

**SENATE COMMITTEE REPORT NO. 112-84 (SEPTEMBER 22, 2011)  
DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES  
FY 2012 APPROPRIATION BILL**

**DEPARTMENT OF LABOR**

**Workforce Investment Act**

**TRAINING AND EMPLOYMENT SERVICES**

|                                |                 |
|--------------------------------|-----------------|
| Appropriations, 2011 .....     | \$3,344,497,000 |
| Budget estimate, 2012 .....    | 3,626,947,000   |
| Committee recommendation ..... | 3,310,247,000   |

The Committee recommends \$3,310,247,000 for this account, which provides funding primarily for activities under the Workforce Investment Act [WIA]. The fiscal year 2011 comparable amount is \$3,344,497,000 and the budget request provides \$3,626,947,000 for this purpose.

The training and employment services account is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. Funds provided for fiscal year 2012 will support the program from July 1, 2012, through June 30, 2013. A portion of this account's funding, 1,772,000,000, is available on October 1, 2012, for the 2012 program year. Pending reauthorization of WIA, the Committee is acting on the basis of current law.

The Committee recommendation includes bill language requiring that the Department take no action to amend, through regulatory or other administrative action, the definition established in 20 CFR 677.220 for functions and activities under title I of WIA until such time as legislation reauthorizing the act is enacted.

**Grants to States**

The Committee recommends \$2,660,268,000 for Training and Employment Services Grants to States. The fiscal year 2011 level for these grants is \$2,785,018,000 and includes funding for the Workforce Innovation Fund [WIF]. The budget request is \$2,959,043,000. Funding for WIF in fiscal year 2012 is provided under federally administered programs.

The bill includes legislative language that allows a local workforce board to transfer up to 30 percent between the adult and dislocated worker assistance State grant programs, if such transfer is approved by the Governor. This language was proposed in the budget request. In addition, the bill includes language that allows a local board to award a contract to an institution of higher education or other eligible training provider if the local board determines that it would facilitate the training of multiple individuals in high-demand occupations, if such contract does not limit customer choice. This language was also included in the budget request.

**Workforce Innovation Fund**

The Committee recommends \$100,000,000 in fiscal year 2012 funding for WIF to make competitive awards for workforce innovation activities. The comparable fiscal year 2011 level is \$124,750,000. The budget request includes \$378,704,000 for this initiative by designating a portion of funds from the WIA formula programs and Department of Education Rehabilitation Services and Adult Education States Grants accounts.

The Committee provided initial support for this initiative in fiscal year 2011 and requests that the Department brief the Committee not less than 30 days prior to the release of a solicitation of grant applications for this program. The Committee also encourages the Department to implement WIF in a manner consistent with the bipartisan framework that the Senate Health, Education, Labor and Pensions Committee developed for WIA reauthorization.

The Committee continues its support for activities within the WIF that are intended to test innovative strategies, replicate proven practices or promote workforce system reform. Among those activities are those that will improve services for youth who are transitioning from school to post-school activities, with the goal of improving employment outcomes.

Within activities for youth, the Committee is particularly interested in addressing services to youth with disabilities. WIF awards should be made either to States, in partnership with local workforce investment boards, or to local workforce investment boards or consortia of such boards that serve a regional labor market. Priority should be given to applicants that demonstrate significant alignment across workforce development and supportive services at the State, regional or local level and that support economic development goals and improved employment outcomes for participants, particularly those who are hardest to serve. Awards should also prioritize applicants that demonstrate comprehensive strategic planning and coordination at the State, regional or local level.

In addition, the Committee believes that a component of the WIF should include the promising results of pay-for-performance models. These models have been particularly successful at reaching populations with the most significant barriers to employment. The Committee encourages the Secretary to use innovation funds to replicate pay-for-performance models with proven track records of helping hard-to-serve workers in additional sites.

### **WAGE AND HOUR DIVISION**

#### **SALARIES AND EXPENSES**

|                                |               |
|--------------------------------|---------------|
| Appropriations, 2011 .....     | \$227,491,000 |
| Budget estimate, 2012 .....    | 240,937,000   |
| Committee recommendation ..... | 227,491,000   |

The Committee recommends \$227,491,000, the same amount as the fiscal year 2011 level, for the Wage and Hour Division [WHD]. The budget request for fiscal year 2012 is \$240,937,000. WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act, employment rights under the Family and Medical Leave Act, and the Migrant and Seasonal Agricultural Worker Protection Act are several of the important laws WHD is charged with administering and/or enforcing.

The Committee strongly urges WHD to increase its oversight of organizations participating in the special minimum wage program for individuals with disabilities authorized under section 14(c) of the Fair Labor Standards Act, in order to protect the rights of workers with disabilities.

### **OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS**

#### **SALARIES AND EXPENSES**

|                                |               |
|--------------------------------|---------------|
| Appropriations, 2011 .....     | \$105,386,000 |
| Budget estimate, 2012 .....    | 109,010,000   |
| Committee recommendation ..... | 105,386,000   |

The Committee recommends \$105,386,000, the same amount as the fiscal year 2011 level, for the Office of Federal Contract Compliance Programs [OFCCP]. The budget request for fiscal year 2012 is \$109,010,000. D

OFCCP protects workers and potential employees of Federal contractors from employment discrimination prohibited under Executive Order 11246, section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974. The Committee notes that last year the Department issued an advance notice of proposed rulemaking regarding regulations implementing section 503 of the Rehabilitation Act. The Committee expects the Department to issue a final rule in fiscal year 2012, and encourages the Department to make technical assistance available to Federal contractors regarding the rule, and to increase Federal contractor employment opportunities for workers with disabilities.

The Committee notes that OFCCP is taking steps to reduce costs and focus activities on its core mission. The Committee requests that OFCCP include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

## **OFFICE OF DISABILITY EMPLOYMENT POLICY**

|                                |              |
|--------------------------------|--------------|
| Appropriations, 2011 .....     | \$38,953,000 |
| Budget estimate, 2012 .....    | 39,031,000   |
| Committee recommendation ..... | 38,953,000   |

The Committee recommends \$38,953,000, the same amount as the fiscal year 2011 level, for this account. The budget request for fiscal year 2012 is \$39,031,000. The Committee intends that at least 80 percent of these funds shall be used to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

Congress created the Office of Disability Employment Policy [ODEP] in the Department of Labor's fiscal year 2001 appropriation. The mission of ODEP is to provide leadership, develop policy and initiatives, and award grants furthering the objective of eliminating physical and programmatic barriers to the training and employment of people with disabilities.

The Committee strongly supports each of the components of ODEP's mission and, in particular, urges the Secretary to ensure that ODEP is properly supported in carrying out its leadership role with respect to Government-wide policies related to the training and employment of individuals with disabilities. The Committee is particularly interested in ODEP providing support and technical assistance to Federal agencies for the implementation of Executive Order 13548 (2010) regarding Federal hiring of persons with disabilities.

The Committee recommendation includes \$11,976,000 for ODEP, in collaboration with the Employment and Training Administration [ETA], to continue to implement their joint plan for improving effective and meaningful participation of persons with disabilities in the workforce. The Committee expects that these funds, in combination with funding available to ETA, will improve the accessibility and accountability of the public workforce development system for individuals with disabilities.

