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and renewable energy and health care sectors. The Committee requests a briefing by appropriate Department staff before prior to the publication of a solicitation for grant announcement with respect to these funds.

The Committee recommendation also includes \$100,000,000 for the YouthBuild program. These funds will enable additional youth to learn green construction skills, while benefiting communities in need of additional units of affordable housing.

#### COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommendation includes an additional \$120,000,000 for the community service employment for older Americans program. These funds will immediately support additional employment and training opportunities for low-income, older Americans.

#### STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The Committee recommendation includes an additional \$400,000,000 for the State Employment Service. From this amount, \$250,000,000 shall be used for re-employment services that connect unemployment insurance beneficiaries to employment and training opportunities.

#### DEPARTMENTAL MANAGEMENT

##### OFFICE OF JOB CORPS

The Committee recommendation includes an additional \$160,000,000 for the Office of Job Corps. These funds will help meet the immediate building repair and renovation needs of Job Corps Centers. In addition, up to 15 percent of such funds may be used for the operational needs of such centers, including training for careers in the energy efficiency and renewable energy industries.

##### OFFICE OF INSPECTOR GENERAL

The Committee recommendation includes an additional \$3,000,000 for the Office of Inspector General to ensure appropriate oversight of funds available to and activities supported by the Department of Labor. The Committee expects to be notified immediately of any issues that are identified during such audits and oversight work.

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### HEALTH RESOURCES AND SERVICES ADMINISTRATION

##### HEALTH RESOURCES AND SERVICES

The Committee has provided an additional \$1,000,000,000 for construction, renovation and equipment at the Nation's Community Health Centers.

The Committee has provided an additional \$88,000,000 for the replacement of the headquarters of the Health Resources Services Administration. The Committee is aware that the current lease ex-

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pires on July 31, 2010 and that significant work must be done to fit-out a new facility and move the staff.

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

### **DISEASE CONTROL, RESEARCH, AND TRAINING**

The Committee has provided an additional \$412,000,000 for acquisition of property, construction, renovation and equipment for the buildings and facilities of the Centers for Disease Control and Prevention.

## **NATIONAL INSTITUTES OF HEALTH**

### **NATIONAL CENTER FOR RESEARCH RESOURCES**

The Committee recommends an additional \$300,000,000 for the National Center for Research Resources for shared instrumentation and capital research equipment.

### **OFFICE OF THE DIRECTOR**

The Committee recommends an additional \$2,700,000,000 for the Office of the Director, half of which will be transferred to the Institutes and Centers. The Committee strongly urges that, to the extent possible, the funds should be used for purposes that can be completed within 2 years. In particular, the Committee recommends placing a priority on: short-term new grants that focus on specific scientific challenges; new research that expands the scope of ongoing projects; research on public health priorities such as influenza, tuberculosis and malaria; and stem cell research.

### **BUILDINGS AND FACILITIES**

The Committee recommends an additional \$500,000,000 for constructing, improving and repairing National Institutes of Health buildings and facilities.

## **AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

### **HEALTHCARE RESEARCH AND QUALITY**

#### **(INCLUDING TRANSFER OF FUNDS)**

The Committee has provided an additional \$1,100,000,000 for comparative effectiveness research. Within this amount \$300,000,000 shall be administered by the Agency for Healthcare Research and Quality [AHRQ], \$400,000,000 shall be transferred to the National Institutes of Health [NIH], and \$400,000,000 shall be allocated at the discretion of the Secretary of Health and Human Services [the Secretary].

The Committee intends that the funding provided in this bill supports research that evaluates and compares the clinical effectiveness, risk and benefits of two or more medical treatments and services that address a particular medical condition. The Committee further intends that this research meets the requirements of sections 1013(b) and (d) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

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Since fiscal year 2005 the Committee has provided an annual appropriation to AHRQ to carry out section 1013 of the Medicare Prescription Drug Act, which supports the development of research on the relative effectiveness of different health care services and treatment options. The additional funding provided under this heading is intended to expand and accelerate this research, with the goal of developing an evidence base for consumers, clinicians, providers and policymakers regarding which healthcare interventions work best. The Committee believes that a significant increase in the Federal investment for comparative effectiveness research has the potential to improve health care quality and patient outcomes .

