreement does not expand the scope of these grants to include school nurses; however, the agreement helps address these urgent needs through increased support for School-based Health Centers administered by the Health Resources & Services Administration.

Promise Neighborhoods

The agreement provides a portion of funds for the first year of two-year extension grants to high quality Promise Neighborhood programs that have demonstrated positive and promising results through their initial implementation grant to strengthen grantee community's abilities to scale city and regional reinvestment strategies and allow for direct pipeline services. The Department shall provide a briefing on implementation plans for the Promise Neighborhoods program not later than 14 days prior to issuing a notice inviting applications for new awards or extension grants.

SPECIAL EDUCATION

Education Materials in Accessible Formats for Students with Visual Impairments.—The agreement provides no less than \$9,000,000 for a new Educational Materials in Accessible Formats for Children and Students with Visual Impairments and Print Disabilities competition. The Department is encouraged to continue to expand this program's reach to K–12 students in underserved areas, further support eligible students enrolled in postsecondary schools, and expand or enhance models for postsecondary schools to produce and disseminate accessible educational materials and textbooks that align with the key recommendations from the Advisory Commission on Accessible Instructional Materials in Postsecondary Education for Students with Disabilities.

REHABILITATION SERVICES

Disability Innovation Fund (DIF).—The agreement provides that up to 15 percent of the amounts available for the DIF may be used for evaluation and technical assistance. The agreement requests the Department submit a plan to the Committees for proposed evaluation and technical assistance activities within 90 days of enactment of this Act. In addition, the Departments of Education and Labor shall brief the Committees on Appropriations; the Committee on Health, Education, Labor, and Pensions of the Senate; the Committee on Education and Labor of the House of Representatives; the Committee on Finance of the Senate; and the Committee on Ways and Means of the House of Representatives, within 120 days of enactment of this Act, on its plans for implementation and uses of DIF funds and provide updates annually thereafter on implementation.

Community Project Funding/Congressional Directed Spending.—The agreement includes \$2,325,000 for the projects, and in the amounts, specified in the table “Community Project Funding/Congressionally Directed Spending” included in this explanatory statement accompanying this division.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

American Printing House for the Blind.—The agreement includes \$6,000,000, an increase of \$3,000,000, to continue and expand the Center for Assistive Technology Training regional partnership established in fiscal year 2019.

National Technical Institute for the Deaf (NTID).—The agreement includes \$9,500,000, an increase of \$3,000,000, to continue and expand NTID’s current Regional STEM Center.

Gallaudet University.—The agreement includes \$6,500,000, an increase of \$3,000,000, to continue and expand the current regional partnership through the Early Learning Acquisition Project.

CAREER, TECHNICAL, AND ADULT EDUCATION

Adult Education National Leadership Activities.—The agreement encourages the Department to support technical assistance that will help build the evidence-base of adult education programs, including supporting States in prioritizing rigorously evaluated programs.

STUDENT FINANCIAL ASSISTANCE

Pell Grants.—The agreement increases the maximum award by \$400, to a total, including discretionary and mandatory funding, of \$6,895 in academic year 2022-2023.

Federal Work Study.—Within the total for Federal Work Study, the agreement includes \$10,829,000, for the Work Colleges program authorized under section 448 of the Higher Education Act (HEA).

STUDENT AID ADMINISTRATION

Student Loan Servicing.—The agreement includes \$2,033,943,000 for Student Aid Administration. Over the last several years, Congress has provided significant funding to support the implementation of the Next Gen initiative and the move towards a long-term servicing solution. While some progress has been made to improve loan servicing for borrowers, there is still no long-term servicing solution in place. Therefore the agreement continues to include bill language requiring the Office of Federal Student Aid to submit a detailed spend plan of anticipated uses of funds and to provide quarterly updates on its progress towards fulfilling the spend

plan. The agreement also continues a provision to provide, at a minimum, quarterly briefings to the authorizing and appropriations committees on progress related to solicitations for Federal student loan servicing contracts.

HIGHER EDUCATION

International Education and Foreign Language Studies

Domestic Programs.— The agreement includes no less than \$500,000 to establish a Native American Language Resource Center under the Language Resource sections 601 and 603 of the HEA to be administered by the Office of Indian Education.

Minority Science and Engineering Improvement

The agreement is supportive of efforts by the Department to prioritize awards to HBCUs for the establishment of Aviation and Aerotechnology programs.

Federal TRIO Programs

The agreement directs the Department to allocate increases to each TRIO program, which may include funding down the slate of unfunded high-quality applications from the Student Support Services competition held in fiscal years 2020 and Talent Search and Educational Opportunity Centers competitions in fiscal year 2021. Further, such grantees shall be eligible for prior experience points for demonstrated performance outcomes in subsequent competitions. The agreement directs the Department to include estimated funding for each TRIO program in the operating plan required under section 516 of this Act.

GEAR UP

In addition to the directives included under this heading in House Report 117-96, in making new awards, the Department shall ensure that not less than 33 percent of the new award funds are allocated to State awards, and that not less than 33 percent of the new award funds are allocated to Partnerships awards, as described in section 404(b) of the HEA.

Child Care Access Means Parents in Schools (CCAMPIS)

The agreement lifts the statutory cap on grant awards to institutions of higher education, to more accurately reflect the costs of providing high-quality, convenient child care options for students. The agreement encourages the Department to consider using a portion of these funds to provide supplemental grants to current grantees, consistent with a higher grant award cap.

Fund for the Improvement of Postsecondary Education (FIPSE)

The agreement includes \$76,000,000 for FIPSE which shall be used by the Department as described in this statement. If non-competitive continuation awards are lower than anticipated, or resources become available for another reason, the Department is directed to use funds only for activities described in this statement.

Budget Activity	FY 2022 Agreement
Augustus F. Hawkins Center of Educational Excellence.....	\$8,000,000
Basic Needs Grants.....	8,000,000

Budget Activity	FY 2022 Agreement
Centers of Excellence for Veterans Student Success Program.....	8,500,000
Center of Excellence in Spatial Computing.....	2,000,000
Digital Learning Infrastructure and IT Modernization Pilot.....	4,000,000
Modeling and Simulation Programs.....	8,000,000
Open Textbook Pilot.....	11,000,000
Postsecondary Student Success Grants.....	5,000,000
Rural Postsecondary and Economic Development Grant Program.....	20,000,000
Transitioning Gang-Involved Youth to Higher Education.....	1,500,000

Augustus F. Hawkins Centers of Excellence.— The agreement includes \$8,000,000 to support grantees for the Hawkins Centers of Excellence program, as authorized by section 242 of the HEA, with up to \$3,000,000 to support teaching assistant initiatives at HBCUs and MSIs that have partnerships with high-need LEAs.

Basic Needs Grants.—The agreement includes \$8,000,000 for this activity described under this heading in House Report 117-96; however, at least 25 percent of grants must go to community colleges and at least 25 percent must go to four-year Historically Black Colleges and Universities (HBCUs), Hispanic Serving

Institutions (HSIs), and other Minority Serving Institutions (MSIs). Grant priority will go to institutions with 25 percent or higher Pell enrollment.

Centers of Excellence for Veterans Student Success Program.—The agreement includes \$8,500,000 for this activity described under this heading in House Report 117-96.

Center of Excellence in Spatial Computing.—The agreement includes \$2,000,000 for this activity described under this heading in House Report 117-96.

Digital Learning Infrastructure and IT Modernization Pilot.—The agreement includes \$4,000,000 to support IT modernization at HBCUs and MSIs, including technical assistance and partnerships with HBCUs and MSI to improve their digital learning infrastructure.

Modeling and Simulation Programs.—The agreement includes \$8,000,000 for this activity described under this heading in House Report 117-96.

Open Textbook Pilot.—The agreement includes \$11,000,000 to continue the Open Textbook Pilot. This includes funding to fully fund all continuation grants and support a new grant competition in fiscal year 2022. The Department is directed to issue a notice inviting applications and allow for a 60-day application period. This funding should support a significant number of grant awards with the same terms and conditions as specified for this activity in the fiscal year 2021 notice and House Report 117-96.

Postsecondary Student Success Grants.—The agreement includes \$5,000,000 for a new Postsecondary Student Success Grants program, to support evidence-based activities to improve postsecondary retention and completion rates.

Rural Postsecondary and Economic Development Grant Program.—The agreement includes \$20,000,000 for the Rural Postsecondary Economic Development Grant program. The Department is directed to make additional

awards to quality applicants from the competition in fiscal year 2021. Such awards should be completed within 90 days of enactment of this Act.

Transitioning Gang-Involved Youth to Higher Education.—The agreement includes \$1,500,000 for this activity described under this heading in House Report 117-96.

National Center for College Students with Disabilities.—The National Center for College Students with Disabilities should continue to provide technical assistance and best practice information about disability as students transition to institutions of higher education, collect information and research on disability services on college campuses, and report to the Department about the status of college students with disabilities in the United States.

Community Project Funding/Congressional Directed Spending

The agreement includes \$249,400,000 for the projects, and in the amounts, specified in the table “Community Project Funding/Congressionally Directed Spending” included in this explanatory statement accompanying this division.

HOWARD UNIVERSITY

The agreement includes \$344,018,000 for Howard University. Within the total, the agreement includes \$100,000,000 to support construction of a new hospital.

INSTITUTE OF EDUCATION SCIENCES (IES)

Administrative Expenses.—The agreement provides an appropriation for administrative expenses directly to IES which had previously received such support through an appropriation controlled by the Secretary.

Assessment.—The agreement provides \$180,000,000 to support the current assessment schedule for the National Assessment of Educational Progress, including administration in 2022 of the Civics and U.S. History assessment in 8th grade at the national level; necessary research and development needed to maintain assessment quality, integrity and continuity, and achieve efficiencies; and maintain plans for the administration of a State-level Civics assessment in future years. The National Assessment Governing Board and IES should continue to consult with the authorizing and appropriations committees of Congress as it considers strategies in achieving cost efficiencies in and upgrades of its assessment program. Further, the agreement directs the Department to describe implemented and planned strategies for cost efficiencies and necessary research and development projects in future Congressional Justifications.

National Board for Education Sciences (NBES).—The agreement notes that NBES has been without members for an extended timeframe; as a consequence, NBES has been unable to fulfill key statutory duties such as providing recommendations to the Director of IES on strengthening education research, relevance and use, and regularly evaluating the work of the Institute. The agreement requests the Department provide information in future Congressional Justifications regarding its plans for NBES.

Operating Plan.—The agreement directs the Director to submit an operating plan within 90 days of enactment of this Act to the Committees detailing how IES plans to allocate funding available to the Institute for research, evaluation, statistics, administration and other activities.