The Committee further expects these funds to continue promising practices implemented by disability program navigators. Such practices include the effective deployment of staff in selected States to improve coordination and collaboration among employment and training and asset development programs carried out at a State and local level, including the Ticket to Work program; and to build effective community partnerships that leverage public and private resources to better serve individuals with disabilities and improve employment outcomes.

The Committee notes that ODEP has prioritized its spending, including shifting some financing of its activities to other Federal agencies. The Committee requests that ODEP include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **HEALTH PROFESSIONS**

The Committee recommendation includes \$497,924,000 for HRSA health professions programs. The fiscal year 2011 comparable level was \$514,922,000. The budget request for fiscal year 2012 was \$823,529,000.

#### **Training for Diversity**

##### **Centers of Excellence**

The Committee provides \$24,452,000, the same as the fiscal year 2011 comparable level, for the Centers of Excellence Program. The budget request for fiscal year 2012 was \$24,602,000.

This program was established to fund institutions that train a significant portion of the Nation's minority health professionals. Funds are used for the recruitment and retention of students, faculty training and the development of plans to achieve institutional improvements. The institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas.

The Committee recognizes the longstanding commitment of minority health professions schools to diversity in the health professional workforce and the vital role the Minority Centers of Excellence Program continues to play in assisting those institutions fulfill their mission. The Committee encourages HRSA to continue to support minority health professions schools' work to diversify and improve the healthcare workforce, focusing the Centers of Excellence Program on institutions with a historic mission of promoting health professions diversity.

Mid-Career Support — The Committee is aware that unemployment is particularly high among minority populations at a time of acute shortages in health professionals. The Committee urges HRSA to encourage health professions schools to develop innovative programs for recruiting and supporting individuals, particularly underrepresented minorities, who decide to switch to a career in primary care or allied health professions.

#### **Health Careers Opportunity Program**

The Committee has not included funding for the Health Careers Opportunity Program. The fiscal year 2011 comparable level was \$21,998,000. The budget request for fiscal year 2012 was \$22,133,000. This program provides funds to medical and other health professions schools for engagement of disadvantaged K–12 students in health professions education.

The Committee strongly supports the goal of this program, but because of budget constraints and the prevalence of waiting lists for health training programs nationwide, the Committee has prioritized healthcare job training programs over recruitment and youth engagement programs.

### **MATERNAL AND CHILD HEALTH BUREAU**

#### **Traumatic Brain Injury Program**

The Committee provides \$9,878,000 for the Traumatic Brain Injury program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was \$9,918,000.

The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries, as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support.

The Committee includes no less than last year's funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310. The Committee supports the efforts of HRSA to develop a longrange plan for the Traumatic Brain Injury program. The Committee encourages HRSA to collaborate with other Federal agencies during this process and to solicit broad input from consumers, States, professionals and care providers in order to ensure that the program maximizes resources related to the treatment and prevention of traumatic brain injury.

### **HEALTH CARE SYSTEMS BUREAU**

#### **Organ Donation and Transplantation**

The Committee provides \$24,896,000 for organ donation and transplantation activities, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was \$25,991,000.

Funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used to educate the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions.

The Committee is aware of the large and growing national organ transplantation waiting list, in part due to the unavailability of organs. Healthcare professionals, particularly physicians, nurse, and physician assistants, if given enhanced knowledge and training, can positively impact organ donation. Therefore, the Committee encourages HRSA to develop curriculum and continuing education programs for targeted health professionals.

Vascularized Composite Allografts Rulemaking Process.—The Committee notes that more than 3 years ago, on March 3, 2008, the Department published a Request for Information in the Federal Register to assist the Department in determining whether it should engage in a rulemaking with respect to the growing field of transplantation referred to as vascularized composite allografts [VCAs].

The Committee believes that this rulemaking process is necessary to bring this growing category of transplantation, which includes the transplantation of hands, arms and faces, under the policy umbrella of the National Organ Transplantation Act. The Committee therefore urges the Department to proceed with rulemaking to place VCA transplants under the policy oversight of the Organ Procurement Transplant Network.

### **CENTERS FOR DISEASE CONTROL AND PREVENTION**

|                                |                 |
|--------------------------------|-----------------|
| Appropriations, 2011 .....     | \$6,281,544,000 |
| Budget estimate, 2012 .....    | 6,393,242,000   |
| Committee recommendation ..... | 6,218,450,000   |

The Committee recommendation for the Centers for Disease Control and Prevention [CDC] is \$6,218,450,000, including \$5,765,735,000 in discretionary budget authority and an additional \$367,357,000 via transfers available under section 241 of the Public Health Service [PHS] Act. The recommendation also assumes \$30,000,000 in balances from Public Law 111–32 in accordance with the budget request, and \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA].

The comparable level in fiscal year 2011 was \$6,281,544,000, including \$352,357,000 in transfers available under section 241 of the PHS Act, \$224,859,000 in balances from Public Law 111–32 and \$55,358,000 in EEOICPA mandatory funds. The budget recommendation for fiscal year 2012 was \$6,393,242,000, including \$490,472,000 in transfers available under section 241 of the PHS Act, and \$30,000,000 in balances from Public Law 111–32 and \$55,358,000 in EEOICPA mandatory funds.

In addition, the Committee has included statutory language transferring \$848,000,000 in mandatory funds to CDC from the Prevention and Public Health [PPH] Fund. The fiscal year 2011 comparable level was \$610,900,000 and the budget request for fiscal year 2012 was \$752,500,000. All told, the Committee provides a program level of \$7,066,450,000 for CDC.

The activities of CDC focus on several major priorities: providing core public health functions; responding to urgent health threats; monitoring the Nation’s health using sound scientific methods; building the Nation’s health infrastructure to insure our national security against bioterrorist threats; assuring the Nation’s preparedness for emerging infectious diseases and potential pandemics; promoting women’s health; and providing leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

### **NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION**

The Committee recommends \$777,987,000 for chronic disease prevention and health promotion. The comparable level for fiscal year 2011 was \$773,987,000 and the budget request for fiscal year 2012 was \$725,207,000. In addition, the Committee recommends \$487,050,000 in mandatory funding to be transferred from the Prevention and Public Health [PPH] Fund, which compares to \$300,950,000 in fiscal year 2011 and \$460,301,000 in the fiscal year 2012 budget request.

America's poor health is plaguing our country and taking a severe toll on our economy. One-half of all American adults have at least one chronic illness; such diseases account for nearly 70 percent of all U.S. deaths and cost the Nation approximately \$1,800,000,000 per year. Many chronic diseases are preventable, so there is an urgent need to reduce their prevalence, both for the sake of the people affected by them and for the Nation's economy.

CDC administers numerous programs intended to prevent chronic diseases, but the funding structure for these programs evolved over the years in ways that were not well coordinated. In many States, the missions for several of these programs overlap. This Committee, CDC and States have all struggled with how to better coordinate chronic disease programs. Pilot programs have included giving States transfer authority and adding program coordination staff at the State and regional levels. The President's budget for fiscal year 2012 proposed consolidating 27 programs in the National Center for Chronic Disease Prevention and Health Promotion.

The Committee, meanwhile, has been particularly interested in streamlining CDC's obesity-related programs. In fiscal year 2011, the Committee proposed consolidating the Diabetes; Heart Disease and Stroke; Arthritis; School Health; and Nutrition, Physical Activity and Obesity programs, all of which include a goal of reducing obesity. The Committee does not recommend a consolidation in fiscal year 2012, not because the need has gone away but because budget constraints make it impossible to achieve without cutting funding to numerous States. States currently receive anywhere from 1 to 5 of the 5 obesity related grants listed above.

