



Analysis of the  
**FY 2015 Senate Labor, HHS, Education and Related Agencies  
Appropriations Bill**  
and Implications for Social and Behavioral Science

July 31, 2014

On July 24, the Senate Appropriations Committee released [bill language](#) and the accompanying [Committee report](#) for the fiscal year (FY) 2015 Labor, Health and Human Services, and Education, and Related Agencies (Labor-HHS) Appropriations bill. The Labor-HHS Subcommittee approved the bill via voice vote in June (see [Update, June 16, 2014](#)). It is still unclear when or if the measure will be considered by the full Senate Appropriations Committee. Instead, it is all but certain that Congress will enact a short-term continuing resolution (CR) to allow time to complete the FY 2015 appropriations process after the November elections.

**Downward Trend for Non-Defense Discretionary Spending**

In the report's summary, the Subcommittee explains that overall non-defense discretionary spending, adjusted for inflation, has been on a downward trend since FY 2010. Without that adjustment, the total budget authority subject to discretionary spending caps in the Labor-HHS appropriations bill has actually decreased \$6.8 billion since 2010. Beginning in FY 2016, the Subcommittee reports that non-defense discretionary spending is scheduled to reach its lowest level as a share of the economy since 1962, when this data was first collected.

The funding for the National Institutes of Health (NIH) is cited as an example by the Subcommittee of this trend. The Subcommittee reports that if the appropriation for the agency had kept up with biomedical inflation over the last decade, NIH's appropriation would have been \$37 billion in 2013, instead of the \$28.9 billion that was actually appropriated. It emphasizes that the difference of \$8.1 billion, however, is not the result of neglect by the Subcommittee. The NIH received annual increases and only experienced cuts as a result of the FY 2013 across-the-board sequester. Despite this fact, the agency still lost 28 percent in purchasing power due to the impact of inflation. The restrained growth in the discretionary spending caps is "tantamount to a cut," according to the report.

The following pages provide details of the FY 2015 Senate Labor-HHS bill for the [National Institutes of Health](#), [Agency for Healthcare Research and Quality](#), [Centers for Disease Control and Prevention](#), [Bureau of Labor Statistics](#), and [Department of Education](#).

## National Institutes of Health

For the National Institutes of Health (NIH) in FY 2015, the bill would provide \$30.5 billion (a \$605.7 million or 2 percent increase over FY 2014), including \$808.2 million in transfers available under the section 241 of the Public Health Service (PHS) Act. The President requested \$30.1 billion, including \$8.2 million in transfers via the PHS evaluation tap, a mechanism that transfers funding from other parts of the Department of Health and Human Services (HHS) to evaluate the effectiveness of public health programs. The Subcommittee notes that when combined with the FY 2014 appropriation (which was a \$1 billion increase), the bill fully replaces the sequester cut to NIH. It further emphasizes that given that the non-defense discretionary cap increases by only 0.1 percent in FY 2015, the NIH increase “required difficult decisions and unfortunate choices in other areas of this bill.”

The Subcommittee responded to the “growing outrage” by some in Congress at the loss of NIH funds to section 241 transfers, by “transforming section 241 allocations such that no NIH funding will be removed from NIH under this authority.” In FY 2015, NIH will contribute \$696.3 million to section 241 activities and be allocated \$808.2, a net gain of \$111.9 million. Accordingly, the Committee also would provide funding to the Agency for Healthcare Research and Quality (AHRQ)—whose budget was previously contingent on such transfers—entirely through budget authority rather than through transfer authority (see [Update, April 7, 2014](#)).

For the **Office of the Director** within the NIH, the bill would provide \$1.4 billion. Within this total, the **Common Fund** would be provided \$564 million and the **National Children’s Study** would receive up to \$165 million. The Committee continues to strongly support the **Brain Research through Application of Innovative Neurotechnologies** (BRAIN) initiative. Accordingly, the bill assumes the full President’s request of \$100 million to be pooled from the various NIH institutes and centers.