DEPARTMENTAL MANAGEMENT

Centers for Interconnected Behavioral and Mental Health Systems.— The agreement urges the Department to work with the Department of Health and Human Services to support expanded access to mental health services for children and adolescents, including through school-based health centers. The Department should consider how regional research centers on positive behavioral interventions and supports (PBIS) and school-based mental health services could work with the existing National Technical Assistance Center on PBIS and existing school-based health centers across the country to support such expanded access, including through the study and greater of implementation of the Interconnected Systems Framework. The Department should be prepared to discuss its plans during hearings on the fiscal year 2023 budget held by the Committees.

ESEA Per Pupil Spending Reporting.—The Department is directed to continue efforts to support the ESEA requirement for per-pupil expenditure reporting for all States and school districts in the Nation. The agreement requests an update on these efforts in the next Congressional Justification, which should include actions taken and planned to support the full implementation of this requirement and efforts to improve the accessibility, quality, and utility of this information.

Menstrual Hygiene Products.—The agreement encourages the Department of Education, in consultation with the Department of Health and Human Services, to provide technical assistance and share best practices with institutions of higher education seeking to expand access to menstrual products for postsecondary students.

Office of English Language Acquisition.— The Department is directed to provide a briefing to the Committees and authorizing committees not later than 180 days after enactment of this Act on the Department's plans to support the

organizational responsibilities among its Office of Elementary and Secondary Education and Office of English Language Acquisition to improve support for English learners and their educators, including through federal technical assistance. The Department is expected to be prepared to identify plans for supporting effective instructional educational programs, including bilingual and dual language approaches, implemented at the discretion of SEAs and LEAs and addressing the needs of English learners (ELs) who are also older students, classified as ELs for an extended amount of years, and ELs who are also students with disabilities.

School Improvement.—The Department is directed to provide a briefing to the Committees and authorizing committees not later than 90 days after enactment of this Act on the Department’s actions and plans for addressing the challenges identified in GAO’s report on school improvement and assisting SEAs and LEAs with implementing the school improvement requirements of ESEA.

GENERAL PROVISIONS

The agreement continues authority for pooled evaluation authority.

The agreement continues a provision regarding endowment income.

The agreement continues authority for the National Advisory Committee on Institutional Quality and Integrity.

The agreement continues authority for account maintenance fees.

The agreement modifies a provision rescinding unobligated discretionary balances previously appropriated for the Pell grant program.

The agreement modifies a provision rescinding fiscal year 2021 mandatory funding to offset the mandatory costs of increasing the discretionary Pell award.

The agreement includes a new provision allowing up to 0.5 percent of funds appropriated in this Act for programs authorized under the HEA, except for the Pell Grant program, to be used for evaluation of any HEA program.

The agreement includes a new provision providing an additional amount for the projects, and in the amounts, as specified in the table titled Community Project Funding/Congressionally Directed Spending in the explanatory statement accompanying this division.

The agreement modifies a provision regarding cohort default rates.

The agreement includes a new provision rescinding fiscal year 2021 unobligated balances.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

The agreement supports The Committee for Purchase From People Who Are Blind or Severely Disabled's (the Commission) intent to discontinue requiring Central Nonprofit Agencies (CNA) to report to the Commission prior to any significant meetings and directs the Commission to ensure that the requirement is removed from all CNA agreements.

Requested Reports.—The Commission shall submit, upon request by any of the Committees of jurisdiction, the reports described under this heading in House Report 115-244. Any such report shall be due no later than 60 days after the request. The agreement requests “Report 1” as described under this heading in House Report 115-244 within 60 days of the close of the fiscal quarter. Such report shall include a summary of total fees and price (contract total) by nonprofit agency. The agreement requests “Report 2” as described under this heading in House Report 115-244 for the fiscal year due within 60 days of the close of the fiscal year.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)

OPERATING EXPENSES

Innovation, Demonstration, and Assistance Activities.— The agreement includes \$9,888,000 for innovation, assistance, and other activities. The agreement includes \$6,558,000 for the Volunteer Generation Fund, \$2,165,000 for the September 11th National Day of Service and Remembrance, and \$1,165,000 for the Martin Luther King, Jr. National Day of Service.

Service Learning.—The agreement encourages CNCS to continue to be a convener of the important work surrounding service learning. The agreement requests a report not later than 120 days after enactment of this Act detailing the steps necessary to restart service learning programs such as Summer of Service and Semester of Service on a broader scale.

Commission Investment Fund (CIF).—The agreement includes no less than the fiscal year 2021 level for the CIF.

AmeriCorps Competitive Grants.— When establishing priority areas for national service resources in future fiscal years, the agreement encourages CNCS to prioritize awards to organizations that provide services to support individuals seeking recovery from substance use disorders, including programs employing recovery coaching.

Public Awareness Campaign.— The National Commission on Military, National, and Public Service recently submitted its final report and recommendations, which included proposals for a national awareness campaign that informs the public about the various military, national, and public service opportunities available to them and ways to increase participation. The agreement directs CNCS to collaborate with the Department of Defense, the Office of Personnel Management, the Peace Corps, and the US Public Health Service Commissioned Corps on developing a strategy for a public awareness campaign on service opportunities.

GENERAL PROVISIONS

The agreement includes a new provision related to VISTA education awards.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

The agreement includes funds for the following activities:

Budget Activity	FY 2022 Agreement
Library Services Technology Act:	
Grants to States.....	\$168,803,000
Native American Library Services.....	5,263,000
National Leadership: Libraries.....	13,406,000
Laura Bush 21 st Century Librarian.....	10,000,000
Museum Services Act:	
Museums for America.....	27,899,000
Native American/Hawaiian Museum Services	2,272,000
National Leadership: Museums.....	8,113,000
African American History and Culture Act:	
Museum Grants for African American History & Culture.....	5,231,000
National Museum of the American Latino Act:	
Museum Grants for American Latino History & Culture.....	4,000,000
Research, Analysis, and Data Collection.....	4,513,000
Program Administration.....	18,500,000
TOTAL.....	268,000,000

PROGRAM ADMINISTRATION

The agreement includes \$2,000,000 for the creation of an information literacy taskforce tasked with developing guidance, instructional materials, and national strategies on information literacy, including, at minimum, the creation of a website to disseminate best practices on information literacy and toolkits specially designed to help people of all ages understand, evaluate, and discern the reliability and accuracy of information. The website shall serve as a clearinghouse for information on literacy programs, offer strategies and tools tailored to both native and non-native English speakers and communities, coordinate information on Federal initiatives, programs, grants, publications, and materials promoting enhanced information literacy, and offer such other information as the Taskforce finds appropriate in the fulfillment of its purpose. The Taskforce shall take steps necessary to coordinate and promote information literacy efforts across departments and agencies throughout the Federal government and with libraries and museums at the State and local level, including promoting partnerships among Federal, State, and local governments, nonprofit organizations, and private enterprises.

RAILROAD RETIREMENT BOARD

LIMITATION ON ADMINISTRATION

The agreement continues to direct the Railroad Retirement Board to provide a comprehensive update on the implementation of the agency's information technology systems modernization effort, including timeline to completion, anticipated and actual project costs, obligations to date, and related contracts. Such annual update is requested not later than 180 days after enactment of this Act and should provide information for each fiscal quarter.

SOCIAL SECURITY ADMINISTRATION (SSA)

LIMITATION ON ADMINISTRATIVE EXPENSES

The agreement includes an increase of \$411,000,000 for SSA's administrative expenses.

Disability Backlogs.—The agreement recognizes that the pandemic disrupted progress SSA made with its disability hearings backlog. The agreement notes the adverse impacts disability hearings backlogs have on an individual's ability to access their Social Security benefits. Accordingly, the agreement urges the Commissioner to prioritize the hiring of administrative law judges and requisite staff to adjudicate backlogged claims. In addition, the agreement directs the Commissioner to continue to prioritize efforts to reduce wait time disparities across the country by directing resources and workload assistance, as necessary, to areas with greatest need. Further, the agreement requests quarterly reports on efforts to reduce the hearings backlog for Hearing Offices in the bottom twenty of national ranking by average processing time.

The pandemic has also contributed to a backlog of initial disability claims that also has significant negative impacts on individuals waiting on their Social Security benefits, and that will only put more pressure on the disability hearings process in future years. The agreement requests a briefing within 90 days of enactment of this Act, and quarterly thereafter, on SSA's plan for reducing the initial disability claims and hearings backlogs, including estimates of the resources needed to do so.

Evaluation and Statistics Retirement and Disability Research Consortium (RDRC).—The agreement directs SSA to increase funding at all four centers to allow for an increase in the number of projects across the RDRCs.

Improving Ticket to Work Administration and Reducing Overpayments.—The agreement supports agency efforts to improve administrative processes that reduce overpayments, including in the Ticket to Work program, which can create significant challenges as beneficiaries attempt to return to work. SSA is directed to brief the Committees within 90 days of enactment of this Act on planned efforts in this area.

Mailing Paper Statements.—The agreement urges SSA to mail paper statements to all contributors aged 25 and older in accordance with Section 1143 of the Social Security Act.

Occupational Information System (OIS).—The agreement continues to direct SSA to include in its annual report on OIS sufficient details, including a timeline, on plans to fully implement OIS in coming years.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The agreement includes \$23,000,000 for WIPA grants and \$10,000,000 for PABSS.

SOCIAL SECURITY ADMINISTRATION (SSA)

OFFICE OF INSPECTOR GENERAL (OIG)

Combating Social Security Impersonation Scams.—According to the SSA OIG, there has been a significant increase in Social Security impersonation scams in recent years. While the OIG has made progress in combating these scams, the agreement encourages the OIG to continue to prioritize working with SSA to increase awareness of this scam and to pursue the criminals perpetrating this fraud.

TITLE V

GENERAL PROVISIONS

The agreement modifies a provision related to Performance Partnerships.

The agreement modifies a provision to rescind unobligated balances.

The agreement includes a new provision related to evaluation funding flexibility.

The agreement includes a new provision related to the Higher Education Emergency Relief Fund.

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED SPENDING ITEMS

Following is a list of congressional earmarks and congressionally directed spending items (as defined in clause 9 of rule XXI of the Rules of the House of Representatives and rule XLIV of the Standing Rules of the Senate, respectively) included in the bill or this explanatory statement, along with the name of each House Member, Senator, Delegate, or Resident Commissioner who submitted a request to the Committee of jurisdiction for each item so identified. For each item, a Member is required to provide a certification that neither the Member nor the Member's immediate family has a financial interest, and each Senator is required to provide a certification that neither the Senator nor the Senator's immediate family has a pecuniary interest in such congressionally directed spending item. Neither the bill nor the explanatory statement contains any limited tax benefits or limited tariff benefits as defined in the applicable House and Senate rules.