Without significant additional resources, as the Committee had recommended providing in fiscal year 2011, creating a national, consolidated program might lead to increased funding for some States but would certainly cause cuts in many others, some of which might be national leaders in reducing obesity. The Committee cannot support a consolidation without enough funding to ensure that the new program would be effective, efficient and fair.

In the meantime, there are numerous opportunities to reduce inefficiencies through administrative means. All of the obesity-related grants described above include reducing obesity as a key priority. Yet the obesity-related performance measures and goals in each of these programs vary. The Committee strongly urges CDC to reevaluate the obesity-related grant programs and take administrative steps to improve their alignment. Within the total provided for the National Center for Chronic Disease Prevention and Health Promotion, the following amounts are available for the following categories of funding:

[In thousands of dollars] Budget activity Fiscal year 2011  
 Comparable Fiscal year 2012  
 Request Committee recommendation

|  |         |         |         |
|--|---------|---------|---------|
| Tobacco .....                                  | 108,685 | 107,226 | 108,685 |
| Tobacco (PPH Fund) .....                       | 50,000  | 79,000  | 100,000 |
| Nutrition, Physical Activity and Obesity ..... | 34,189  | ( 1)    | 34,189  |
| School Health on Chronic Disease .....         | 13,600  | ( 1)    | 13,600  |
| Food Allergies (non-add) .....                 | 488     | ( 1)    | 488     |
| Glaucoma .....                                 | 3,337   | (1)     | 3,337   |
| Alzheimer's Disease .....                      | 1,812   | ( 1)    | 1,812   |
| Inflammatory Bowel Disease .....               |         | ( 1)    | 680     |
| Interstitial Cystitis .....                    |         | ( 1)    | 654     |

|   |              |               |
|---|--------------|---------------|
| Excessive Alcohol Use .....                                     | 2,454 ( 1)   | 2,454         |
| Chronic Kidney Disease .....                                    | 2,093 ( 1)   | 2,093         |
| Prevention Research Centers .....                               | 18,001 ( 1)  | 18,001        |
| Prevention Research Centers (PPH Fund) .....                    | 10,000       | 10,000        |
| Heart Disease and Stroke .....                                  | 55,284 ( 1)  | 55,284        |
| Diabetes .....  | 64,796 (1)   | 64,796        |
| Cancer Prevention and Control .....                             | 345,332 ( 1) | 345,332       |
| Breast and Cervical Cancer .....                                | 206,001 ( 1) | 206,001       |
| WISEWOMAN (non-add) .....                                       | 20,745 ( 1)  | 20,745        |
| Breast Cancer Awareness for Young Women .....                   | 4,908 ( 1)   | 4,908         |
| Cancer Registries .....   | 50,295 ( 1)  | 50,295        |
| Colorectal Cancer .....   | 43,070 ( 1)  | 43,070        |
| Comprehensive Cancer .....                                      | 20,313 ( 1)  | 20,313        |
| Ovarian Cancer .....  | 4,909 ( 1)   | 4,909         |
| Prostate Cancer .....   | 13,188 ( 1)  | 13,188        |
| Skin Cancer .....   | 2,150 ( 1)   | 2,150         |
| Cancer Survivorship Resource Center .....                       | 498 ( 1)     | 498           |
| Oral Health .....   | 14,726       | 14,609 14,726 |
| Safe Motherhood/Infant Health .....                             | 44,049       | 55,734 44,049 |
| Breast-Feeding Promotion and Support grants (PPH Fund) .....    | 2,500        | 7,050         |
| Arthritis .....   | 13,075 (1)   | 13,075        |
| Epilepsy .....  | 7,801 (1)    | 7,801         |
| National Lupus Patient Registry .....                           | 1,886 ( 1)   | 4,462         |
| Healthy Communities .....                                       | 22,197 ( 1)  | 22,197        |
| Racial and Ethnic Approach to Community Health .....            | 14,018 ( 1)  | 14,018        |
| Racial and Ethnic Approach to Community Health (PPH Fund) ..... | 25,000       | 50,000        |

|  |         |         |         |
|--|---------|---------|---------|
| Community Transformation Grants (PPH Fund) .....   | 145,000 | 221,061 | 280,000 |
| Community Health Worker pilot (PPH Fund) .....     |         | 20,000  |         |
| Chronic Disease Innovation grants (PPH Fund) ..... |         | 10,000  |         |
| Small Business Workplace Wellness (PPH Fund) ..... | 10,000  |         | 10,000  |

**NATIONAL CENTER ON BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITY AND HEALTH**

The Committee includes \$138,072,000 for birth defects, developmental disabilities, disability and health in fiscal year 2012. The comparable level for fiscal year 2011 was \$136,072,000 and the fiscal year 2012 budget request was \$143,899,000.

The Committee has rejected the consolidation proposed in the fiscal year 2012 budget for disability initiatives in the National Center on Birth Defects and Developmental Disabilities [NCBDDD] out of concern that the progress that has been made on behalf of people with disabilities would be lost in the proposed structure. Should the administration decide to put forward a similar request in fiscal year 2013, the Committee encourages CDC to ensure that it is accompanied by a needs assessment that includes the categories of disabilities currently served, validates the value of such a consolidation, considers the input of stakeholders and establishes the basis for any proposed efficiencies and commonalities. Within the total provided, the following amounts are provided for the following categories of funding:

[In thousands of dollars] Budget activity Fiscal year 2011  
 Comparable Fiscal year 2012  
 Request Committee recommendation

|  |        |        |        |
|--|--------|--------|--------|
| Craniofacial Malformation .....                | 1,809  | ( 1)   | 1,809  |
| Fetal Death .....                              | 808    | ( 1)   | 808    |
| Fetal Alcohol Syndrome .....                   | 9,891  | ( 1)   | 9,891  |
| Folic Acid .....                               | 2,795  | ( 1)   | 2,795  |
| Infant Health .....                            | 7,925  | ( 1)   | 7,925  |
| Autism .....                                   | 21,380 | 23,778 | 21,380 |
| Limb Loss .....                                | 2,836  | ( 1)   | 2,836  |
| Tourette Syndrome .....                        | 1,701  | ( 1)   | 1,701  |
| Early Hearing Detection and Intervention ..... | 10,672 | ( 1)   | 10,672 |
| Muscular Dystrophy .....                       | 5,865  | ( 1)   | 5,865  |
| Paralysis Resource Center .....                | 6,739  | ( 1)   | 6,739  |
| Attention Deficit Hyperactivity Disorder ..... | 1,718  | ( 1)   | 1,718  |
| Fragile X .....                                | 1,684  | ( 1)   | 1,684  |

|                                |                   |
|--------------------------------|-------------------|
| Spina Bifida .....             | 5,812 ( 1) 5,812  |
| Congenital Heart Failure ..... | 2,000             |
| Hemophilia .....               | 16,670 (1) 16,670 |
| Thalassemia .....              | 1,861 (1) 1,861   |

**NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL**

The Committee recommends \$129,714,000 for injury prevention and control activities at CDC and an additional \$3,000,000 in transfers from the PPH Fund. The comparable fiscal year 2011 funding level was \$143,714,000. The budget request for 2012 was \$147,501,000. The administration also requested \$20,000,000 in transfers from the PPH Fund.

