

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The agreement includes tables within and at the end of the statement allocating funding for the programs, projects, and activities in this act. The agencies within this act are directed to fully implement these allocations in accordance with the statement, except as permitted by the reprogramming and transfer authorities provided in this act. Any action to eliminate or consolidate programs, projects, and activities should be pursued through a proposal in the President's budget so it can be considered by the Committees on Appropriations.

The Department is directed to include in its fiscal year 2016 congressional budget justification the amount of expired unobligated balances available for transfer to the nonrecurring expenses fund (NEF) and the amount of any such balances transferred to the NEF. This should include actual or estimated amounts for the prior, current, and budget years.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

PRIMARY HEALTHCARE

Health Centers.—Of the available funding for fiscal year 2015, the agreement directs not less than \$165,000,000 shall be awarded for base grant adjustments to existing centers and not less than \$350,000,000 shall be awarded for the establishment of new delivery sites, medical capacity expansions, and expanded medical services including oral, behavioral, pharmacy, or vision services. In addition, not more than \$150,000,000 will be awarded for construction and capital improvement projects. In addition, within the funds provided for Primary Health

Care, the agreement includes not less than the fiscal year 2014 level for the Native Hawaiian Health Care Program.

HEALTH WORKFORCE

National Health Service Corps—The agreement includes section 223 of this act to modify the rules governing National Health Service Corps (NHSC) to allow every Corps member 60 days to cancel their contract. HRSA is directed to evaluate the establishment of a demonstration project within the NHSC in which optometrists are recognized as primary health services providers for purposes of the Loan Repayment Program.

Oral Health Training.—The agreement includes not less than \$9,000,000 for General Dentistry programs and not less than \$10,000,000 for Pediatric Dentistry programs.

Alternative Dental Health Providers.—While the agreement continues to carry bill language that prohibits the use of funds for alternative dental health care provider demonstration projects, this language is not intended to prohibit or preclude a State's ability to independently develop policies to increase patient access to dental care in underserved areas in order to address the unique needs and demands of that State.

Mental and Behavioral Health.—The agreement provides \$8,916,000 for Mental and Behavioral Health programs. With increasing numbers of military service members reintegrating into civilian life following multiple deployments, the Administrator of HRSA is directed to devote the increase to the Graduate Psychology Education Program for a special effort to focus additional grants on the inter-professional training of doctoral psychology graduate students and interns to address the psychological needs of military personnel, veterans and their families in civilian and community-based settings, including those in rural areas. The

agreement continues funding for the Leadership Training Program in Social Work to support centers of excellence at schools of social work to help develop the next generation of social workers and to provide critical leadership, resources, and training.

Public Health and Preventive Medicine Training.—The agreement provides \$21,000,000 for Public Health Workforce Development and directs that no less than \$6,000,000 for preventive medicine residencies and no less than \$4,000,000 for existing programs and residencies related to integrative medicine.

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant.—The agreement includes bill language setting aside \$77,093,000 for Special Projects of Regional and National Significance (SPRANS), which is intended to include sufficient funding to continue the set-asides for oral health, epilepsy, sickle cell, and fetal alcohol syndrome at not less than fiscal year 2014 levels. The agreement also provides \$551,631,000 for the State grants.

Autism and Other Developmental Disorders.—The agreement provides \$47,099,000 for the Autism and Other Developmental Disorders program and directs that HRSA provide no less than the fiscal year 2014 level for the LEND programs. Further, the agreement acknowledges that the Autism and Other Developmental Disorders program has demonstrated an ability to develop early detection, education, and intervention activities on autism and other developmental disorders. The Centers for Disease Control and Prevention recently announced that the highest rate of increased diagnoses for children with autism is from minority and rural communities. HRSA is directed to ensure that competitive funding opportunities are made available to specifically target innovative diagnosis and treatment models, including the use of telehealth networks, to improve the

diagnosis and treatment of Autism Spectrum Disorders in minority and rural communities.