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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration [ETA]	AIDS Service Center of Lower Manhattan, Inc. dba Alliance for Positive Change, New York, NY for a workforce development initiative	Maloney, Carolyn B.	Schumer	\$1,000,000	H
Department of Labor	Employment and Training Administration [ETA]	American Indian OIC, MN, for job training programs in heavy equipment operation and elder care.		Smith	350,000	S
Department of Labor	Employment and Training Administration [ETA]	Anne Arundel County Government, Annapolis, MD for Youthworks!	Brown		500,000	H
Department of Labor	Employment and Training Administration [ETA]	Applied Behavioral Rehabilitation Institute, Inc., CT, for vocational and educational programming for veterans.		Blumenthal, Murphy	25,000	S
Department of Labor	Employment and Training Administration [ETA]	Arizona Opportunities Industrialization Center, Phoenix, AZ for the provision of comprehensive training courses and job placement in the hospitality industry	Gallego		1,200,000	H
Department of Labor	Employment and Training Administration [ETA]	AS220, RI, for youth and adult workforce development and education programs.		Reed	500,000	S
Department of Labor	Employment and Training Administration [ETA]	Autism Society of America Nassau Suffolk Chapter, NY, for job skills and training for individuals with autism and other disabilities		Schumer	200,000	S
Department of Labor	Employment and Training Administration [ETA]	Avivo, Minneapolis, MN for workforce training related to clean energy and green building, including equipment	Omar		1,000,000	H

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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration [ETA]	Baker Technical Institute, OR, for heavy equipment and trucking and logistics training programs, including the purchase of equipment.		Merkley, Wyden	544,000	S
Department of Labor	Employment and Training Administration [ETA]	Beat the Street Community Center Inc., CT, for career development services.		Blumenthal, Murphy	25,000	S
Department of Labor	Employment and Training Administration [ETA]	Bedford-Stuyvesant Restoration Corporation, NY, for technology career advancement and mobility initiatives.		Gillibrand, Schumer	500,000	S
Department of Labor	Employment and Training Administration [ETA]	Benedict College, SC, for workforce development, including equipment and supportive services.	Clyburn	Graham	3,200,000	H/S
Department of Labor	Employment and Training Administration [ETA]	Berks Latino Workforce Development Corporation, PA, for dual-language programs in adult education and occupational training.		Casey	500,000	S
Department of Labor	Employment and Training Administration [ETA]	Beyond the Sanctuary, Inc., Rochester, NY for job readiness program, including equipment and supportive services.	Morelle	Schumer	525,000	H
Department of Labor	Employment and Training Administration [ETA]	Brattleboro Development Credit Corporation, VT, for a software-based workforce development program to guide new and longtime residents into career pathways.		Leahy	900,000	S
Department of Labor	Employment and Training Administration [ETA]	Bristol County Chamber Foundation, Fall River, MA for workforce development activities.	Keating		500,000	H

Department of Labor	Employment and Training Administration (ETA)	Broward College, Ft. Lauderdale, FL for workforce development initiative, including mobile training units	Wasserman Schultz		2,000,000	H
Department of Labor	Employment and Training Administration (ETA)	Buffalo Sewer Authority, Buffalo, NY for a workforce development initiative related to green infrastructure, including equipment, stipends, and supportive services	Higgins (NY)		575,000	H
Department of Labor	Employment and Training Administration (ETA)	California Mobility Center, Sacramento, CA, for a workforce development initiative, including equipment	Matsui		2,000,000	H
Department of Labor	Employment and Training Administration (ETA)	California Workforce Association Foundation, CA, for a youth apprenticeship initiative		Fenstein	1,000,000	S
Department of Labor	Employment and Training Administration (ETA)	Capital Workforce Partners, CT, for the Integrated Basic Education and Skills Training program.		Blumenthal, Murphy	593,000	S
Department of Labor	Employment and Training Administration (ETA)	Catalyst Connection, PA, for a worker training program.		Casey	1,000,000	S
Department of Labor	Employment and Training Administration (ETA)	City of Boston, MA for short-term training programs, including stipends	Pressley	Markey, Warren	1,000,000	H
Department of Labor	Employment and Training Administration (ETA)	City of Charleston, WV, for a workforce development initiative, including equipment and curriculum development.		Capito, Manchin	500,000	S
Department of Labor	Employment and Training Administration (ETA)	City of East Providence, RI for a training program	Cicilline		350,000	H
Department of Labor	Employment and Training Administration (ETA)	City of Greensboro, NC for a workforce development initiative, including technology and supportive services	Manning		1,600,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration (ETA)	City of Houston, TX for a workforce development initiative related to a solar initiative, including job placement, stipends, and supportive services	Green, Al (TX)		750,000	H
Department of Labor	Employment and Training Administration (ETA)	City of Jersey City, NJ, for the integration and career advancement program.		Booker, Menendez	250,000	S
Department of Labor	Employment and Training Administration (ETA)	City of Pawtucket, RI, for job training and life-long learning activities.		Reed, Whitehouse	3,000,000	S
Department of Labor	Employment and Training Administration (ETA)	City of Perris, CA for a workforce development initiative	Takano		1,000,000	H
Department of Labor	Employment and Training Administration (ETA)	City of Richmond, VA, for southside parks workforce development activities.		Warner	1,000,000	S
Department of Labor	Employment and Training Administration (ETA)	City of Rochester, MN, for workforce development programs in construction and related fields.		Klobuchar, Smith	750,000	S
Department of Labor	Employment and Training Administration (ETA)	City of South San Francisco, CA, for workforce development services, including career services and job placement.	Speier	Feinstein, Padilla	500,000	H/S
Department of Labor	Employment and Training Administration (ETA)	City of Stamford, CT, for pre-apprenticeship career training.		Blumenthal, Murphy	513,000	S
Department of Labor	Employment and Training Administration (ETA)	City of Syracuse, NY, for a job training program for opportunity youth		Gillibrand, Schumer	300,000	S
Department of Labor	Employment and Training Administration (ETA)	Clovis Community College, NM, to expand the Allied Health Program in high-need occupations.		Heinrich, Lujan	1,073,000	S

Department of Labor	Employment and Training Administration [ETA]	Coalition for Responsible Community Development, Los Angeles, CA for transitional employment and training for formerly incarcerated adults, including supportive services	Roybal-Allard		250,000	H
Department of Labor	Employment and Training Administration [ETA]	College of Eastern Idaho, Idaho Falls, ID for workforce training program and equipment	Simpson		100,000	H
Department of Labor	Employment and Training Administration [ETA]	College of Lake County, Grayslake, IL for a workforce development initiative related to manufacturing, including equipment	Schneider		900,000	H
Department of Labor	Employment and Training Administration [ETA]	Colonial Farmhouse Restoration Society of Bellerose, Inc., Floral Park, NY for a workforce training initiative, including equipment	Suozzi		200,000	H
Department of Labor	Employment and Training Administration [ETA]	Community Assistance Programs, Chicago, IL for job training, job placement and supportive services	Rush		100,000	H
Department of Labor	Employment and Training Administration [ETA]	Comunidades Organizando el Poder y la Accion Latina Education Fund, Minneapolis, MN for workforce development activities, including equipment	Omar	Klobuchar	1,000,000	H
Department of Labor	Employment and Training Administration [ETA]	Concordance Leadership Academy, MO, for a training program, including equipment, curriculum development, and other supportive services.		Blunt	650,000	S
Department of Labor	Employment and Training Administration [ETA]	Cook County Health, IL, for an emergency medical technician apprenticeship program.		Durbin	315,000	S
Department of Labor	Employment and Training Administration [ETA]	Cornerstone Revitalization Foundation, Inc., Birmingham, AL for workforce development activities, including opportunities to obtain a GED, postsecondary credentials, and stipends	Sewell		1,500,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued
(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration (ETA)	Council for Native Hawaiian Advancement, Kapolei, HI for workforce training programs	Kahele		1,200,000	H
Department of Labor	Employment and Training Administration (ETA)	Covenant House Florida, Ft. Lauderdale, FL for work-based learning and supportive services for homeless youth	Deutch		300,000	H
Department of Labor	Employment and Training Administration (ETA)	Covenant House Missouri, MO, to expand a workforce development program.		Blunt	150,000	S
Department of Labor	Employment and Training Administration (ETA)	Danville Community College, VA, for a cybersecurity short-term training initiative.		Kaine, Warner	850,000	S
Department of Labor	Employment and Training Administration (ETA)	DC Central Kitchen, Washington, DC for culinary job training, including stipends and equipment	Norton		500,000	H
Department of Labor	Employment and Training Administration (ETA)	Dorcas International Institute of Rhode Island, RI, to expand career services and training.		Reed	230,000	S
Department of Labor	Employment and Training Administration (ETA)	Dream It Do It Western New York Inc., Jamestown, NY for job training and placement	Reed		250,000	H
Department of Labor	Employment and Training Administration (ETA)	Eastern Maine Development Corporation, ME, for a training initiative, including stipends and supportive services.		Collins, King	600,000	S
Department of Labor	Employment and Training Administration (ETA)	Eastern Maine Development Corporation, ME, for the Jail Diversion through Work and Wellness program.		King	750,000	S

Department of Labor	Employment and Training Administration [ETA]	Eclectic Soul VOICES Corporation, Indianapolis, IN for a job training program, including supportive services and stipends	Andre Carson		100,000	H
Department of Labor	Employment and Training Administration [ETA]	Employ Milwaukee, WI, for employment and job training services.		Baldwin	2,000,000	S
Department of Labor	Employment and Training Administration [ETA]	Evergreen Rural Water of Washington, WA, for rural water and wastewater industry workforce development and registered apprenticeship program.		Murray	2,500,000	S
Department of Labor	Employment and Training Administration [ETA]	Fairfax County Government, Fairfax, VA for a job training program for pregnant and parenting teens and non-parenting young adults, including equipment	Connolly		1,000,000	H
Department of Labor	Employment and Training Administration [ETA]	Fairfax County Government, Fairfax, VA for an apprenticeship training program, including stipends	Connolly	Kaine	400,000	H
Department of Labor	Employment and Training Administration [ETA]	Florida Endowment Foundation for Florida's Graduates, Flagler Beach, FL for an at-risk youth jobs program	Steube		1,500,000	H
Department of Labor	Employment and Training Administration [ETA]	Frederick County Government, Frederick, MD for a mobile career center	Raskin		250,000	H
Department of Labor	Employment and Training Administration [ETA]	Generation West Virginia, WV, for a technology skills training program.		Manchin	167,000	S
Department of Labor	Employment and Training Administration [ETA]	Goodwill of Southern New England, CT, for workforce development and re-integration services.		Blumenthal, Murphy	372,000	S
Department of Labor	Employment and Training Administration [ETA]	Greater Baltimore Urban League, MD, for a returning citizens workforce development program.		Van Hollen	800,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Originator
			House	Senate		
Department of Labor	Employment and Training Administration (ETA)	Hannaford Regional Technical School District, VT, for a high-tech manufacturing workforce development program.		Leahy	100,000	S
Department of Labor	Employment and Training Administration (ETA)	Hire Heroes USA, Alpharetta, GA, for a career transition program.	Bourdeaux	Ossoff, Warnock	720,000	H/S
Department of Labor	Employment and Training Administration (ETA)	Humanim, Inc., MD, for workforce development programs.		Van Hollen	500,000	S
Department of Labor	Employment and Training Administration (ETA)	iFoster, Inc., Las Vegas, NV for a workforce development and readiness program	Horsford		150,000	H
Department of Labor	Employment and Training Administration (ETA)	International Institute of Minnesota, MN, for workforce development programs.		Klobuchar, Smith	500,000	S
Department of Labor	Employment and Training Administration (ETA)	JEVS Human Services, PA, to expand its vocational program.		Casey	1,000,000	S
Department of Labor	Employment and Training Administration (ETA)	Jewish Family Service of Colorado, Denver, CO for workforce development activities, including technology and equipment	DeGette	Bennet, Hickenlooper	500,000	H
Department of Labor	Employment and Training Administration (ETA)	Jewish Vocational and Career Counseling Service, CA, for an IT training program.		Feinstein	412,000	S
Department of Labor	Employment and Training Administration (ETA)	Jewish Vocational Service (JVS) Boston, MA, for workforce development program expansion.		Markey, Warren	750,000	S
Department of Labor	Employment and Training Administration (ETA)	Kent State University at Tuscarawas, New Philadelphia, OH for advanced manufacturing equipment and training	Gibbs		250,000	H