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by fires and burns; poisoning; drowning; violence; lack of bicycle helmet use; lack of seatbelt and proper baby seat use; and other injuries.

The national injury control program at CDC encompasses non-occupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized for both intramural and extramural research as well as assisting State and local health agencies in implementing injury prevention programs.

The Committee recommendation includes \$6,039,000 for Traumatic Brain Injury programs, \$10,522,000 for the Injury Control Centers, \$5,423,000 for Domestic Violence Community Projects and \$3,479,000 for the National Violent Death Reporting System, the same as the comparable fiscal year 2011 levels.

The Committee has included \$44,474,000 for rape prevention activities, compared to \$39,474,000 in fiscal year 2011. The Committee has not included funding for youth violence prevention programs, funded at \$19,708,000 in fiscal year 2011.

**NATIONAL INSTITUTES OF HEALTH**

The Committee recommends an overall funding level for the National Institutes of Health [NIH] of \$30,498,288,000. The budget request for NIH activities within the jurisdiction of this bill is \$31,747,915,000 and the fiscal year 2011 level is \$30,688,288,000.

The Committee regrets that fiscal constraints prevent a higher recommended funding level for NIH. With tight budgets likely to continue for the foreseeable future, the Committee strongly urges NIH to explore creative ways to rethink the way it allocates its funding. The alternative—continuing to nick away, little by little, at the success rate or the size of awards—will inevitably have a negative impact on young investigators, who represent the Nation’s future, and on high-risk, high-reward research opportunities.

The Committee credits NIH with making significant efforts in both of these priority areas despite relatively flat budgets in recent years. With the help of the New Innovator Award and Pathway to Independence Award programs, NIH funded more new investigators in 2010 than in any year before. The Transformative Research Projects Program, meanwhile, rewards exceptionally innovative ideas.

The Committee encourages NIH to continue and expand on these initiatives. The creation of the National Center for Advancing Translational Sciences [NCATS], proposed by the administration and endorsed in the Committee recommendation, is an even more far-reaching example of how NIH can refocus its mission in a difficult fiscal environment. This bill creates NCATS, abolishes the National Center for Research Resources [NCRR] and redistributes existing NCRR programs throughout other Institutes and Centers [ICs]. With the exception of \$20,000,000 for the new Cures Acceleration Network, all of the changes involved in this restructuring are budget neutral.

The mission of NCATS is nothing less than fundamentally changing the way NIH pursues the translation of basic science into treatments and cures. The average length of time from target discovery to FDA approval of a new drug is 14 years, a delay that is costing lives and prolonging human suffering. NCATS will study steps in the therapeutics development and implementation process, consult with experts in academia and the biotechnology and pharmaceutical industries to identify bottlenecks in the processes that are amenable to re-engineering, and develop new technologies and innovative methods for streamlining the processes. In order to evaluate these innovations and new approaches, NCATS will undertake targeted therapeutics development and implementation projects. In all of these efforts, the Committee expects that NCATS will complement, not compete with, the efforts of the private sector.

While the Committee welcomes the creation of NCATS, it was disappointed by the way the administration requested it. The President’s proposed budget for fiscal year 2012 included a vague description of NCATS but did not formally request funding for the restructuring or provide any details about which components of NIH would be consolidated into the new Center. The failure to do so caused unnecessary uncertainty about the proposal and contributed to the impression that it was being rushed.

Lessons learned with NCATS should guide NIH as it considers another proposed restructuring, one that would involve consolidating NIDA, NIAAA and components of other ICs into a new Institute devoted to research on substance use, abuse and addiction. The Committee understands that NIH plans to adopt a more deliberate approach in evaluating the need for this Institute. The Committee strongly recommends that if the administration ultimately decides to seek such a restructuring, it should provide sufficient details in a formal budget request to Congress.

**EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT**

|                                |                 |
|--------------------------------|-----------------|
| Appropriations, 2011 .....     | \$1,317,854,000 |
| Budget estimate, 2012 .....    | 1,352,189,000   |
| Committee recommendation ..... | 1,303,016,000   |

The Committee recommendation includes \$1,303,016,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD]. The budget request for fiscal year 2012 is \$1,352,189,000 and the comparable level for fiscal year 2011 is \$1,317,854,000.

Prosthetics Research.—The Committee is aware that increasing numbers of Americans are undergoing amputation as a result of the growing prevalence of diabetes, cardiovascular disease and other reasons. The Committee also understands that, to date, little research has been done to examine prosthetic outcomes and to link prosthetic and orthotic treatments, devices and supports to patient outcomes. In order to support evidence-based healthcare practice in prosthetics and orthotics, and establish which approaches work best for which patients, the Committee encourages NICHD to work with the National Institute on Disability and Rehabilitation Research and experts in the field of prosthetic research to develop a prosthetics outcomes research agenda and implement needed research.

Rehabilitation Research.—The Committee commends NIH for appointing a blue-ribbon panel to evaluate rehabilitation research at the National Center for Medical Rehabilitation Research [NCMRR] and across all of NIH. The Committee requests a copy of the panel’s report when it is available. The panel is urged to identify gaps in the field of rehabilitation research and recommend which ICs or other Federal agencies should be responsible for addressing them. In addition, the Committee recognizes the improvements that have been made in delineating rehabilitation research as part of NIH reporting mechanisms established since the passage of the NIH Reform Act.

However, the Committee encourages NIH, through the leadership of NCMRR, to further clarify a consistent definition of rehabilitation across all institutes and centers and to seek ways to delineate between physical, cognitive, mental and substance abuse rehabilitation when characterizing NIH-supported research.

Finally, the Committee encourages NCMRR to explore the broader social, emotional and behavioral context of rehabilitation, including effective interventions to increase social participation and reintegrate individuals with disabilities into their communities.

**Office of the Director**

**Pain.**—The Committee has for many years encouraged a stronger emphasis on pain research at NIH, and so it notes with great interest the recent Institute of Medicine report “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.” The report, which was mandated by the Patient Protection and Affordable Care Act and funded by NIH, estimates that chronic pain afflicts at least 116 million adults in the United States and costs the Nation between \$560,000,000,000 and \$635,000,000,000 a year, of which \$99,000,000,000 is borne by the Federal Government and States.

The report documents the growing recognition that chronic pain can be a disease in itself, causing changes throughout the nervous that often worsen over time. Nevertheless, the biological and psychological aspects of pain, as well as its diagnosis, treatment and prevention, remain poorly understood. NIH took a first step toward addressing these questions in a systematic way by creating the NIH Pain Consortium in 2003. Eight years later, it is clear that NIH must do more. Although every Institute and Center deals in some way with pain, none of them “owns” this critical area of research. If that is to be responsibility of the Pain Consortium rather than an individual IC, then the consortium needs more resources, more staffing and a more elevated status within NIH.

The IOM report concludes that “there needs to be a transformation in how pain research is conducted and that the Pain Consortium should take an even more proactive role in effecting that transformation.” In addition, the report recommends that the consortium should hold “more frequent, regular, structured and productive meetings” and improve the process for reviewing grant proposals related to pain, and that NIH should consider the possibility of identifying a lead IC on pain. The Committee requests a response to the IOM recommendations in the fiscal year 2013 congressional budget justification.