Heritable Disorders Program.—The agreement provides \$13,883,000 for the Heritable Disorders Program, of which \$2,000,000 is provided for a new grant competition to support the wider implementation, education and awareness of newborn screening for Severe Combined Immune Deficiency (SCID) and related disorders. The qualifying grantee must have at least five years of direct involvement in the effort to support implementation of SCID screening in State newborn screening protocols and offer a national network of medical centers to provide linkage to care for diagnosed newborns.

Healthy Start.—The Fetal Infant Mortality Review (FIMR) program is an important component of many Healthy Start Initiatives and that providing evidence-based interventions are crucial to improving infant health in high risk communities. HRSA is encouraged to continue to support the FIMR program with Healthy Start funding while educating Healthy Start Programs on the successes of the FIMR.

HRSA — HRSA is also encouraged to assist Healthy Start grantees that did not receive grants in fiscal year 2014 due to changes in the grant process, but were funded in previous years, with transitional funding to help alleviate their shortfalls.

HEALTH CARE SYSTEMS BUREAU

340B Drug Program.—HRSA is required to make 340B ceiling prices available to covered entities through a secure Web site. Funding was provided in fiscal year 2014 to implement such requirements, including the creation of a Web site. HRSA is directed to provide a briefing to update the House and Senate Appropriations Committees on implementation by March 3, 2015. There are concerns that HRSA

has been unable to demonstrate that the 340B program benefits the most vulnerable patients. In order to best serve the public need, the program should examine its ability to ensure patients' access to 340B savings for outpatient drugs. HRSA is directed to work with covered entities to better understand the way these entities support direct patient benefits from 340B discounted sales.

Poison Control Centers.—Increased education and outreach services provided by the poison control centers to Medicare and Medicaid beneficiaries could result in substantial savings by the Centers for Medicare and Medicaid Services. The Secretary is directed to continue the discussions with the Nation's poison control centers to develop an action plan to achieve these possible new Medicare and Medicaid cost savings.

RURAL HEALTH

The agreement includes sufficient funding to continue the five key program areas identified in the President's budget: outreach services grants, rural network development grants, network planning grants, small healthcare provider quality improvement grants, and the Delta States network grant program.

Oral Health.—There is a significant need for dental providers in rural communities who can provide oral healthcare and education to individuals on the importance of proper oral care and prevention, and ~~remains concerned about the~~ number of unnecessary hospital emergency room visits for oral health issues. The Office of Rural Health Policy is encouraged to support mobile dentistry programs led by properly licensed dental providers. Concerns remain

Rural Access to Emergency Devices.—The agreement provides \$4,500,000 for the Rural Access to Emergency Devices program. In past fiscal years, the funding was used to purchase automated external defibrillators for public locations and to

train emergency responders in their use. The increase over fiscal year 2014 should be competitively awarded for the purchase of other emergency devices used to rapidly reverse the effects of opioid overdoses, as well as training licensed healthcare professionals and emergency responders on their use. Funding will be used to buy automated external defibrillators and other emergency devices used to rapidly reverse the effects of opioid overdoses and put them in public areas where cardiac arrests and other life threatening events are likely to occur as well as train licensed healthcare professionals to include paramedics on their use.

Telehealth.—The Office of the Advancement of Technology (OAT) expands *Telehealth* high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties. OAT is directed to use these funds to expand existing telehealth networks and to award new grants under the Telehealth Network Grant Program while also increasing activities that demonstrate the use and success of telehealth networks across the country.

OAT is commended for its work to provide greater access, quality, and scope of care to medically underserved populations. OAT is urged to fund sustainable programs with demonstrable accomplishments, placing particular emphasis on programs seeking to aid diverse populations in regions with significant chronic disease burden and evident health disparities such as diabetes.

VACCINE INJURY COMPENSATION TRUST FUND

PROGRAM (S)

HHS is directed to implement the Advisory Commission on Childhood Vaccines' recommendations on maternal immunization that were adopted in 2013 as HRSA administers the Vaccine Injury Compensation Program under existing authorities.