Department of Labor	Employment and Training Administration (ETA)	Kentucky Capital Development Corporation, Frankfort, KY for cybersecurity/IT workforce development	Barr		440,000	H
Department of Labor	Employment and Training Administration (ETA)	La Colaborativa/Chelsea Collaborative, Chelsea, MA for workforce development initiative	Pressley	Markey, Warren	300,000	H/S
Department of Labor	Employment and Training Administration (ETA)	Literacy Pittsburgh, PA, for workforce development programs.		Casey	675,000	S
Department of Labor	Employment and Training Administration (ETA)	Living Classrooms Foundation, Baltimore, MD for workforce development activities, including technology	Ruppersberger, Sarbanes	Cardin, Van Hollen	750,000	H/S
Department of Labor	Employment and Training Administration (ETA)	Lorain County Community College District, OH, for the TRAIN advanced technology and applied engineering earn-and-learn program, including the purchase of equipment.		Brown	688,000	S
Department of Labor	Employment and Training Administration (ETA)	Los Angeles Community College District, CA, for career training in healthcare and biotechnology.		Padilla	1,320,000	S
Department of Labor	Employment and Training Administration (ETA)	Los Angeles Conservation Corps, CA, for a job training program.		Padilla	1,500,000	S
Department of Labor	Employment and Training Administration (ETA)	Macomb Community College, MI, for the Michigan Apprenticeship Program Plus.		Peters	610,000	S
Department of Labor	Employment and Training Administration (ETA)	Macomb County, Clinton Township, MI for workforce development and certification courses, including technology and supportive services	Levin (MI)		525,000	H
Department of Labor	Employment and Training Administration (ETA)	Marshall University, WV, for an apprenticeship initiative.		Capito, Manchin	4,500,000	S
Department of Labor	Employment and Training Administration (ETA)	Mary's Mercy Center, Inc., San Bernardino, CA for a training program and supportive services	Aguilar		300,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration (ETA)	Mayor's Office of Employment Development, MD, for the Baltimore Grads to Careers Demonstration Project.		Cardin	500,000	S
Department of Labor	Employment and Training Administration (ETA)	Mecklenburg County, Charlotte, NC for a training program and supportive services	Adams		1,000,000	H
Department of Labor	Employment and Training Administration (ETA)	Meristem, Inc., Fair Oaks, CA, for training programs for young adults with autism.	Bera	Feinstein	1,000,000	H/S
Department of Labor	Employment and Training Administration (ETA)	Mi Casa Resource Center, Denver, CO for a workforce development program	DeGette		20,000	H
Department of Labor	Employment and Training Administration (ETA)	Milwaukee Metropolitan Sewerage District, Milwaukee, WI for a workforce development initiative, including equipment and stipends	Moore (WI)		1,000,000	H
Department of Labor	Employment and Training Administration (ETA)	Mississippi Rural Water Association, MS, for an apprenticeship program, including supportive services.		Hyde-Smith	1,000,000	S
Department of Labor	Employment and Training Administration (ETA)	Mississippi State University and East Mississippi Community College, MS, for a training program, including equipment.		Hyde-Smith	1,000,000	S
Department of Labor	Employment and Training Administration (ETA)	Montgomery County Office of Broadband Programs, Rockville, MD for a technology job training pilot program, including equipment and supportive services.	Trone		1,000,000	H

Department of Labor	Employment and Training Administration [ETA]	Multi-Craft Apprenticeship Preparation Program, Inc., Rochester, NY for workforce development initiative, including stipends and equipment	Morelle		200,000	H
Department of Labor	Employment and Training Administration [ETA]	National Institute for Medical Assistant Advancement, Denver, CO for a training program, including technology and equipment	Perlmutter	Bennef. Hickenlooper	450,000	H
Department of Labor	Employment and Training Administration [ETA]	National Rural Water Association, MO, to expand an apprenticeship program.		Blunt	150,000	S
Department of Labor	Employment and Training Administration [ETA]	Neighborhood House Incorporated, Seattle, WA for job placement and career services	Jayapal		275,000	H
Department of Labor	Employment and Training Administration [ETA]	Neighbors and Neighbors Association, Inc., Miami, FL for work readiness and vocational training	Gimenez		500,000	H
Department of Labor	Employment and Training Administration [ETA]	New Century Careers, Pittsburgh, PA for pre-apprenticeship and apprenticeship programs in advanced manufacturing, including job placement services.	Doyle, Michael F.		500,000	H
Department of Labor	Employment and Training Administration [ETA]	New Jersey Chamber of Commerce Foundation, Trenton, NJ for student training and equipment, including information technology	Van Drew	Booker	270,000	H
Department of Labor	Employment and Training Administration [ETA]	Newark Emergency Services for Families (NESF), Newark, NJ for a workforce readiness program for hard-to-serve target populations	Payne		325,000	H
Department of Labor	Employment and Training Administration [ETA]	Newport Community School, RI, for career services and training.		Reed	100,000	S
Department of Labor	Employment and Training Administration [ETA]	Next Generation & Futures, RI, for workforce training programs.		Whitehouse	300,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration (ETA)	Northern Maine Community College, ME, for the electrical construction and maintenance program.		King	567,000	S
Department of Labor	Employment and Training Administration (ETA)	Northern Maine Community College, Presque Isle, ME for a mechanized logging operations training program, including equipment and curriculum.	Golden	Collins, King	1,000,000	H/S
Department of Labor	Employment and Training Administration (ETA)	Northwest Regional Workforce Investment Board, CT, for workforce development activities.		Blumenthal, Murphy	650,000	S
Department of Labor	Employment and Training Administration (ETA)	Opportunities Industrialization Center (d/b/a Philadelphia OIC), Philadelphia, PA for a healthcare-related job training program, including equipment	Boyle, Brendan F.		575,000	H
Department of Labor	Employment and Training Administration (ETA)	Opportunities Industrialization Center, Inc., CT, for training services.		Blumenthal, Murphy	300,000	S
Department of Labor	Employment and Training Administration (ETA)	Opportunity Village, Las Vegas, NV for workforce development initiative for individuals with intellectual and related disabilities	Titus		525,000	H
Department of Labor	Employment and Training Administration (ETA)	Oregon Tradeswomen, OR, for expansion of registered apprenticeships.		Merkley, Wyden	500,000	S
Department of Labor	Employment and Training Administration (ETA)	Ozarks Technical Community College, MO, for a training initiative, including equipment and curriculum development.		Blunt	3,000,000	S

Department of Labor	Employment and Training Administration [ETA]	Pacific Intl. Center for High Technology Research, HI, for a workforce development training program for cesspool remediation.		Hirono	1,000,000	S
Department of Labor	Employment and Training Administration [ETA]	Para Los Niños, Los Angeles, CA for a youth workforce development initiative, including career and supportive services	Gomez		350,000	H
Department of Labor	Employment and Training Administration [ETA]	Parents and Children Together, HI, for the Work with a Future program.		Schatz	270,000	S
Department of Labor	Employment and Training Administration [ETA]	Passaic County Community College, Patterson, NJ for workforce training and career coaching, including equipment	Pascrell	Booker	1,950,000	H
Department of Labor	Employment and Training Administration [ETA]	Path of Life Ministries, Riverside, CA for workforce development activities, including supportive services and stipends	Takano		250,000	H
Department of Labor	Employment and Training Administration [ETA]	Philadelphia Works, Inc., Philadelphia, PA for workforce development activities including transitional employment	Scanton		1,000,000	H
Department of Labor	Employment and Training Administration [ETA]	PIDC Community Capital, Philadelphia, PA for workforce development activities including technology and stipends	Scanton		525,000	H
Department of Labor	Employment and Training Administration [ETA]	Polytech Education, Adult Education Division, DE, for a partnership in transportation and logistics training.		Coons	800,000	S
Department of Labor	Employment and Training Administration [ETA]	Portland Opportunities Industrialization Center, OR, for career training and placement services.		Merkley, Wyden	500,000	S
Department of Labor	Employment and Training Administration [ETA]	Presbyterian Villages of Michigan, Flint, MI for a workforce development initiative, including a certification program	Kildee		600,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration (ETA)	Prince George's County Office of Human Resources Management, Largo, MD for a job training program	Brown		2,000,000	H
Department of Labor	Employment and Training Administration (ETA)	Project QUEST, Inc., San Antonio, TX for an education and training program, including supportive services	Castro (TX)		1,000,000	H
Department of Labor	Employment and Training Administration (ETA)	Providence Preservation Society, RI, for workforce training.		Reed, Whitehouse	140,000	S
Department of Labor	Employment and Training Administration (ETA)	Proyecto Del Barrio Inc., Arleta, CA for a job training program	Tony Cardenas		300,000	H
Department of Labor	Employment and Training Administration (ETA)	Quad County Urban League, Inc., Aurora, IL for education and skills training to enter apprenticeships or positions in construction or TDL industries, including equipment	Foster		425,000	H
Department of Labor	Employment and Training Administration (ETA)	Rhode Island Institute for Labor Studies and Research, RI, for workforce development and teacher training pipeline program.		Reed, Whitehouse	175,000	S
Department of Labor	Employment and Training Administration (ETA)	San Bernardino County Workforce Development Dept, CA, for connecting employers to job seekers with disabilities.		Feinstein, Padilla	250,000	S
Department of Labor	Employment and Training Administration (ETA)	San Jose Conservation Corps & Charter School, CA, for workforce development initiative for youth, including stipends and technology	Loftgren		275,000	H