**Rehabilitation Research.**—The Committee recognizes the need to continue to build a sustainable infrastructure and capacity of emerging scientists in rehabilitation research. The Committee encourages the use of career development awards for emerging scientists, such as physical therapists, to meet this need.

**Substance Abuse and Mental Health Services Administration**

**Disabilities.**—The Committee recognizes the important role that SAMHSA plays relative to many Americans with disabilities. Emerging research indicates that persons with severe mental illness experience additional conditions that impact their ability to function within the community. These co-occurring or other functional disorders can include substance use disorder, hidden traumatic brain injury, chronic medical conditions, or other conditions. The Committee urges SAMHSA to continue making a substantial commitment to the development of new interventions and services for individuals with mental health conditions who have co-occurring or multiple disabilities.

**AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

|                                |               |
|--------------------------------|---------------|
| Appropriations, 2011 .....     | \$372,053,000 |
| Budget estimate, 2012 .....    | 366,397,000   |
| Committee recommendation ..... | 372,053,000   |

The Committee recommends \$372,053,000 for the Agency for Healthcare Research and Quality [AHRQ]. This amount is the same as the comparable funding level for fiscal year 2011. The administration request is \$366,397,000 for AHRQ. The Committee recommendation is funded entirely from transfers available under section 241 of the PHS Act. In addition, the Committee recommends that \$12,000,000 in mandatory funds be transferred to AHRQ from the PPH Fund.

AHRQ was established in 1990 to enhance the quality, appropriateness and effectiveness of health services, as well as access to such services. In order to fulfill this mission, AHRQ conducts, supports and disseminates scientific and policy-relevant research on topics such as reducing medical errors, eliminating healthcare disparities, using information technology, and comparing the effectiveness of drugs and medical procedures. AHRQ-supported research provides valuable information to researchers, policymakers, healthcare providers and patients on ways to improve our Nation’s health system and make healthcare more affordable.

**HEALTH COSTS, QUALITY, AND OUTCOMES**

The Committee provides \$238,768,000 for research on health costs, quality and outcomes [HCQO]. The comparable funding level for fiscal year 2011 is \$245,653,000 and the administration request is \$232,612,000 for this activity. In addition, the Committee recommends that \$12,000,000 in mandatory funds be transferred to HCQO from the PPH Fund.

The HCQO research activity is focused upon improving clinical practice, improving the healthcare system’s capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation. Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

[In thousands of dollars] Budget activity Fiscal year 2011  
 Comparable Fiscal year 2012  
 Request Committee Recommendation

|  |         |        |         |
|--|---------|--------|---------|
| Patient-Centered Outcomes Research .....                                     | 21,000  | 21,600 | 19,600  |
| Prevention/Care Management .....   | 15,904  | 23,304 | 15,904  |
| Prevention and Public Health Fund Transfer (non-add) .....                   | 12,000  | .....  | 12,000  |
| Value .....  | 3,730   | 3,730  | 3,730   |
| Health Information Technology .....  | 27,645  | 27,572 | 25,572  |
| Patient Safety .....   | 65,585  | 64,622 | 65,585  |
| Crosscutting Activities Related to Quality, Effectiveness & Efficiency ..... | 111,789 | 91,784 | 108,377 |

Within the total for HCQO, the Committee provides \$19,600,000 for patient-centered outcomes research, also known as comparative effectiveness research [CER]. The recommendation provides sufficient resources to maintain existing grants and contracts at AHRQ but does not include funding for new research. The Committee has not funded new CER research activity in recognition that the Patient Centered Outcomes Research Institute, created by the Affordable Care Act, will be responsible for managing and prioritizing CER.

**Building the Next Generation of Researchers.**—The Committee is deeply concerned about declines in the number of, and funding for, training grants for the next generation of researchers. The Committee urges AHRQ to provide greater support to pre- and post-doctoral training grants and fellowships to ensure America stays competitive in the global research market.

**Clinical Preventive Services Research.**—The Committee has included \$5,000,000 in transfers from the PPH Fund to continue to build the evidence base regarding clinical preventive services. This research will address evidence gaps in implementation of preventive services in primary care, as well as advance the national research agenda regarding how to improve access, delivery and outcomes of clinical preventive services in priority populations.

**Investigator-Initiated Research.**—The Committee continues to support investigator-initiated research, which forms the backbone of AHRQ’s ability to improve healthcare with creative and innovative approaches to ongoing and emerging healthcare issues. Within the Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research portfolio, the Committee provides \$43,364,000, the same as the comparable funding level for fiscal year 2011, for investigator-initiated research. This funding level will allow ARHQ to support new investigator-initiated research grants to advance discovery and the free marketplace of ideas.

**Moving Research Into Practice.**—The Committee continues to support AHRQ’s research translation activities, including practice based research centers and learning networks that are designed to better understand healthcare delivery and move the best available research and decision making tools into healthcare practice. The Committee recommendation includes funding for AHRQ to continue these programs.

**Rehabilitation Research.**—The Committee is aware that rehabilitation interventions offer potential solutions to many health policy issues regarding cost-effective interventions that improve the health of citizens and contribute to a higher quality healthcare delivery system.

The Committee encourages AHRQ to seek opportunities to collaborate with CMS and the National Center for Medical Rehabilitation Research [NCMRR] within the Eunice Kennedy Shriver National Institute for Child Health and Human Development [NICHD]. The Committee believes such a partnership should advance potential opportunities to conduct comparative investigations of rehabilitation interventions with other healthcare treatment approaches.

**CMS--HEALTH CARE FRAUD AND ABUSE CONTROL**

|                                |               |
|--------------------------------|---------------|
| Appropriations, 2011 .....     | \$310,377,000 |
| Budget estimate, 2012 .....    | 580,580,000   |
| Committee recommendation ..... | 581,000,000   |

The Committee recommends \$581,000,000, to be transferred from the Medicare trust funds, for health care fraud and abuse control activities. The comparable amount in fiscal year 2011 was \$310,377,000 and the fiscal year 2012 budget request included \$580,580,000. The Committee recommendation includes a base amount of \$311,000,000 and an additional \$270,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985. This amount, in addition to the \$1,271,930,000 in mandatory monies for these activities, will provide a total of \$1,852,930,000 for health care fraud and abuse control activities in fiscal year 2012. The Committee has included \$345,715,000 in discretionary funds for the Medicare Integrity Program and intends the remaining funds to be allocated as they were requested in the administration’s budget for fiscal year 2012.

**Developmental Disabilities**

The Committee recommends \$163,056,000 for developmental disabilities programs. The comparable fiscal year 2011 funding level is \$168,857,000 and the budget request is \$163,366,000. These programs support community-based delivery of services that promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

**State Councils**

Within the total for developmental disabilities, the Committee recommendation includes \$74,916,000 for State councils, the same as the comparable fiscal year 2011 funding level. The budget request is \$75,066,000. State developmental disability councils work to develop, improve and expand the system of services and supports for people with developmental disabilities. By engaging in activities such as training, educating the public, building capacity and advocating for change in State policies, these councils support the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

**Protection and Advocacy**

Within the total for developmental disabilities, the Committee recommendation includes \$40,942,000 for protection and advocacy programs, the same as the comparable fiscal year 2011 funding level. The budget request is \$41,024,000. This formula grant program provides funds to States to establish and maintain protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services or rehabilitation.