Regarding the **Basic Behavioral and Social Science Opportunity Network (OppNet)**, the Committee is pleased with the contribution made and “is supportive of NIH’s proposal to continue the OppNet initiative in FY 2015.”

See the [appendix](#) for the Committee’s funding recommendations for NIH by Institute. As is common, the Committee report is replete with language pertaining to NIH. Below is a summary of report language relating to social and behavioral science research.

### Blue Ribbon Commission on Scientific Standing

The bill would provide \$1 million in funding for a Blue Ribbon Commission convened by the National Academy of Sciences to discern “American public opinion on, understanding, and faith in scientific research.” The Commission is to “examine the present state of scientific repute in America and present recommendations for how to improve scientific literacy and enhance scientific regard amongst the American public.” The Subcommittee states the need for such a study is to address recent reports suggesting that students are experiencing a sense of disillusionment with science along with the “high profile headlines around nutrition, exercise, and other behavioral sciences that suggest that Americans are quick to react to initial findings, but become jaded by the nuance and complexity that often follows from additional study.”



### **Basic Research**

NIH is encouraged to maintain its focus on the funding of basic biomedical research. The Committee believes that “basic biomedical research must remain a key component of both the intramural and extramural research portfolio at the NIH.”

### **Big Data**

The Committee understands that there is an urgent need for more researchers who know how to extract meaningful information from massive and heterogeneous datasets, also known as big data, and more fully integrate its use in biomedical research. It also “notes that the ability of researchers to take full advantage of big data will be limited without new computational instruments that have the potential to redefine the scientific landscape of biomedical research. The Committee recognizes that the development of such tools is a key goal of the BD2K [Big Data to Knowledge] initiative and strongly supports cross-disciplinary efforts in this area.”

### **Scientific Reproducibility**

As the Senate report states, “The Committee is deeply concerned with reports that some published NIH research cannot be easily reproduced. While this does not necessarily negate findings, the lack of clear reproducibility undermines scientific credibility and progress.” The NIH is commended for convening workshops and soliciting expert opinion on how to address this problem. The agency is encouraged to “consider implementing best practices to facilitate the conduct of reproducible research. In particular, NIH should evaluate methods to encourage transparency in the reporting of methods and findings that would assist other scientists to replicate, validate, and extend previous research.”

### **Science Education**

The Science Education Partnership Awards [SEPA] foster important connections between biomedical researchers and K–12 teachers and their students. As the report states, “These connections establish an education pipeline to careers in biomedical sciences, which is one of the most important areas of workforce development for the U.S. economy in the 21st century.” The Senate bill directs NIH to fund the SEPA program at “no less than last year’s level.”

### **Chronic Overlapping Pain Conditions and Chronic Pain Research**

The Committee report addresses the issues of chronic overlapping pain conditions and chronic pain research. The Committee continues to strongly support an expanded and coordinated trans-NIH research effort on chronic overlapping pain conditions that solely or predominantly affect women. The NIH is urged to establish research standards for chronic overlapping pain conditions, the development of a case definition, research diagnostic criteria, and a data repository. The agency is to provide the Committee with an update in the FY 2016 Congressional Justification (CJ) “on the common data elements and outcome measures being developed.” Noting that at least 100 million Americans suffer from chronic pain, at a cost of over \$560 billion in healthcare and lost productivity each year, the Committee also highlighted the “dramatic increase in prescription opioid abuse” and the urgent need for evidence-based guidelines for the diagnosis, management, and safe and effective treatment of chronic pain.” The Committee strongly urges NIH to expand research efforts in this area. An update is requested in this area as well in the FY 2016 CJ.