Department of Labor	Employment and Training Administration (ETA)	Second Harvest Food Bank of Central Florida, Orlando, FL for a culinary workforce training program, including internships, equipment, and supportive services	Demings		775,000	H
Department of Labor	Employment and Training Administration (ETA)	Skills for Rhode Island's future, RI, for a work-based learning program for youth.		Reed, Whitehouse	3,700,000	S
Department of Labor	Employment and Training Administration (ETA)	Skills for Rhode Island's Future, RI, for the Ready.Set.Work program		Reed, Whitehouse	1,250,000	S
Department of Labor	Employment and Training Administration (ETA)	South Bay Workforce Investment Board, Hawthorne, CA for workforce development activities, including supportive services	Waters		500,000	H
Department of Labor	Employment and Training Administration (ETA)	Southeast Michigan Community Alliance Inc., Taylor, MI for a work-based learning program for at-risk in-school youth age 14 or older, including stipends and supportive services	Tjaib		850,000	H
Department of Labor	Employment and Training Administration (ETA)	Southern California Regional Occupational Center, Torrance, CA for a workforce development initiative	Lieu		1,000,000	H
Department of Labor	Employment and Training Administration (ETA)	Southern Maine Community College, South Portland, ME for welding workforce training, including equipment and a mobile training lab.	Golden	Collins, King	1,000,000	H/S
Department of Labor	Employment and Training Administration (ETA)	State of Hawaii Workforce Development Council, State of Hawaii Department of Labor and Industrial Relations, Honolulu, HI for digital skills literacy training	Case		975,000	H
Department of Labor	Employment and Training Administration (ETA)	Summit Academy OIC, MN, for the Minnesota at Work program.		Klobuchar, Smith	2,000,000	S
Department of Labor	Employment and Training Administration (ETA)	Sunnyside Community Services, Sunnyside, NY for a workforce development initiative	Ocasio-Cortez	Gillibrand, Schumer	175,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration (ETA)	SUNY Maritime College, Bronx, NY for offshore wind energy training program, including equipment	Ocasio-Cortez, Suozzi	Schumer	800,000	H/S
Department of Labor	Employment and Training Administration (ETA)	The Corporate Source, Garden City, NY for IT training and certification training program for people with disabilities, including equipment and supportive services	Rice (NY)		125,000	H
Department of Labor	Employment and Training Administration (ETA)	The HOPE Program, Bronx, NY for a job training program for green jobs to support justice-impacted individuals, including technology and equipment	Bowman	Gillibrand, Schumer	800,000	H
Department of Labor	Employment and Training Administration (ETA)	The Moore Wright Group, WA, for warehouse and logistics workforce development training.		Murray	2,306,000	S
Department of Labor	Employment and Training Administration (ETA)	In-Council Development Fund, Aurora, IL for a pre-apprenticeship program, including equipment and supportive services	Foster		975,000	H
Department of Labor	Employment and Training Administration (ETA)	TXRX LABS, Houston, TX for employment and training activities, an apprenticeship program, and a youth STEM initiative.	Garcia (TX)		550,000	H
Department of Labor	Employment and Training Administration (ETA)	Utah Basin Technical College, Roosevelt, UT for electrical apprentice training program and the purchase of equipment	Moore (UT)		515,000	H

Department of Labor	Employment and Training Administration (ETA)	United Community Services for Working Families, Reading, PA for job training for youth, including stipends, technology, and supportive services	Houlahan		450,000	H
Department of Labor	Employment and Training Administration (ETA)	United Northeast Community Development Corporation, Indianapolis, IN for a job training initiative, including supportive services	Andre Carson		600,000	H
Department of Labor	Employment and Training Administration (ETA)	United Way of Central Jersey, Milltown, NJ for workforce development activities, including career and supportive services	Pallone	Booker, Menerdez	425,000	H
Department of Labor	Employment and Training Administration (ETA)	United Way of Chester County, Exton, PA for job training services	Houlahan		100,000	H
Department of Labor	Employment and Training Administration (ETA)	United Way of Long Island, Deer Park, NY for a YouthBuild program, including stipends	Rice (NY)	Gillibrand, Schumer	700,000	H
Department of Labor	Employment and Training Administration (ETA)	United Way of Miami-Dade Inc., Miami, FL for job training activities and supportive services for veterans and their families, including stipends, technology, and supportive services	Wilson (FL)		250,000	H
Department of Labor	Employment and Training Administration (ETA)	University of Delaware, DE, for an offshore wind technician training program		Carper, Coons	1,060,000	S
Department of Labor	Employment and Training Administration (ETA)	University of Rochester, Rochester, NY for youth workforce development initiative for youth, including technology and equipment	Morelle	Gillibrand, Schumer	300,000	H
Department of Labor	Employment and Training Administration (ETA)	UPROSE, Brooklyn, NY for workforce development initiative	Nydia M. Velazquez		175,000	H
Department of Labor	Employment and Training Administration (ETA)	Urban League of Hillsborough County, Inc., Tampa, FL for preapprenticeships and paid internship programs, including supportive services	Castor (FL)		300,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Labor	Employment and Training Administration [ETA]	Urban League of Portland, OR, for workforce development and training.		Merkley, Wyden	400,000	S
Department of Labor	Employment and Training Administration [ETA]	VBR Research and Education Foundation, VT, to strengthen nursing career pipelines.		Leahy	1,200,000	S
Department of Labor	Employment and Training Administration [ETA]	Vehicles for Change, Haleshorpe, MD, for workforce training and job placement activities.	Sarbanes	Van Hollen	1,000,000	H/S
Department of Labor	Employment and Training Administration [ETA]	Vermont Adult Learning, VT, for adult education and workforce training in high-demand careers.		Sanders	1,000,000	S
Department of Labor	Employment and Training Administration [ETA]	Vermont Wood Works Council, VT, for a workforce development program.		Leahy	165,000	S
Department of Labor	Employment and Training Administration [ETA]	Warren County Employment & Training Administration, Glens Falls, NY for job recruitment and training program, including the purchase of information technology.	Stefanik	Gillibrand, Schumer	205,000	H
Department of Labor	Employment and Training Administration [ETA]	West Virginia Community and Technical College System, WV, for a training program, including equipment and curriculum.	Miller (WV)	Capito	300,000	H/S
Department of Labor	Employment and Training Administration [ETA]	West Virginia Rural Water Association, WV, for workforce development and apprenticeship activities.		Manchin	6,341,000	S
Department of Labor	Employment and Training Administration [ETA]	Western Nevada College, NV, for the commercial driver's license training program.		Cortez Masto, Rosen	700,000	S