**Projects of National Significance**

Within the total for developmental disabilities, the Committee recommendation includes \$8,333,000, the same as the

budget request, for projects of national significance to assist persons with developmental disabilities. The comparable fiscal year 2011 funding level is \$14,134,000.

This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity and integration into the community of persons with developmental disabilities. The Committee recommendation supports the continuation of current grants, including initiatives on youth transition to employment, family support, technical assistance and data collection, as well as continued support of the Autism Research Center.

### **University Centers for Excellence**

Within the total for developmental disabilities, the Committee recommendation includes \$38,865,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs], the same as the comparable fiscal year 2011 funding level. The budget request is \$38,943,000.

The UCEDD program supports a network of 67 university-based centers that provide interdisciplinary education, conduct research and develop model services for children and adults with disabilities. The centers serve as the major vehicle to translate disability-related research into community practice and to train the next cohort of future professionals who will provide services and supports to an increasingly diverse population of people with disabilities.

### **Voting Access for Individuals With Disabilities**

The Committee recommendation includes \$5,245,000 for voting access for individuals with disabilities. The budget request did not include funding for this program. The comparable fiscal year 2011 funding level is \$17,375,000.

This program supports formula grants to States for the Secretary of State or chief election official to make polling places more accessible and increase individuals with disabilities' participation in the voting process, as well as a separate formula grant to States for protection and advocacy organizations to do the same. The Committee recommendation does not provide formula funding for Secretaries of State but maintains funding for protection and advocacy programs. States have over \$33,000,000 in fiscal year 2007 to fiscal year 2010 unexpended funds available to their Secretaries of State under this program, and States may still use those funds for these activities.

In addition, the Committee encourages ACF to work with States and protection and advocacy organizations to ensure that these funds are used in a timely manner. The Committee also encourages ACF, in consultation with the National Council on Disability, to monitor the implementation of the Help America Vote Act for voters with disabilities during the 2012 election cycle.

## **DEPARTMENT OF EDUCATION**

### **SPECIAL EDUCATION**

|                                |                  |
|--------------------------------|------------------|
| Appropriations, 2011 .....     | \$12,542,912,000 |
| Budget estimate, 2012 .....    | 12,861,351,000   |
| Committee recommendation ..... | 12,553,066,000   |

The Committee recommends an appropriation of \$12,553,066,000 for special education programs. The fiscal year 2011 funding level is \$12,542,912,000 and the budget request includes \$12,861,351,000 for special education.

### **Grants to States**

The Committee recommends \$11,482,200,000, the same amount as the fiscal year 2011 level, for special education grants to States, as authorized under section 611 of part B of the IDEA. The budget request proposes \$11,705,211,000 under this authority.

This program provides formula grants to assist States, outlying areas and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds

to local educational agencies, but may reserve some for program monitoring, enforcement, technical assistance, and other activities.

The appropriation for this program primarily supports activities associated with the 2012–2013 academic year. Of the funds available for this program, \$2,889,817,000 will become available on July 1, 2012, and \$8,592,383,000 will become available on October 1, 2012. These funds will remain available for obligation until September 30, 2013.

As requested by the administration, the Committee continues bill language capping the Department of the Interior set-aside at the prior year level, adjusted by the lower of the increase in inflation or the change in the appropriation for grants to States. This provision also would prevent a decrease in the amount to be transferred in case the funding for this program decreases or does not change.

### **Preschool Grants**

The Committee recommends \$373,351,000, the same amount as the fiscal year 2011 level, for preschool grants. The budget request for fiscal year 2012 is \$374,099,000. The preschool grants program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to local educational agencies. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

### **Grants for Infants and Families**

The Committee recommends \$443,548,000 for the grants for infants and families program under part C of the IDEA. The budget request for fiscal year 2012 is \$489,427,000 and the comparable fiscal year 2011 level is \$438,548,000. Part C of the IDEA authorizes formula grants to States, outlying areas and other entities to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages 2 and under, and their families.

### **State Personnel Development**

The Committee recommends \$44,000,000 for the State personnel development program. The budget request for fiscal year 2012 is \$48,000,000 and the comparable fiscal year 2011 amount is \$46,846,000.

This program focuses on the professional development needs in States by requiring that 90 percent of funds be used for professional development activities. The program supports grants to State educational agencies to help them reform and improve their personnel preparation and professional development related to early intervention, educational and transition services that improve outcomes for students with disabilities.

The Committee encourages funds available for new awards to be used to support activities devoted to increasing the skills of general educators in working collaboratively with special educators, and ultimately, students with disabilities.

### **Technical Assistance and Dissemination**

The Committee recommends \$49,306,000 for technical assistance and dissemination. The budget request for fiscal year 2012 is \$49,549,000 and the comparable fiscal year 2011 amount is \$48,806,000.

This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information and other activities. Funding supports activities that are designed to improve the services provided under IDEA. The Committee continues to support activities that address the need for high-quality, evidence-based technical assistance activities that improve the services to and outcomes for students with disabilities.

The Committee encourages the Department to strengthen its efforts to align the investments of the Office of Special Education Programs [OSEP] with a strategic plan designed to improve outcomes for students with disabilities and to ensure that OSEP's technical assistance activities are coordinated with other Department technical assistance activities.

### **Personnel Preparation**

The Committee recommends \$88,966,000 for the personnel preparation program. The budget request for fiscal year

2012 is \$90,653,000 and the comparable fiscal year 2011 amount is \$88,466,000. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel.

The program has requirements to fund several other broad areas, including training for leadership personnel and personnel who work with children with low incidence disabilities, and providing enhanced support for beginning special educators.

### **Parent Information Centers**

The Committee recommends \$28,972,000 for parent information centers. The budget request for fiscal year 2012 is \$28,028,000 and the comparable fiscal year 2011 amount is \$27,972,000.

This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

### **Technology and Media Services**

The Committee recommends \$30,644,000 for technology and media services. The budget request for fiscal year 2012 is \$33,289,000 and the comparable fiscal year 2011 amount is \$28,644,000.

This program makes competitive awards to support the development, demonstration and use of technology and educational media activities of value to children with disabilities. The Committee is particularly interested in the fiscal year 2012 competition on Educational Materials in Accessible Formats for Students with Visual Impairments and Other Print Disabilities and the recommendation includes no less than the fiscal year 2012 budget request for this activity.

The Committee notes that the last competition helped improve SEA and LEA compliance with requirements to provide accessible instructional materials to students with visual impairments and other print disabilities by providing 130,000 students with disabilities with free access to instructional materials and making over 100,000 books digitally available in multiple accessible formats. The Committee expects the fiscal year 2012 competition to continue to improve the speed and ease of access to materials as well as the volume of materials available to such students.

### **Mentoring for Individuals with Intellectual Disabilities**

The Committee recommends no funds for this proposed program. The budget proposes \$5,000,000 to support grants or contracts to expand the Best Buddies organization, as well as support activities to increase the participation of people with intellectual disabilities in social relationships and other aspects of community life, including education and employment. Legislation is pending in Congress that would authorize similar activities.