### **Palliative Care**

The report language addresses the issue of pain with regards to palliative care. The NIH is urged to develop a trans-institute strategy for increasing research in palliative care for persons living with chronic and serious illness. Expanded research is needed on treatment of pain and common non-pain symptoms



across all chronic disease categories, according to the report, which also call for methods to improve communication about goals of care and treatment options between providers, patients, and caregivers; care models that maximize the likelihood that treatment delivered is consistent with patient models; and care models that improve coordination, transitions, caregiver support, and strengthen the ability of individuals living with chronic and serious illness to remain living at home.

### **High-Risk, High-Reward Research**

The Committee noted its specific interest in “NIH’s plans to place additional emphasis on high-risk, high-reward projects using a goal-oriented, milestone-driven approach.” It believes “such an approach can be particularly valuable in addressing major scientific gaps and encourages NIH to establish clear priorities.”

### **Interdisciplinary Training**

The Committee’s strong support for interdisciplinary research, particularly research that illustrates novel therapies and identifies the best ways to ensure patient adherence, is noted in the report, which states, “The Committee believes that predoctoral training is an important time in preparing scientists to be effective interdisciplinary team researchers.” Accordingly, the agency is encouraged “to continue its support for predoctoral training grants for scientists at the interface of the behavioral and biomedical sciences. NIH is further encouraged to give priority to applications that have a strong emphasis on increasing diversity in the research workforce.”

### **Institutional Development Award (IDeA)**

For the IDeA program, the Committee would provide \$275.4 million to “fully replace the sequester cut” to the program and directs the HHS Secretary to dedicate the increase above the FY 2014 enacted level toward new Centers of Biomedical Research Excellence awards. It emphasizes that the program’s focus “should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within the IDeA States.” The report further notes that there are institutions in States that qualify for Experimental Program to Stimulate Competitive Research (EPSCoR) that could benefit from the IDeA program that are ineligible for funding. The IDeA director is instructed to “develop a plan, including legislative language, to update eligibility criteria, and specifically evaluate whether EPSCoR participation should be a factor in a State’s eligibility for the IDeA program.”

### **Behavioral Research and Cancer**

The National Cancer Institute (NCI) is urged to support behavioral research on possible ways to prevent cancer and increase early detection in minority and medically-underserved populations. Citing the Institute of Medicine (IOM), the Committee notes that nearly 50 percent of all cancer patients experience distress and communicated concern that unaddressed psycho-social needs of patients are adversely impacting the effectiveness and cost of care, as well as individuals’ overall well-being.

### **Diabetes**

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is recognized by the Committee for its “groundbreaking research” to advance the prevention and treatment of diabetes. The Institute is urged to “further diabetes research that will build upon past success like the Diabetes Prevention Program...”

### **Demographic Research**

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) is commended for its commitment to the Population Dynamics Centers Research infrastructure program,



which currently funds more than 20 centers nationwide and supports “critical interdisciplinary research and research training essential to sustaining scientific discovery in demography and population dynamics. The Committee continues to strongly support projects that collect, disseminate, and/or analyze large-scale, longitudinal data sets. The studies, including the National Longitudinal Survey of Adolescent Health (Add Health) and the Fragile Families and Child Well Being study are recognized by the Committee for the crucial data on the effects of early life influence on human health and development that they provide. NICHD is encouraged to use “all possible mechanisms” to make the datasets accessible and “cost efficient” for scientists worldwide who study the linkages between health, socioeconomic status, family dynamics, genetics, and environment.

### **Demographic, Economic, and Behavioral Research**

The Committee expressed its continued support for investment in longitudinal datasets, including those “that integrate biological, social, economic, and behavioral measures, such as the Health and Retirement Study (HRS).” It also urges the National Institute on Aging (NIA) to continue supporting other population research infrastructure projects.