Department of Labor	Employment and Training Administration [ETA]	Workforce Alliance, CT, for information technology professional development and guided pathways for disconnected youth.		Blumenthal, Murphy	823,000	S
Department of Labor	Employment and Training Administration [ETA]	Workforce Connections, Las Vegas, NV for a workforce development initiative.	Titus	Cortez Masto, Rosen	800,000	H/S
Department of Labor	Employment and Training Administration [ETA]	Workforce Southwest Washington, WA, for the SummerWorks youth employment program.		Murray	1,500,000	S
Department of Labor	Employment and Training Administration [ETA]	WorkSystems, Inc., Portland, OR for registered apprenticeship opportunities in construction, including supportive services.	Bonamici		1,000,000	H
Department of Labor	Employment and Training Administration [ETA]	World Arts Focus, Inc. dba Joe's Movement Emporium, MD, for the CreativeWorks job training program.		Van Hollen	300,000	S
Department of Labor	Employment and Training Administration [ETA]	York College, CUNY, Jamaica, NY, for the Workforce Step Up program.	Meeks	Gillibrand, Schumer	527,000	H/S
Department of Labor	Employment and Training Administration [ETA]	YouthCare, WA, for workforce development activities.		Murray	3,057,000	S
Department of Labor	Employment and Training Administration [ETA]	YWCA Northern NJ, NJ, for a workforce development program.		Booker, Menendez	500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	26Health, Orlando, FL for purchase of equipment.	Murphy (FL)		250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	AAA Ambulance Service, MS, for equipment.		Hyde-Smith	2,761,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Adams County Public Hospital District No. 2, WA, for facilities and equipment.		Cantwell	812,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Adventist Health White Memorial, CA, for facilities and equipment.		Feinstein, Padilla	1,850,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Advocate Health and Hospitals Corporation dba Advocate Christ Medical Center, Oak Lawn, IL for facilities and equipment	Newman		150,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Advocate Illinois Masonic Medical Center, Chicago, IL for facilities and equipment	Qungley		300,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Affinia Healthcare, Saint Louis, MO for facilities and equipment	Bush		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	AIDS Care Group, Chester, PA for facilities and equipment	Scanlon		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Alameda Health System, CA, for equipment.		Feinstein	316,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Alaska Native Tribal Health Consortium, AK, for facilities and equipment.		Murkowski	27,669,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Aleutians East Borough, Sand Point, AK, for facilities and equipment.	Young	Murkowski	2,000,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Alzheimer's Foundation of America, Amityville, NY for education and training services	Garbarino	Schumer	100,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	American Red Cross Central Appalachia Region, WV, for equipment.		Manchin	165,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	American Red Cross, Northern New England Region, ME, for facilities and equipment.		Collins, King	871,000	S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Ammonoosuc Community Health Services, NH, for facilities and equipment.		Shaheen	500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Androscoggin Home Health Services, Inc., ME, for a health workforce training initiative.		Collins	150,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Andy's Angels, Jackson, MI for facilities	Walberg		300,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Ann & Robert H. Lurie Children's Hospital of Chicago, IL, for facilities and equipment.		Durbin	600,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Appalachian Agency for Senior Citizens, VA, to expand senior services.		Warner	25,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Arc of the Ozarks, Springfield, MD for equipment and autism diagnostic and treatment services	Long		800,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Aroostook County Action Program Inc., ME, for equipment		Collins, King	643,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Aroostook Mental Health Services, Inc., ME, for facilities and equipment.		Collins	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Asian American Drug Abuse Prevention, Los Angeles, CA for a health initiative	Bass		250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Asian American Health Coalition of Greater Houston, d/b/a HOPE Clinic, Houston, TX for a health initiative, including facilities and equipment	Garcia (TX)		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Asian American Health Coalition of Greater Houston, d/b/a HOPE Clinic, Houston, TX for facilities and equipment	Green, Al (TX)		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Atlantic Health System, Morristown, NJ for facilities and equipment at Atlantic Health System—Newton Medical Center	Gottheimer	Booker, Menendez	750,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Originator
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	AtlanticCare Health Services Mission Health, NJ, for facilities and equipment.		Booker, Menendez	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Augusta University Medical Center, GA, for facilities and equipment.		Ossoff	3,512,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Aurora Community Mental Health Center, Aurora, CO for facilities and equipment.	Crow		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Aurora University, IL, for facilities and equipment.		Durbin	775,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Autism New Jersey, Robbinsville, NJ for facilities and equipment and purchase of information technology.	Smith (NJ)		200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Avenidas, Palo Alto, CA for facilities and equipment for the Avenidas Rose Kleiner Center.	Eshoo		150,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Ballad Health, Johnson City, TN for facilities.	Griffith		450,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bandon Community Health Center, OR, for facilities and equipment.		Merkley, Wyden	850,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	BANJ Health Center Inc., Compton, CA for facilities and equipment.	Nanette Diaz Barragan		50,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Baptist Health Hardin, Elizabethtown, KY for facilities and equipment.	Guthrie		300,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Battle Ground Healthcare, Battle Ground, WA for facilities and equipment	Herrera Beutler		320,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bay Area Community Health, Fremont, CA for an electronic health records initiative	Lofgren		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Baylor College of Medicine, Houston, TX for facilities and equipment	Garcia (TX)		1,100,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Beach Cities Health District, Redondo Beach, CA for facilities and equipment for the Youth Wellness Center	Lieu		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Beaufort Memorial Hospital, SC, for facilities and equipment.		Graham	17,997,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Beebe Medical Foundation, DE, for equipment.		Carper, Coons	680,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Benton County, Kennewick, WA for facilities	Newhouse		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bethel School District, WA, for facilities and equipment.	Schrier	Cantwell, Murray	3,500,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bexar County Hospital District d/b/a University Health, San Antonio, TX for a health initiative	Castro (TX)		300,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	BIC HealthCare, MO, for facilities and equipment.		Blunt	7,320,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Blood Bank of Hawaii, Honolulu, HI for facilities and equipment	Case	Schatz	2,000,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Blue Hill Memorial Hospital, ME, for facilities and equipment.		Collins	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bluefield State College, Bluefield, WV for facilities and equipment.	Miller (WV)	Capito	300,000	H/S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Board of Trustees of the University of Illinois, Urbana, IL for facilities	Kinzinger		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bon Secours Mercy Health Inc., Cincinnati, OH for facilities and equipment	Ryan		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bowling Green-Warren County Community Hospital Corporation dba The Medical Center at Caverna, Horse Cave, KY for facilities and equipment	Guthrie		250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bradley University, IL, for nurse education and equipment.		Durbin	850,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bridges Healthcare, Inc., CT, for facilities and equipment.		Blumenthal, Murphy	29,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bridges Healthcare, Inc., CT, to replace the HVAC system.		Blumenthal, Murphy	849,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bridges Healthcare, Inc., CT, to upgrade technology systems.		Blumenthal, Murphy	151,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Brookhaven Memorial Hospital Medical Center DBA Long Island Community Hospital, NY, for hemodialysis facilities and equipment.		Gillibrand, Schumer	5,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Brooklyn Communities Collaborative, Inc., Brooklyn, NY for a telehealth and electronic medical records initiative.	Jeffries, Clarke	Schumer	875,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Brooklyn Hospital Center, Brooklyn, NY, for facilities and equipment.	Jeffries	Gillibrand, Schumer	9,200,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Broward Community and Family Health Centers, Inc., Hollywood, FL for facilities and equipment	Wilson (FL)		225,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Brownsville Community Development Corporation dba BMS Family Health and Wellness Centers, Brooklyn, NY for facilities and equipment	Clarke (NY)		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Bucks County Department of Mental Health: Developmental Programs, Doylestown, PA for facilities	Fitzpatrick		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Burre Dental Center, Arcata, CA for facilities and equipment	Huffman		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Butler Health System, PA, to support disease prevention services.		Casey	268,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	C.W. Williams Community Health Center, Charlotte, NC for facilities and equipment	Adams		1,150,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cabell Huntington Hospital Foundation, WV, for an electronic medical records initiative.		Capito, Manchin	267,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	California State University, Dominguez Hills, Carson, CA for facilities and equipment and an electronic medical records initiative	Nanette Diaz Barragan		700,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cambridge Public Health Commission, MA, for facilities and equipment.		Markey, Warren	4,627,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Camino Community Development Corp., Charlotte, NC for facilities and equipment and an electronic health records initiative	Adams		200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cape Cod Healthcare, Hyannis, MA for an electronic health records initiative	Keating	Markey, Warren	1,500,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Capital Health System, Inc., Trenton, NJ for purchase of equipment	Watson Coleman	Booker, Menendez	550,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Capital Health System, NJ, for facilities and equipment		Booker, Menendez	925,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Capstone Rural Health Center, Parrish, AL for facilities	Aderholt		725,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Care Plus Bergen Inc. DBA Bergen New Bridge Medical Center, Paramus, NJ for facilities and equipment	Gottheimer		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	CareConnect Health, GA, for facilities and equipment		Ossoff	430,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	CareSTL Health, Saint Louis, MO for facilities and equipment	Bush		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Caridad Center, Inc., Boynton Beach, FL for facilities and equipment	Frankel, Lois		1,150,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Catholic Medical Center & Saint Anselm College, NH, for facilities and equipment		Shaheen	2,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Catholic Medical Center, NH, for facilities and equipment		Shaheen	500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cedars-Sinai, Los Angeles, CA for facilities and equipment	Lieu	Padilla	1,000,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Center for African American Health, Denver, CO for facilities and equipment	DeGette		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Central Maine Healthcare Corporation, ME, for facilities and equipment.		Collins, King	948,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Central Michigan University, MI, for telehealth services, equipment, and associated information technology.	Moolenaar	Peters, Stabenow	960,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Centre Volunteers In Medicine, PA, for facilities and equipment.	Thompson (PA)	Casey	1,125,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Centro De Salud Familiar La Fe, Inc., El Paso, TX for facilities and equipment	Escobar		925,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Centro Las Americas, Inc., Worcester, MA for a telehealth and electronic health records initiative, including the purchase of equipment	McGovern		975,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Charles A Dean Memorial Hospital, ME, for equipment.		Collins	1,027,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Charleston Area Medical Center, WV, for clinical imaging equipment.		Capito, Manchin	5,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Charleston Area Medical Center, WV, for equipment.		Capito	5,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Charleston Area Medical Center, WV, for simulation center facilities and equipment.		Capito	6,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Charter Oak Cultural Center, CT, for facilities and equipment.		Blumenthal, Murphy	50,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Chestnut Health Systems, Bloomington, IL for facilities and equipment	Davis, Rodney		430,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued
 (Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requester(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Chestnut Health Systems, IL, for facilities and equipment		Durbin	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Chicago State University, IL, for equipment		Durbin	450,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Child Focus, Inc., Cincinnati, OH for facilities and equipment	Wenstrup		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Hospital at Dartmouth Hitchcock Manchester, NH, for facilities and equipment		Shaheen	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Hospital of The King's Daughters', VA, for facilities and equipment		Kaine, Warner	2,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Health System of Texas, Dallas, TX for facilities and equipment	Allred, Veasey		850,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Hospital Colorado, Anschutz Medical Campus, Aurora, CO for a health training initiative	Crow	Bennet, Hickenlooper	500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Hospital Los Angeles, CA, for equipment		Padilla	1,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Hospital Los Angeles, Los Angeles, CA for equipment	Garcia (CA)		550,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Hospital Los Angeles, Los Angeles, CA for purchase of equipment	Schiff		1,600,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Hospital of Wisconsin, Inc., Wauwatosa, WI for equipment	Fitzgerald		400,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's Mercy Hospital, MO, for telehealth initiative and equipment.		Blunt	1,900,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's National Hospital, DC, for equipment.		Collins, Wicker	2,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Children's National Hospital, Washington, DC for facilities and equipment	Norton		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Chiricahua Community Health Centers, Inc., AZ, for facilities and equipment.	Kirkpatrick	Kelly	628,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Choptank Community Health System, MD, for facilities and equipment		Cardin, Van Hollen	2,889,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Christian Community Health Center, Chicago, IL for purchase of equipment	Rush		20,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Church Health Center of Memphis, Memphis, TN for facilities and equipment	Cohen		350,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cincinnati Children's Hospital Medical Center, OH, for facilities and equipment.		Brown	530,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Auburn, WA for facilities and equipment for the Auburn Consolidated Resource Center	Schrier		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Baltimore, MD for facilities and equipment and a telehealth initiative	Ruppersberger, Sarbanes		2,325,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Brooklyn Center, MN for a health initiative	Omar		100,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Elgin, OR, for equipment.		Merkley, Wyden	199,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requester(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Hope Duarte Medical Center, Duarte, CA for purchase of equipment	Napolitano		450,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Hope National Medical Center, Duarte, CA for equipment	Calvert		700,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Hope National Medical Center, Duarte, CA for equipment	Garcia (CA)		1,200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Houston Fire Department, Houston, TX for facilities and equipment	Fletcher, Green, Al (TX)		450,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Houston Health Department, Houston, TX for facilities and equipment	Green, Al (TX), Fletcher		900,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Long Branch, NJ for facilities and equipment for the City of Long Branch Health Department	Pallone		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Morgantown, WV for facilities and equipment	McKinley		100,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Mount Sterling, KY for facilities and equipment	Barr		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Racine, WI, for facilities and equipment.		Baldwin	2,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Rochester Department of Recreation and Human Services, Rochester, NY for facilities and equipment	Morelle	Schumer	225,000	H/S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of West Wendover, NV for facilities and equipment	Amodel	Cortez Masto, Rosen	320,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	City of Wheeling, WV, for facilities and equipment.		Capito, Manchin	500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Clinica Amstad, Tucson, AZ for a telehealth initiative and purchase of equipment	Raul M. Grijalva		185,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Clinica Family Health, CO, for facilities and equipment.		Bennet	5,407,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Clinicas de Salud del Pueblo, El Centro, CA for facilities and equipment	Ruiz		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	CODAC Behavioral Healthcare, RI, for facilities and construction.		Reed, Whitehouse	750,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Colby-Sawyer College School of Nursing & Health Sciences, NH, for facilities and equipment.		Shaheen	1,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Colorado Coalition for the Homeless, Denver, CO for facilities and equipment.	DeGette	Hickenlooper	2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Columbus Neighborhood Health Center, Inc., dba PrimaryOne Health (PIH), Columbus, OH for facilities and equipment	Beatty		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Commonwealth Healthcare Corporation, Saipan, MP for facilities and equipment	Sablan		1,290,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	CommuniCare Health Centers, Davis, CA for facilities and equipment	Garamendi		400,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Action Program of East Central Oregon, OR, for facilities and equipment.		Merkley, Wyden	2,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Care Clinic of Dare, NC, for facilities and equipment.		Burr	423,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community College District 502, Glen Elyn, IL for purchase of equipment	Casten		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Access Network, Newmarket, NH for an electronic medical records initiative	Pappas		700,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Association of Spokane, WA, for facilities and equipment.		