### **PROMISE: Promoting Reading of Minors in SSI**

The Committee recommendation includes \$4,000,000 for the PROMISE program and makes these funds available for obligation through September 30, 2013. The budget request includes \$30,000,000 for this new activity. The Committee provides additional support for PROMISE through \$10,000,000 for the Social Security Administration and the authority to use unobligated Vocational Rehabilitation State grant funds for the PROMISE program. The Committee intends to provide additional funds for this program in fiscal year 2013 as the planning and grant competition process described below moves forward and helps identify any additional funding needed to accomplish the goal of this program.

The goal of the PROMISE program is to improve outcomes of children who receive Supplemental Security Income [SSI], as well as their families. The Committee is aware of the research showing that less than half of 17- and 18-year-olds receiving SSI had worked during ages 16–17, almost 60 percent of child SSI recipients who turn 18, and become ineligible for child benefits, immediately continue receiving benefits as an adult, and fewer than a quarter of SSI youth ages 14–17 or their parents know about various work incentives available to them.

The PROMISE program will primarily address the barriers preventing more positive outcomes for youths receiving SSI by encouraging innovation through better coordination between existing programs and services. The program will provide such youth with more intense and coordinated services, particularly around the transition to competitive, integrated employment, completion of postsecondary education, and other activities that are likely to reduce the likelihood of future dependency on SSI. The program also intends to help families of child SSI recipients through improved services and supports such as education and training.

The Department, in cooperation with the Social Security Administration and Departments of Labor and Health and Human Services, may use funds provided in this bill to undertake a thorough planning process that includes consultation with experts on the relevant research base and possible program outcome measures as well as engagement with stakeholders on the research base and promising models, barriers to better uses of funds and improved outcomes, and possible approaches to evaluation of the PROMISE program.

The goal of the process is to help the administration design and implement a program that will award grants to States that have proposed projects that have the greatest potential for transformational impact, including through the better use of existing resources and services, and to develop information that can improve program delivery and outcomes in all States and localities, including those that do not receive PROMISE pilot funding.

The Committee expects the administration to update the Committees on Appropriations, Health, Education, Labor and Pensions, and Finance of its activities related to the PROMISE program. Such notification and consultation shall occur no later than 30 days after conclusion of the review of relevant research and engagement with stakeholders. If the administration determines, based on stakeholder input, that legislation is required to allow waivers of statutory barriers, the administration will request legislative authority to grant such waivers at least 60 days prior to their proposed issuance or announcement in notices of priorities or funding availability. Such requests should also explain the full range of administrative, regulatory and legislative flexibilities that would be granted by Federal agencies and the safeguards that would be instituted to protect program beneficiaries and taxpayers.

## **REHABILITATION SERVICES AND DISABILITY RESEARCH**

|                                |                 |
|--------------------------------|-----------------|
| Appropriations, 2011 .....     | \$3,474,719,000 |
| Budget estimate, 2012 .....    | 3,521,845,000   |
| Committee recommendation ..... | 3,511,735,000   |

The Committee recommends \$3,511,735,000 for rehabilitation services and disability research. The comparable fiscal year 2011 funding level is \$3,474,719,000. The budget request includes \$3,521,845,000 for programs in this account.

### **Vocational Rehabilitation State Grants**

The Committee recommends \$3,121,712,000 for vocational rehabilitation grants to States. The Committee recommends the full amount authorized by the Rehabilitation Act of 1973 for this mandatory funding stream. The comparable fiscal year 2011 level is \$3,084,696,000. The fiscal year 2012 budget request is \$3,140,978,000 and assumes several program consolidations and eliminations as part of a proposal to reauthorize the Workforce Investment Act [WIA].

While the Senate authorizing committee has made significant progress on a WIA reauthorization, legislation has not yet passed the Senate. As a result, the Committee recommendation follows current law. Basic State grant funds assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. Authorizing legislation requires States to give priority to persons with the most significant disabilities.

Funds are allotted to States based on a formula that takes into account population and per capita income. States must provide a 21.3 percent match of Federal funds with the exception of construction costs for the development of a facility for community rehabilitation programs, for which States must provide a 50 percent match.

The Rehabilitation Act requires that not less than 1 percent and not more than 1.5 percent of the appropriation in fiscal year 2012 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

The Committee bill includes new language allowing unmatched funds in excess of any funds requested during the reallocation process to be available for the PROMISE program described under the Special Education account and Social Security Administration. Such funds used for the PROMISE program will remain available for obligation through September 30, 2013.

### **Workforce Innovation Fund**

The Committee does not recommend any funds for the Workforce Innovation Fund [WIF] from this account. The budget request provides \$30,000,000. The Committee is supportive of this initiative and instead recommends funding through the Department of Labor's Employment and Training Administration. This program is intended to test innovative strategies or replicate proven practices that support systemic reform of the workforce investment system and substantially improve employment and education outcomes for people with disabilities.

### **Client Assistance State Grants**

The Committee recommends \$12,263,000 in discretionary funds, the same amount provided in fiscal year 2011, for the client assistance State grants program. The budget request provides \$12,288,000. The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding the benefits available to them and in their relationships with service providers. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds. Funds are distributed to States according to a population based formula, except that increases in minimum grants are guaranteed to each of the 50 States, the District of Columbia, Puerto Rico, and each of the outlying areas, by a percentage not to exceed the percentage increase in the appropriation.

### **Training**

The Committee recommends \$35,582,000, the same as the comparable fiscal year 2011 level, for training rehabilitation personnel. The budget request provides \$33,251,000.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short term, experimental and innovative, and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

### **Demonstration and Training Programs**

The Committee recommends \$6,459,000 for this program, which is the same as the comparable fiscal year 2011 funding level. The budget request eliminates funding for this program as part of the administration's proposed program consolidations.

This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals with a wide array of disabilities. The Committee recommends continued support for parent training and information centers. The Committee expects the Rehabilitation Services Administration to coordinate with the Office of Special Education Programs in carrying out this activity.

### **Protection and Advocacy of Individual Rights**

The Committee recommends \$18,065,000 for protection and advocacy of individual rights. This amount is the same as the comparable fiscal year 2011 funding level. The budget request provides \$18,101,000 for this purpose.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

### **Supported Employment State Grants**

The Committee recommends \$29,123,000, the same as the comparable fiscal year 2011 amount, for the supported employment State grant program. The budget request eliminates funding for this program as part of the administration's proposed program consolidations.

This program assists the most severely disabled individuals by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are augmented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population.

### **Grants for Independent Living**

The budget request includes \$103,716,000 to create the Grants for Independent Living program as part of the administration's proposed WIA reauthorization. The Committee does not include any funds for this program because it recommends retaining the current account structure.

### **Independent Living State Grants**

The Committee recommends \$23,403,000, the same as the comparable fiscal year 2011 amount, for independent living State grants. The budget request does not include funding for this program as part of its consolidation proposal. The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis and provide training and outreach.

### **Centers for Independent Living**

The Committee recommends \$80,105,000 for independent living centers, which is the same as the comparable fiscal year 2011. The budget request eliminates funding for this program as part of the administration's proposed program consolidations. These funds support consumer-controlled, cross-disability, nonresidential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

The Committee commends the work by these centers and encourages them to continue their efforts to facilitate the transition of individuals with significant disabilities from institutional settings to home and community based residences, and from school to postsecondary life, including employment.

### **Independent Living Services for Older Blind Individuals**

The Committee provides \$34,083,000 for independent living services to older blind individuals. This is the same level as the comparable fiscal year 2011 amount. The budget requests \$34,151,000 for this program.