### **Alzheimer’s Disease**

While acknowledging the President’s request for a \$100 million increase for NIA, “in keeping with longstanding practice,” the Committee does not recommend a specific amount of funding for research on this or any other individual disease. In recognition, however, that Alzheimer’s disease poses a serious threat to the Nation’s long-term health and economic stability, the Committee concedes that it expects a significant portion of the recommended increase for NIA be directed to research on Alzheimer’s; “the exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted.” NIA is urged to continue addressing the research goals in the *National Plan to Address Alzheimer’s Disease* as well as the recommendations from the Alzheimer’ Disease Research Summit in 2010. The Committee requests that NIA provide a report to accompany the FY 2016 CJ outlining the research conducted relative to the milestones established in the National Plan, including the funding expended to meet, and progress made against, each milestone (see [Update, May 5, 2014](#)).

The Committee further encourages NIH to “take advantage of existing well-characterized, longitudinal, population-based cohort studies to provide new insights into risk factors and protective factors related to cognitive decline and dementia.” Similarly, NIH is urged to support additional research in minority populations that are at particularly high risk for cognitive decline and dementia.

### **Marijuana Research**

The National Institute on Drug Abuse (NIDA) is encouraged to continue to fund research on preventing and treating marijuana abuse and addiction. The Institute is strongly encouraged to take advantage of the U.S.’ changing laws to support population-based studies that will generate evidence to inform policy-makers on the impact of various types of laws regarding marijuana use.

NIDA is commended for its efforts in training the “next generation of innovative researchers,” citing the institute’s Avant-Garde Award Program for HIV/AIDS and Drug Use Research which supports individual scientists of exceptional creativity who propose high-impact research designed to open new areas of HIV/AIDS research and/or lead to new avenues for prevention and treatment of HIV/AIDS among drug abusers. The Committee also noted its approval of a second new award NIDA is developing that “would blend NIH’s Pioneer and New Innovator award mechanism,” called “AVENIR,” designed to attract young



investigators into HIV/drug abuse public health research. NIDA is asked to report on its progress in the FY 2016 CJ.

The Committee is alarmed by the recent increase of heroin and prescription opioid abuses and strongly encourages NIDA to fund research on overcoming barriers to and developing effective strategies towards preventing and treating this public health crisis. The Committee also urges NIDA to “focus on researching strategies to effectively combat prescription drug abuse in a way that does not contribute or create an emerging heroin epidemic.” NIDA is to continue to focus on the various links between prescription drug abuse and heroin use/addiction.

### **Health Disparities**

The Committee is “disappointed” that an increase in funding in FY 2015 was not requested for the National Institute on Minority Health and Health Disparities (NIMHD) and notes its concern regarding the impact of budget shortfalls on NIMHD programs. NIH and NIMHD are expected to report to the House and Senate Committees on Appropriations in the FY 2016 CJ regarding how the provisions of the law establishing NIMHD are being implemented. The Institute is encouraged to continue to support the mission of the Research Centers in Minority Institutions (RCMI), which “play a critical role, especially at the graduate level, in addressing the health research and training needs of the Nation.” The Committee urges NIMHD to “expand its research and evaluation of Asian American health and health disparities through its centers of excellence program, investigator-initiated grants, and other research mechanisms.” The Committee also urges that funds dedicated to research on the health status of children and adolescents be targeted toward programs in states suffering from high chronic disease burden and where a significant percentage of minors live below the federal poverty level. The Institute is specifically urged to make grant funds available for outcomes-based pilot programs aimed at reducing high levels of morbidity and mortality among disadvantaged youth in these communities.

### **Clinical and Translational Science Awards (CTSAs)**

The Committee is pleased that the National Center for Advancing Translational Research (NCATS) is implementing the recommendations of the IOM report on the CTSAs program. NCATS is requested to provide an update of its progress in the FY 2016 CJ. NIH/NCATS is also urged to give funding to CTSAs with a history of serving health disparity populations and to give priority to applications that propose to conduct research in areas that “are characterized by geographically interspersed minority populations.”

### **National Center for Complementary and Integrative Health**

In recognition that the practices the Center researches are increasingly being incorporated into the healthcare system by practitioners and/or patients, the Committee has included a provision in the bill to change the name of the National Center for Complementary and Alternative Medicine to the “National Center for Complementary and Integrative Health (NCCIH).” The Committee believes that NIH should study the effectiveness of these practices in the integrated manner in which Americans are using them.