Murray	3,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Centers of Burlington, Champlain Islands Dental Clinic, VT, for facilities and equipment.		Leahy	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Centers of Pinellas, Inc., Clearwater, FL for facilities and equipment	Bilirakis		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Centers of the Rutland Region, VT, for equipment.		Sanders	149,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Centers of the Rutland Region, VT, for facilities and equipment		Leahy	1,170,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Centers of the Rutland Region, VT, to expand dental services.		Sanders	160,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Health Systems, Inc., WI, to support the expansion of the behavioral health department.		Baldwin	300,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Community Mental Health Affiliates, Inc. (CMHA), CT, for facilities and equipment.		Blumenthal, Murphy	1,200,000	S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Compass Health, Everett, WA for facilities and equipment	Larsen (WA)		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	ComWell, Red Bud, IL for rural mental health and psychiatric care	Bost		250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Concord University, WV, for a health workforce initiative, including equipment.		Capito, Manchin	850,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Concord University, WV, for facilities and equipment.		Capito	1,600,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Contra Costa Regional Medical Center, Martinez, CA for a health training and electronic health records initiative	Thompson (CA), DeSaulnier		900,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cooley Dickinson Hospital, MA, for facilities and equipment.		Markey, Warren	670,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cooper University Health Care, Camden, NJ for facilities and equipment	Norcross		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cooperative Health, SC, for facilities and equipment.		Graham	2,175,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Coos County Family Health Services, NH, for facilities and equipment.		Shaheen	1,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cornell Scott—Hill Health Center—Hamden Health, CT, for facilities and equipment.		Blumenthal, Murphy	650,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cornerstone Care, Inc., Greensboro, PA for facilities and equipment for a facility in Clairton, PA	Doyle, Michael F.		1,500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Cornerstone Services, Inc., Joliet, IL for facilities and equipment.	Foster		1,050,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Alameda, Oakland, CA for facilities and equipment for the West Oakland Health Council	Lee (CA)		1,250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Benton, Corvallis, OR for facilities and equipment for the Benton County Crisis Respite Center	DeFazio	Merkley, Wyden	1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Clear Creek, Georgetown, CO for facilities and equipment for the Clear Creek County Collaborative Care Center	Neguse	Hickenlooper	1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Contra Costa Health Services Department, Behavioral Health Division, Martinez, CA for facilities and equipment	DeSaulnier	Feinstein, Padilla	1,000,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Fairfax, Fairfax, VA for facilities and equipment for the Merrifield Crisis Response Center	Connolly	Kaine, Warner	2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Fairfax, VA for a health information technology initiative, including purchase of equipment	Wexton		375,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Fairfax, VA for a health IT initiative	Beyer		800,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Franklin, Columbus, OH for facilities and equipment for the Franklin County Mental Health and Addiction Crisis Center	Beatty	Brown	500,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Henrico, Henrico, VA for facilities and equipment	Spanberger	Kaine, Warner	1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Lane, Eugene, OR for facilities and equipment for a rural community health clinic in Cottage Grove, OR	DeFazio	Merkley, Wyden	1,500,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Los Angeles Department of Mental Health, CA, for facilities and equipment.		Fenster, Padilla	1,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Orange, Orlando, FL for a health workforce initiative	Murphy (FL)		300,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Orange, Santa Ana, CA for facilities	Kim (CA)		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Prince George's Department of Health, Largo, MD, for a telehealth initiative, including purchase of equipment	Hoyer, Brown		4,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Prince William, Prince William, VA for a health initiative	Connolly		800,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Santa Barbara, Santa Barbara, CA for facilities and equipment for the Lompoc Health Clinic	Carbajal	Fenster, Padilla	900,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Santa Clara, San Jose, CA for a health workforce initiative	Khanna		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	County of Wayne, Honesdale, PA for facilities and equipment	Cartwright		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Creek Valley Health Clinic, AZ, for facilities and equipment.		Kelly	700,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Crisp Regional Health Services, GA, to increase access to health care services.		Ossoff, Warnock	399,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Dallas County Hospital District d/b/a Parkland Health & Hospital System, Dallas, TX for facilities and equipment	Johnson (TX)		275,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Dartmouth Hitchcock Health, NH, to address persistent health disparities.		Shaheen	448,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Day Kimball Hospital, Putnam, CT for facilities and equipment	Courtney		550,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Day One, RI, for equipment.		Whitehouse	500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Deborah Heart and Lung Center, NJ, for equipment.		Booker, Menendez	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Delaware Division of Libraries, Dover, DE for a telehealth initiative, including the purchase of equipment	Blunt Rochester		275,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Delaware-Morrow Mental Health & Recovery Services Board, Delaware, OH for facilities	Balderson		750,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Delta Health System, MS, for facilities and equipment.		Hyde-Smith	4,238,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Denver Health and Hospital Authority, Denver, CO for facilities and equipment	DeGette	Bennet, Hickenlooper	1,200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Deschutes Rim Clinic Foundation, OR, for facilities and equipment.		Merkley, Wyden	1,300,000	S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Dientes Community Dental Care, Santa Cruz, CA for facilities and equipment	Panetta		1,050,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Dimock Center, Inc. d/b/a The Dimock Center, Roxbury, MA for facilities and equipment	Pressley	Markey, Warren	1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Doylestown Health Foundation, Doylestown, PA for equipment and associated information technology	Fitzpatrick		100,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	DuBois Regional Medical Center dba Penn Highlands, PA to support telehealth equipment		Casey	530,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	East Boston Neighborhood Health Center, MA, for facilities and equipment.		Markey, Warren	4,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	East Central Mississippi Health Network, MS, for a health workforce initiative.		Hyde-Smith	75,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	East Central Mississippi Health Network, MS, for equipment.		Hyde-Smith	46,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	East Los Angeles College, Monterey Park, CA for a health workforce initiative, including facilities and equipment	Nanette Diaz Barragan		925,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Easterseals Midwest, St. Louis, MO for equipment, information technology, and support services	Long		200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Easterseals of Southwest Florida, Sarasota, FL for facilities	Buchanan		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Edward M Kennedy Community Health Center, Inc., Worcester, MA for an interpreter services program	Clark (MA)		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	El Centro de Corazón, Houston, TX for facilities and construction	Garcia (TX)		225,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	El Paso County Hospital District/University Medical Center of El Paso, El Paso, TX for purchase of equipment	Escobar		1,200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	El Proyecto del Barrio, Inc., Winnetka, CA for facilities and equipment	Sherman		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	El Rio Santa Cruz Neighborhood Health Care, Inc., Tucson, AZ for facilities and equipment	Kirkpatrick		1,450,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Equitas Health, Columbus, OH for purchase of equipment	Beatty		150,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Erie County Health Department, Sandusky, OH for facilities and equipment	Kaptur		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Erie Neighborhood House, Chicago, IL for facilities and equipment	Jesus G. "Chuy" Garcia		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Erlanger Health System, Chattanooga, TN for facilities and equipment	Fleischmann		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Esperanza Health Centers, IL, for facilities and equipment		Duckworth, Durbin	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	EveryMind, Rockville, MD for telehealth	Trone	Van Hollen	325,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Excelsa Health, Greensburg, PA for equipment	Joyce (PA)		125,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Excelsa Health, Greensburg, PA for equipment	Reschenthaler		650,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Families Flourish Northeast, Lebanon, NH for facilities and equipment	Kuster	Shaheen	500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Family Services, Inc., Poughkeepsie, NY for facilities and equipment	Maloney, Sean	Gillibrand	1,200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Fish River Rural Health, ME, for equipment		Collins	200,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Flanner House of Indianapolis, Inc., Indianapolis, IN for facilities and equipment	Andre Carson		250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Floating Hospital, Inc., Long Island City, NY for facilities and equipment	Maloney, Carolyn B.	Schumer	925,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Florida International University, Miami, FL for facilities and equipment	Wasserman Schultz		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Flushing Hospital and Medical Center, Flushing, NY for facilities and equipment	Meng		750,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Forrest General Hospital, MS, for facilities and equipment		Wicker	7,565,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Free Clinic of Meridian Inc., Meridian, MS for facilities and equipment	Guest	Hyde-Smith, Wicker	315,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Fresno City College, Fresno, CA for a health workforce initiative	Costa		475,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Friend Family Health Center, Chicago, IL for facilities and equipment	Rush		250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Fry Fire District, AZ, for equipment		Kelly, Snema	105,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued
(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gardner Family Health Network, Inc., San Jose, CA for facilities and equipment	Lofgren		1,200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gateway Community Health Center, Inc., Laredo, TX for facilities and equipment	Cuellar		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gateway Foundation Inc., IL for facilities and equipment		Duckworth	1,330,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gaudenzia Foundation, Inc., DE, for facilities and equipment		Carper, Coons	337,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gaudenzia, Inc., MD, for facilities and equipment		Cardin	83,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gavin Foundation, Inc., South Boston, MA for facilities and equipment	Lynch		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gaylord Hospital, Inc., CT, for facilities and equipment		Blumenthal, Murphy	1,200,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Genesee Intermediate School District, MI, for nursing workforce development and training		Peters	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	George Mason University, Fairfax, VA for a health workforce initiative	Connolly		1,150,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Girdwood Health Clinic, Inc., AK, for facilities and equipment		Murkowski	800,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Glenbrook High School District 225, Glenview, IL for facilities and equipment	Schakowsky		250,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	God's Love We Deliver, Inc., New York, NY for a health initiative, including electronic health records and equipment	Nadler	Gillibrand, Schumer	775,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	GoochlandCares Inc., Goochland, VA for facilities and equipment	Spanberger		15,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Grafton-Taylor County Health Department, WV, for equipment		Manchin	75,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Grandview Foundation, Dayton, OH for facilities	Turner	Brown	1,250,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Great Lakes Recovery Centers, Ishpeming, MI for facilities and equipment	Bergman	Stabenow	680,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Greater Bergen Community Action, Inc., Garfield, NJ for facilities and equipment	Pascrell		1,500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Greater Flint Mental Health Facilities, Inc., MI, for facilities and equipment.		Stabenow	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Greater Lawrence Family Health Center, Methuen, MA for facilities and equipment	Trahan		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Greater New Bedford Community Health Center, New Bedford, MA for facilities and equipment	Keating		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Green County Human Services, Aging & Disability Resource Center, Monroe, WI for a rural health initiative, including the purchase of equipment	Pocan		200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Grover C. Dils Medical Center, NV, for facilities and equipment.		Cortez Masto, Rosen	765,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Gundersen Health System, WI, for equipment.		Baldwin	231,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	H. Lee Moffitt Cancer Center and Research Institute, Inc., Tampa, FL for purchase of equipment	Castor (FL)		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Habilitative Systems, Inc., Chicago, IL for facilities and equipment and for an electronic health records initiative	Davis, Danny K.		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hackensack Meridian Health, Edison, NJ for purchase of equipment	Gottheimer		775,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hackensack Meridian School of Medicine, Nutley, NJ for facilities and equipment	Pascrell		775,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hale Makua Health Services, HI, for facilities and equipment.		Schatz	3,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hana Health, Hana, HI for facilities and equipment	Kahele		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Harbor Community Health Centers, San Pedro, CA for facilities and equipment	Nanette Diaz Barragan		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Harbor Hospital, Inc., Baltimore, MD for a telehealth initiative, including the purchase of equipment	Ruppersberger		875,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Harry E. Davis Partnership for Children's Oral Health, Yarmouth, ME for a telehealth initiative	Pingree	Collins, King	650,000	H/S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hawaii Hospital Education and Research Foundation, HI, for health care education and training.		Schatz	475,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Health Care Coalition of Rural Missouri, Lexington, MO for facilities and equipment	Cleaver		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Health Hub, VT, for facilities and equipment.		Sanders	350,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	HealthFirst Family Health Center, NH, for facilities and equipment.		Shaheen	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	HealthNet of Rock County, WI, for facilities and equipment.		Baldwin	300,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	HealthPoint, Renton, WA for facilities and equipment, including telehealth equipment	Smith (WA)		350,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hennepin Healthcare, MN, for facilities and equipment	Omar	Klobuchar, Smith	4,600,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Henry Ford Allegiance Health, MI, for healthcare services.		Stabenow	700,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Henry Ford West Bloomfield Hospital, West Bloomfield, MI for purchase of equipment	Lawrence		1,150,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Henry Ford Wyandotte Hospital, Detroit, MI for facilities and equipment, including telehealth equipment	Dingell		900,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Henry Mayo Newhall Hospital, Valencia, CA for equipment	Garcia (CA)		610,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hepatitis B Foundation, Doylestown, PA for public health programming	Fitzpatrick		475,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hiawatha Valley Mental Health Center, MN. for facilities and equipment.		Smith	136,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hill Country Mental Health and Developmental Disabilities Centers, Kerrville, TX for facilities and equipment	Gonzales, Tony		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hill Hospital, York, AL for facilities and equipment	Sewell		575,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Holy Cross Hospital, IL, for facilities and equipment.		Durbin	900,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hope Within Community Health, Counseling & Dental, PA, for equipment.		Casey	23,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Hurley Medical Center, Flint, MI for purchase of equipment	Kildee		1,450,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	ICHS Foundation, A/PACE, WA, for facilities and equipment.	Smith (WA)	Murray	1,591,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Illinois College of Optometry, Chicago, IL for facilities and equipment	Rush		300,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Independence Health & Therapy, Woodstock, IL for a telehealth initiative	Underwood		60,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Ironbound Community Health Center, Newark, NJ for purchase of equipment	Sires	Menendez	550,000	H/S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	It Takes Philly, Inc. d/b/a/ Black Doctors COVID19 Consortium, Jenkintown, PA for facilities and equipment	Boyle, Brendan E.		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	J. Walter Cameron Center, HI. for facilities and equipment.		Schatz	383,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Jackson County School District, Marianna, FL for facilities	Dunn		85,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Jamaica Hospital Medical Center, Richmond Hill, NY for facilities and equipment	Meeks	Schumer	1,500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Jennings Center for Older Adults, OH, for facilities and equipment.		Brown	700,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Jessie Trice Community Health Systems Inc., Miami, FL for facilities and equipment	Wilson (FL)		400,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Jewish Family and Children's Service of Palm Beach County, West Palm Beach, FL for facilities and equipment	Frankel, Lois		325,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Johnson Memorial Hospital, CT, for facilities and equipment.		Blumenthal, Murphy	900,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Jordan Valley Community Health Center, MO, for facilities and equipment.		Blunt	10,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Joseph P. Addabbo Family Health Center, Inc., Arverne, NY for facilities and equipment	Meeks		1,500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	JWCH Institute, Inc., Bell Gardens, CA for purchase of equipment	Roybal-Altard		300,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Kansas City University—Joplin, MO, for a health workforce initiative.		Blunt	3,000,000	S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued
(Community Project Funding/Congressionally Directed Spending)