Through this program, assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently and avoid societal costs associated with dependent care. Services most commonly provided by this program are daily living skills training, counseling, community integration, information and referral, the provision of low-vision devices and communication devices and low-vision screening. These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care.

### **National Institute on Disability and Rehabilitation Research**

The Committee recommends \$109,023,000, the same as the comparable fiscal year 2011 level, for the National Institute on Disability and Rehabilitation Research [NIDRR]. The budget request includes \$110,485,000 for this purpose.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including

rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training and fellowships.

The Committee strongly supports the mission of NIDRR, which includes research in the interrelated domains of health and function, employment, and participation and community living. NIDRR's resources should focus on each of these statutory research priorities to ensure the advancement of economic and social self-sufficiency and full community inclusion and participation. Future Rehabilitation Research Training Centers' priorities should advance knowledge of effective strategies to reduce the impact of poverty, promote affordable housing and independent living with improved access to long-term supports, how new technologies can promote independence and self-sufficiency and facilitate greater individual choice and control of individualized plans under the Rehabilitation and Social Security laws.

The Committee is aware that along with the growing prevalence of diabetes and cardiovascular disease, increasing numbers of Americans are undergoing amputation. The costs of limb loss to Medicare, Medicaid, the Department of Veterans Affairs, Department of Defense and private healthcare systems are projected to increase dramatically over the coming decades. The Committee recognizes that, to date, little research has been done to examine prosthetic outcomes and to link prosthetic and orthotic treatments, devices and supports to patient outcomes.

In order to support evidence-based healthcare practice in prosthetics and orthotics, and establish which approaches work best for which patients, the Committee encourages NIDRR to work with experts in the field of prosthetic research to develop a prosthetics outcomes research agenda and implement needed research. The Committee strongly supports the Traumatic Brain Injury Model Systems [TBIMS] Centers program funded by NIDRR. Almost 500 peer-reviewed publications have resulted from TBIMS research since 1987, bringing dramatic improvements to the treatment of traumatic brain injury for both civilian and military populations.

The Committee is aware that the TBIMS Centers will compete for new 5-year awards in fiscal year 2012. The Committee bill includes sufficient funds to support the current size of the TBIMS Centers program and to provide adequate resources to meet the research objectives of the TBIMS program.

The Committee intends that funds provided will enhance the capability of the TBIMS Centers to conduct critical multi-center investigations, expand the TBIMS Centers' scope of intervention studies, maintain the ongoing high quality TBIMS Centers' longitudinal research while keeping pace with the increased number of participants followed, and promote continued collaboration to improve outcomes for civilians and military populations with traumatic brain injury.

The Committee also commends NIDRR for establishing collaboration between the TBIMS Centers program and the Department of Veterans Affairs and encourages continuation of these efforts.

#### **Access Through Cloud Computing**

The Committee does not recommend funding for this program. The program did not receive funding in fiscal year 2011. The budget requests \$10,000,000 for a new initiative that would improve access to technology for people with disabilities.

#### **Assistive Technology**

The Committee recommends \$30,898,000 for assistive technology. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes \$30,960,000 for this purpose.

The Assistive Technology program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. The program supports various activities that help States develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services.

The Committee recommendation includes \$25,645,340 for State grant activities authorized under section 4 of the Rehabilitation Act of 1973, \$4,325,720 for protection and advocacy systems authorized by section 5 and \$926,940 for technical assistance activities authorized under section 6.

**NATIONAL TECHNICAL INSTITUTE FOR THE DEAF**

|                                |              |
|--------------------------------|--------------|
| Appropriations, 2011 .....     | \$65,546,000 |
| Budget estimate, 2012 .....    | 65,037,000   |
| Committee recommendation ..... | 65,546,000   |

The Committee recommends \$65,546,000, the same as the fiscal year 2011 level, for the National Technical Institute for the Deaf [NTID]. This funding supports operational costs at NTID. The budget request includes \$65,037,000 for this purpose, of which \$2,000,000 is provided for construction.

The Institute, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. The NTID also provides support services for students who are deaf, trains professionals in the field of deafness and conducts applied research.

**GALLAUDET UNIVERSITY**

|                                |               |
|--------------------------------|---------------|
| Appropriations, 2011 .....     | \$122,754,000 |
| Budget estimate, 2012 .....    | 118,000,000   |
| Committee recommendation ..... | 125,754,000   |

The Committee recommends \$125,754,000 for Gallaudet University. The comparable fiscal year 2011 funding level is \$122,754,000 and the budget request includes \$118,000,000 for the university. Gallaudet University is a private, nonprofit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

Federal funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development, disseminates curricula, materials and models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee bill includes \$7,990,000 for construction-related activities at Gallaudet University. The administration did not request funds for this purpose.

**COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED**

**SALARIES AND EXPENSES**

|                                |             |
|--------------------------------|-------------|
| Appropriations, 2011 .....     | \$5,385,000 |
| Budget estimate, 2012 .....    | 5,841,000   |
| Committee recommendation ..... | 5,385,000   |

The Committee recommends \$5,385,000 for fiscal year 2012 for the Committee for Purchase from People Who Are Blind or Severely Disabled. The fiscal year 2011 comparable level is \$5,385,000. The fiscal year 2012 budget request was \$5,841,000.

The primary purpose of the Committee for Purchase from People Who Are Blind or Severely Disabled is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

## **NATIONAL COUNCIL ON DISABILITY**

### **SALARIES AND EXPENSES**

|                                |             |
|--------------------------------|-------------|
| Appropriations, 2011 .....     | \$3,264,000 |
| Budget estimate, 2012 .....    | 3,400,000   |
| Committee recommendation ..... | 3,264,000   |

The Committee recommends \$3,264,000, the same as the comparable fiscal year 2011 funding level, for the National Council on Disability. The fiscal year 2012 budget request is \$3,400,000. The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration and the National Institute on Disability and Rehabilitation Research on the public issues of concern to individuals with disabilities.

The Council gathers information on the implementation, effectiveness and impact of the Americans with Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

## **NATIONAL HEALTH CARE WORKFORCE COMMISSION**

### **SALARIES AND EXPENSES**

|                                |             |
|--------------------------------|-------------|
| Appropriations, 2011 .....     |             |
| Budget estimate, 2012 .....    | \$3,000,000 |
| Committee recommendation ..... | 3,000,000   |

The Committee recommendation includes \$3,000,000 for the National Health Care Workforce Commission. The budget request is \$3,000,000. The National Health Care Workforce Commission was authorized in the Patient Protection and Affordable Care Act but has not yet been funded.

This commission will serve as a resource to Congress, the President, and State and local entities in evaluating healthcare workforce needs, including assessing education and training activities to determine to what extent the demand for health workers is being met, identifying barriers to improved coordination at the Federal, State and local levels and recommending changes to address those barriers.

## **SOCIAL SECURITY ADMINISTRATION**

### **PAYMENTS TO SOCIAL SECURITY TRUST FUNDS**

|                                |              |
|--------------------------------|--------------|
| Appropriations, 2011 .....     | \$21,404,000 |
| Budget estimate, 2012 .....    | 20,404,000   |
| Committee recommendation ..... | 20,404,000   |

The Committee recommends \$20,404,000, the same as the budget request, in mandatory funds for payments to Social Security trust funds. The comparable fiscal year 2011 funding level is \$21,404,000. This account reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.