### **Scientific Conferences**

The report addresses the unintended consequences associated with the implementation of Executive Order 13589, Office of Management and Budget Memorandum M-12-12 dated May 11, 2012, and includes language exempting scientific conferences from restrictions imposed on federally funded conferences in general. The hope is that the provision will ease the problems federal employees, particularly at the NIH, and other federally-funded researchers have been having in attending and convening key scientific meetings.



The bill provision specifies that the operating divisions of the Department of Health and Human Services shall be considered independent agencies, therefore attendance and support for scientific conferences will be tabulated separately from and not included in agency totals. The provision also limits the number of employees on official travel for an agency to 50 employees or spending more than \$1 million for sponsoring a conference, but excludes “conference that are scientific in nature or scope.”

### **Agency for Healthcare Research and Quality**

The Agency for Healthcare Research and Quality (AHRQ) has historically been funded entirely through Public Health Service (PHS) evaluation transfers. The Senate bill would do away with this means of funding for AHRQ, providing the agency with \$373.3 million in budget authority for FY 2015. This would represent a slight bump from FY 2014 and is nearly 12 percent more than the Administration’s request of \$334.1 million. These totals do not include a \$105.6 million mandatory transfer from the Patient Centered Outcomes Research Trust Fund, which will be used to support dissemination and capacity building for the Patient Centered Outcomes Research Institute (PCORI).

The committee report expresses support for the agency, which periodically faces the criticism that its work is duplicative of research funded by NIH and the CDC. The report dismisses these concerns, observing, “Although NIH and CDC also fund health research, only AHRQ provides funding to universities, medical centers and research institutions that produces evidence to improve the delivery of healthcare services and the health outcomes of patients.”

The Senate bill roughly aligns with the restructuring of AHRQ’s research portfolios proposed in the Administration’s budget request (including the elimination of the small Value research program). Across the board, however, the bill would allocate more money to each portfolio. Of the \$82.7 included in the bill for Patient Safety research, the Committee would set aside \$3 million for research and implementation work on the “behavioral issues affecting how clinicians prescribe antibiotics and their use among patients” that would focus on the “creation and dissemination of new models of antibiotic stewardship” in ambulatory and long-term care settings (this would be coordinated with the CDC’s efforts to combat antibiotic resistance). Also in the Patient Safety portfolio is a recommendation to provide \$10 million for Healthcare Delivery Systems grants.

The bill would allocate \$28.1 million to Health Information Technology (IT), \$4 million of which would be used for work on safe health IT practices related to the “design, implementation, suability, and safe use of health IT systems.” Within AHRQ’s Health Services Research, Data, and Dissemination portfolio, the Senate bill would provide \$45.9 million for investigator-initiated research (the same as in FY 2014). The committee report rejects a proposal in the budget request to set aside \$15 million of these funds for research on health economics on the grounds that “investigator-initiated research should not be targeted to any specific area of health services research in order to generate the best unsolicited ideas from the research community about a wide variety of topics.”

The bill would give a slight boost to the funding for the Medical Expenditure Panel Surveys (MEPS), which reports on how Americans use and pay for healthcare: \$65.4 million, 2.5 percent above both the FY 2014 level and the Administration’s request.