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Kids First Health Care, Commerce City, CO for facilities and equipment	Perlmutter	Hickenlooper	800,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Kids in Need of Dentistry (KIND), CO, for facilities and equipment.		Bennet, Hickenlooper	100,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Ko'ua Kalih'i Valley Comprehensive Family Services, Honolulu, HI for facilities and equipment	Case		1,050,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Kuakini Medical Center, HI, for facilities and equipment.		Hirono, Schatz	560,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	La Clinica Tepeyac, Inc., Denver, CO for facilities and equipment	DeGette	Bennet, Hickenlooper	2,000,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	La Pine Rural Fire Protection District, OR, for equipment.		Merkley, Wyden	660,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lackey Memorial Hospital, MS, for facilities and equipment.		Hyde-Smith	3,398,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lahai Health, WA, for facilities and equipment.		Cantwell	350,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lake County Free Clinic, OH, for facilities and equipment.		Brown	100,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lake County Health Department & Community Health Center, Waukegan, IL for facilities and equipment	Schneider		1,000,000	H

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lakewood Community Services Corporation, Lakewood, NJ for facilities	Smith (NJ)		400,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lamoille Health Partners, VT, to expand dental services.		Sanders	200,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lansing Community College, Lansing, MI for facilities and equipment.	Slotkin	Peters, Stabenow	400,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lebanon Valley College, Annville, PA for facilities	Meuser		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Legacy Community Health, Houston, TX for facilities and equipment	Green, Al (TX)		20,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	LGBT Life Center, Norfolk, VA for facilities and equipment	Scott (VA)	Kaine, Warner	1,800,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Linda Crnic Institute for Down Syndrome, Aurora, CO for purchase of equipment	Crow		950,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Lions Eye Institute for Transplant and Research Foundation Inc., Tampa, FL for facilities and equipment	Crist		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Little Rivers Health Care, VT, for facilities and equipment.		Sanders	1,334,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Loma Linda University Health, Loma Linda, CA for facilities and equipment	Ruiz	Padilla	1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Loma Linda University Medical Center—Murrieta, Murrieta, CA for equipment	Calvert		600,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Long Island FQHC, Inc., Westbury, NY for facilities and equipment	Meeks		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Long Island FQHC, Inc., Westbury, NY for facilities and equipment	Rice (NY)	Gillibrand, Schumer	1,000,000	H

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Loretto Health and Rehabilitation Center, Syracuse, NY for the purchase of equipment and software for a medical records system	Katko		260,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Los Angeles LGBT Center, Los Angeles, CA for facilities and equipment	Schiff		775,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Louisiana State University at Eunice, LA, for equipment.		Cassidy	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Louisiana State University Health New Orleans, New Orleans, LA for the purchase of equipment	Troy A. Carter		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	LSU Health Shreveport, LA, for facilities and equipment.		Cassidy	7,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Main St. Missions, Doylestown, PA for facilities	Fitzpatrick		200,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Maine Medical Center, ME, for facilities and equipment		Collins	3,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Manet Community Health Center, Quincy, MA for facilities and equipment	Auchincloss		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Manna Ministries, MS, for facilities and equipment.		Wicker	215,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mano a Mano Family Center, OR, for workforce development.		Merkley, Wyden	250,000	S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Marquette University College of Nursing, WI, to support continuing education for clinicians.		Baldwin	217,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Marquette University School of Dentistry, WI, for facilities and equipment.		Baldwin	1,021,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Martin Luther King, Jr. Family Clinic, Dallas, TX for a health workforce training initiative, including equipment and technology	Johnson (TX)		100,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mary Bird Perkins Cancer Center, Baton Rouge, LA for equipment	Graves (LA)		775,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mary Harvin Transformation Center CDC, MD, for facilities and equipment.		Cardin	5,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Maverick County Hospital District, Eagle Pass, TX for information technology and telehealth services	Gonzales, Tony		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	McLaren Northern Michigan, Petoskey, MI for facilities and equipment	Bergman		500,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	McLaren Oakland Hospital, Pontiac, MI for purchase of equipment	Lawrence		400,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Medstar Southern Maryland Hospital Center, Clinton, MD for facilities and equipment	Hoyer		925,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	MedStar Washington Hospital Center, Washington, DC for facilities and equipment and an electronic medical records initiative	Norton		800,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Meharry Medical College, Nashville, TN for facilities and equipment	Cooper		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Memorial Hospital at Gulfport Foundation, Inc., MS, for facilities and equipment.	Palazzo	Hyde-Smith	5,400,000	H/S

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding/Congressionally Directed Spending]

Agency	Account	Project Description	Requestor(s)		Amount	Origination
			House	Senate		
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	MemorialCare Health System, Long Beach, CA for construction and equipment and an electronic health records initiative	Lowenthal	Feinstein	575,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mental Health Care, Inc., Tampa, FL for facilities and equipment for the Mariposa Women's Neuropsychiatric Hospital	Castor (FL)		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mercy Hospital Oklahoma City, OK, for facilities and equipment.		Inhote	1,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mercy Hospital St. Louis, MO, for equipment.		Blunt	1,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mercy Hospital, ME, for facilities and equipment.		Collins, King	510,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Methodist Health Services Corporation, Peoria, IL for facilities	LaHood		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Metropolitan Family Health Network, Inc., Jersey City, NJ for facilities and equipment	Payne	Menendez	800,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Miami SCI Wellness Inc., Miami, FL for equipment	Gimenez		440,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Milikin University, Decatur, IL for facilities and equipment	Davis, Rodney		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Milwaukee County, WI, for facilities and equipment.		Baldwin	2,539,000	S

Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Minnesota State College Southeast, Red Wing, MN for facilities and equipment	Craig	Klobuchar, Smith	825,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mississippi Rural Health Association, MS, for a health workforce initiative.		Hyde-Smith	731,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mississippi State University, Mississippi State, MS for facilities and equipment	Guest		1,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Missouri Coalition for Primary Health Care, MO, for facilities and equipment.		Blunt	12,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Missouri State University, MO, for facilities and equipment.		Blunt	30,000,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Missouri State University, West Plains, MO, for facilities and equipment.		Blunt	2,500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Missouri Valley College, Marshall, MO for facilities and equipment	Cleaver		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Mon Health Preston Memorial Hospital, WV, for facilities and equipment.	McKinley	Capito, Manchin	580,000	H/S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Monongahela Valley Hospital Foundation, Monongahela, PA for facilities	Reschenthaler		455,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Montefiore Medical Center, Bronx, NY for facilities and equipment, including telehealth equipment	Espaillet, Torres	Schumer	3,350,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Montefiore St. Luke's Cornwall, Cornwall, NY for facilities and equipment	Maloney, Sean		2,000,000	H
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Morehouse School of Medicine, GA, for facilities and equipment.		Ossoff	500,000	S
Department of Health & Human Services	Health Resources and Services Administration (HRSA)	Morton County Health Systems, KS, for facilities and equipment.		Moran	950,000	S