<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 Senate	Senate vs. FY 2014	Senate vs. Request
Prevention/Care Management	22.9	11.3	11.6	-49.34%	2.65%
Value	3.3	0.0	0.0	-100.00%	--
Health Information Technology	29.6	23.5	28.1	-4.98%	19.75%
Patient Safety	71.6	72.6	82.7	15.53%	13.89%
Health Services Research, Data, and Dissemination	111.1	93.2	115.7	4.17%	24.13%
Medical Expenditure Panel Surveys	63.8	63.8	65.4	2.49%	2.49%
<b>Total AHRQ Program Level</b>	<b>371.0</b>	<b>334.1</b>	<b>373.3</b>	<b>0.62%</b>	<b>11.73%</b>

### Centers for Disease Control and Prevention

The Senate bill recommends \$6 billion in discretionary budget authority for the Centers for Disease Control and Prevention (CDC), up 3.3 percent from FY 2014 and 11.1 percent above the Administration's request of \$5.4 billion. In addition, the bill would provide \$112 million in PHS evaluation transfers and \$887 million in transfers from the Prevention and Public Health Fund, bringing the total CDC program level to \$7 billion.

Under the CDC's Chronic Disease Prevention and Health Promotion activity, the bill would provide a \$1 million increase from FY 2014 aimed at dissemination of research on strategies to prevent underage drinking. It rejects a proposed \$10 million demonstration project to increase population-level cancer screenings on the grounds that there is sufficient flexibility within the Cancer Prevention and Control portfolio to fund such an activity. The bill would also maintain the Racial and Ethnic Approaches to Community Health (REACH) program, which the Administration has targeted for elimination over the past several years. The committee report includes language on chronic pain supporting "the inclusion of questions in ongoing national surveys through the National Center for Health Statistics that will yield urgently needed statistics on chronic pain prevalence, treatment, cost, and disability." It also requests that changes be made to the National Diabetes Report Card:

*"The Committee encourages CDC to make substantial improvements to the next National Diabetes Report Card, including comparing data trends from one report card to the next; adding pertinent data on gestational diabetes, undiagnosed diabetes prevalence, and A1c levels; clarifying the limitations of existing USPSTF [U.S. Preventive Services Task Force] diabetes screening measures and report trends on rates of diabetes screening; and including links to Healthy People 2020 Diabetes Objectives and existing diabetes measures."*

The bill would fund CDC's Public Health Scientific Services, which include the **National Center for Health Statistics** (NCHS), entirely through budget authority, rather than with the PHS Evaluation tap (as has been the case in previous years). NCHS would receive \$157.9 million under the Senate bill, slightly above the FY 2014 level and the amount proposed in the President's request.

Under the Injury Prevention and Control Activity, the Senate bill rejects a proposal in the Administration's budget request to provide an additional \$10 million for research on the causes and prevention of gun violence. Language in the committee report suggests that the CDC first consider adopting a public health



research agenda with regards to gun violence prevention. The bill would provide the National Violent Death Reporting System with an additional \$5 million above the FY 2014 level, which is still \$8 million below the amount in the budget request. The bill would also include an additional \$15.7 million, as requested by the Administration, to “respond to and reverse the prescription drug overdose epidemic.” The committee report also urges the CDC to “establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions.”

The bill’s Global Health allocation includes \$40 million for Global Health Security, an agenda proposed in the President’s request. However, while the Administration proposed a corresponding elimination of funding for National Public Health Institutes, the Senate bill would maintain this activity.

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 Senate	Senate vs. FY 2014	Senate vs. Request
HIV, Viral Hepatitis, STI, and TB Prevention	1117.6	1127.9	1117.6	0.00%	-0.91%
Chronic Disease Prevention & Health Promotion	1186.0	1078.0	1215.9	2.52%	12.79%
Environmental Health	179.4	168.8	187.6	4.57%	11.14%
Health Statistics	155.2	155.4	157.9	1.74%	1.61%
Injury Prevention and Control	150.4	194.3	175.1	16.42%	-9.88%
Occupational Safety and Health	332.4	280.6	332.4	0.00%	18.46%
Global Health	415.7	464.3	468.7	12.75%	0.95%
Public Health Preparedness and Response	1367.6	1317.4	1369.0	0.10%	3.92%
Preventive Health & Health Services Block Grant	160.0	0.0	160.0	0.00%	--
<b>Total CDC Budget Authority</b>	<b>5807.1</b>	<b>5399.7</b>	<b>5999.3</b>	<b>3.31%</b>	<b>11.10%</b>

### Bureau of Labor Statistics

The Senate bill recommends a total of \$602.2 million for the Bureau of Labor Statistics (BLS) for FY 2015, which would be an increase of about 1.7 percent over the FY 2014 level, but 1.3 percent below the President’s request. The committee report notes BLS’s role as the “principal fact-finding agency” in the federal government, but also notes the need for programs to be “administered as cost-effectively as possible.” The Committee directs the Government Accountability Office (GAO) to “assess the purpose, structure, methods, and operations of the BLS Federal-State cooperative system.” Further,

*“This study should analyze the implementation of the recent changes in Current Employment Statistics survey procedures, including the basis on which BLS revised the estimation process and the role for States in the production of data, how changes to the State role in the CES survey were implemented, and the benefits and drawbacks of the implementation of these changes. GAO also should consider the potential for any enhancements to the production of data within the Federal-State cooperative system programs, including the potential for structural efficiencies.”*

The report further states that the National Academy of Sciences’ Committee on National Statistics and the National Academy of Public Administration may be tapped to assist with the analysis. The Senate bill also directs the agency to prioritize the Contingent Work Supplement to the Current Population Survey “within available resources.”



<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 Senate	Senate vs. FY 2014	Senate vs. Request
Bureau of Labor Statistics	592.2	610.1	602.2	1.69%	-1.29%

## Department of Education

Within the U.S. Department of Education, the Senate bill would provide a total of \$579 million for the **Institute for Education Sciences (IES)**, and increase of less than 0.5 percent over FY 2014 and 9.1 percent less than the President's request. As illustrated in the chart below, the Research, Development and Dissemination account, the National Center for Education Statistics (NCES), the Regional Education Laboratories, and the Special Education Studies and Evaluations line would see increases under the Senate proposal, though each still below the President's budget request.

For **International Education and Foreign Language Studies**, the Senate bill would provide a total of \$81.2 million, which if appropriated would be an increase of more than 12 percent over the FY 2014 level and 6.5 percent over the President's request. The increases would be directed to the Department's domestic programs, including \$5 million in competitive grants to increase study abroad opportunities. The overseas programs, including the Fulbright-Hays cultural exchange programs, would remain flat with FY 2014 and the President's request.

Within the Fund for the Improvement of Postsecondary Education (FIPSE), the Senate bill would provide \$75 million (out of a total FIPSE budget of \$84.8 million) for the First in the World Initiative, the same amount provided in FY 2014, the program's first year of funding. The initiative would provide grants to institutions of higher education "to help ensure that they have access to and implement innovative strategies and practices shown to be effective in improving college completion and making college more affordable for students and families," with priority given to applications that target strategies for low-income students. There would be a \$20 million set-aside for minority serving institutions.

Regarding federal **student aid**, the Senate bill recommends a total of \$22.5 billion for the Pell Grant program, which would increase the maximum Pell Grant award by \$100 to a total of \$5,830 in academic year 2015-2016. The TRIO and GEAR UP Programs, which aim to improve post-secondary education opportunities for low-income and first-generation college students, would receive \$846.7 million and \$304.6 million, respectively, which are slightly higher than the FY 2014 appropriations.

Finally, the combined Graduate Assistance in Areas of National Need (GAANN) and Javits Fellowships programs would receive a total of \$31 million under the Senate bill, an increase over FY 2014. Further, the report states,

*"As the Secretary [of Education] consults with appropriate agencies and organizations to designate the fields of study that are considered 'areas of national need,' the Committee strongly urges the Secretary to consider the humanities and social sciences as eligible fields and take into account the extent to which these areas fulfill a compelling national interest."*



<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 Senate	Senate vs. FY 2014	Senate vs. Request
<b>Institute of Education Sciences</b>					
Research and Dissemination	179.9	190.3	184.9	2.78%	-2.84%
Regional Education Labs	54.4	54.4	55.4	1.84%	1.84%
Statistics (National Center for Education Statistics)	103.1	122.7	106.1	2.91%	-13.53%
Assessment (incl. NAGB)	140.2	132.3	132.3	-5.63%	0.00%
StateWide Data Systems	34.5	70.0	34.5	0.00%	-50.71%
Special Education Studies and Evaluations	10.8	13.4	11.8	9.26%	-11.94%
Research in Special Education	54.0	54.0	54.0	0.00%	0.00%
<b>International Education and Foreign Language Studies</b>	<b>72.2</b>	<b>76.2</b>	<b>81.1</b>	<b>12.33%</b>	<b>6.43%</b>
Domestic Programs	65.1	69.1	74.1	13.82%	7.24%
Overseas	7.1	7.1	7.1	0.00%	0.00%
<b>Fund for the Improvement of Postsecondary Education</b>	<b>79.4</b>	<b>175.0</b>	<b>84.8</b>	<b>6.80%</b>	<b>-51.54%</b>
Graduate Assistance in Areas of National Need	29.3	29.3	31.0	5.80%	5.80%



### Appendix: NIH Funding Recommendations by Institute

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 Senate	Senate vs. FY 2014	Senate vs. Request
<b>National Institutes of Health Total</b>	<b>29853.5</b>	<b>30134.3</b>	<b>30459.2</b>	<b>2.03%</b>	<b>1.08%</b>
John E. Fogarty International Center for Advanced Study in the Health Sciences	67.3	67.8	68.3	1.49%	0.74%
National Cancer Institute	4916.2	4930.7	5003.9	1.78%	1.48%
National Center for Advancing Translational Sciences	631.6	657.5	651.5	3.15%	-0.91%
National Center for Complementary and Alternative Medicine <i>(renamed to National Center for Complementary and Integrative Health)</i>	123.9	124.5	125.8	1.53%	1.04%
National Eye Institute	673.3	675.2	683.3	1.49%	1.20%
National Heart, Lung, and Blood Institute	2978.8	2987.7	3022.8	1.48%	1.17%
National Human Genome Research Institute	496.5	498.5	503.8	1.47%	1.06%
National Institute on Aging	1167.9	1170.9	1267.9	8.56%	8.28%
National Institute on Alcohol Abuse and Alcoholism	444.8	446.0	451.4	1.48%	1.21%
National Institute of Allergy and Infectious Diseases	4386.9	4423.4	4451.7	1.48%	0.64%
National Institute of Arthritis and Musculoskeletal and Skin Diseases	518.6	520.2	526.3	1.48%	1.17%
National Institute of Biomedical Imaging and Bioengineering	325.9	328.5	332.7	2.09%	1.28%
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development	1279.1	1283.5	1298.0	1.48%	1.13%
National Institute on Deafness and Other Communication Disorders	402.9	403.9	408.9	1.49%	1.24%
National Institute of Dental and Craniofacial Research	396.6	397.1	402.4	1.46%	1.33%
National Institute of Diabetes and Digestive and Kidney Diseases	1739.6	1743.3	1765.3	1.48%	1.26%
National Institute on Drug Abuse	1014.6	1023.3	1036.6	2.17%	1.30%
National Institute of Environmental Health Sciences	663.6	665.1	673.5	1.49%	1.26%
National Institute of General Medical Sciences	2358.7	2368.9	2403.9	1.92%	1.48%
National Institute of Mental Health	1414.9	1440.1	1440.1	1.78%	0.00%
National Institute on Minority Health and Health Disparities	267.6	267.9	271.6	1.49%	1.38%
National Institute of Neurological Disorders and Stroke	1538.7	1608.5	1608.8	4.56%	0.02%
National Institute of Nursing Research	140.1	140.5	142.2	1.50%	1.21%
National Library of Medicine	335.5	381.1	340.4	1.46%	-10.68%