The Secretary, jointly with the Directors of AHRQ and the NIH, shall provide the Committees on Appropriations of the House of Representatives and the Senate a fiscal year 2009 operating plan for the funds appropriated under this heading prior to making any Federal obligations of such funds in fiscal year 2009, as well as a fiscal year 2010 operating plan for such funds prior to making any Federal obligations of such funds in fiscal year 2010. These operating plans should detail the type of research being conducted or supported, including the priority conditions addressed; and specify the allocation of resources within the Department of Health and Human Services, the Federal Government, and non-Federal entities, if applicable.

The Secretary, jointly with the Directors of AHRQ and the NIH, shall provide to the Committees on Appropriations of the House of Representatives and the Senate a report on the actual obligations, expenditures, and unobligated balances for each activity funded under this heading not later than November 1, 2009, and every 6 months thereafter as long as funding provided under this heading is available for obligation or expenditure.

## ADMINISTRATION FOR CHILDREN AND FAMILIES

### PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

The Committee has provided an additional \$2,000,000,000 for the Child Care and Development Block Grant. The funding will enable States to serve an additional 300,000 children in low-income families who have been hurt by the recession and are struggling to afford the high cost of child care.

### SOCIAL SERVICES BLOCK GRANT

The Committee has provided an additional \$400,000,000 for the Social Services Block Grant [SSBG]. The additional funding will help States and local non-profits deliver critical services to unemployed and low-income individuals struggling with the effects of the recession. The Committee intends that funds be targeted to States with the greatest need based on unemployment levels and unemployment rates.

### CHILDREN AND FAMILIES SERVICES PROGRAMS

The Committee has provided an additional \$2,100,000,000 for the Head Start program, of which \$1,100,000,000 is for expansion of Early Head Start as described in section 645A of the Head Start

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Act. The Committee is providing additional funds for early childhood education as a necessary investment that will prepare children to succeed in school and be productive workers of the future.

The Committee has also provided an additional \$200,000,000 for the Community Services Block Grant. These funds will allow local community action agencies to provide critical services for low-income communities and families, such as housing and mortgage counseling, jobs skills training, food pantry assistance, help for small businesses and case management services. Local agencies may also use these funds to provide outreach and benefits enrollment assistance to help low-income families and individuals apply for benefits and services for which they are eligible. These services help stabilize families, especially during periods of unemployment, and provide them with the tools they need to lift themselves from poverty and to establish economic self-sufficiency.

## ADMINISTRATION ON AGING

### AGING SERVICES PROGRAMS

The Committee has provided an additional \$100,000,000 for senior meals programs, of which \$67,000,000 is provided for congregate meals and \$33,000,000 is provided for home delivered meals. The Committee notes that due to the current economic crisis, many local senior programs are closing meals sites and eliminating meal delivery routes. The additional funding provided will help offset these cutbacks, which put our most vulnerable seniors at risk of hunger, poor health and isolation.

## OFFICE OF THE SECRETARY

### OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

The Committee has provided \$5,000,000,000 for health information technology [IT] activities. Information technology systems linked securely and with strong privacy protections can improve the quality and efficiency of health care while producing significant cost savings. Despite the potential benefits of health IT, investment and adoption has been limited, particularly among smaller providers. These funds can be used to support the activities of the National Coordinator for Health Information Technology including providing planning and implementation grants to facilitate and expand the electronic exchange of health information among organizations according to nationally recognized standards and to States and Indian tribes to establish low interest loan programs to facilitate the purchase of certified health IT by providers, enhance the utilization of health IT, train personnel in the use of IT, and improve the secure electronic exchange of health information.

## OFFICE OF THE INSPECTOR GENERAL

The Committee recommendation includes \$4,000,000 for the Office of the Inspector General to ensure appropriate oversight of funds available to and activities supported by the Department of Health and Human Services. The Committee expects to be notified

immediately of any issues that are identified during such audits and oversight work.

## **PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND**

### ***Prevention and Wellness***

The United States spends \$2 trillion annually on health care, more than any other Nation in the world and more than twice what every other industrialized country spends. Yet the World Health Organization ranks U.S. health care 37th among the nations of the world for quality of care, and next to last among industrialized nations for the quality of care provided to children. The United States now ranks last in the world in preventable mortality.

Preventable diseases and death are tragic anywhere they occur, but they are inexcusable in a system that consumes so much of our Nation's wealth. The medical care costs of people with preventable chronic diseases account for more than 75 percent of the Nation's \$2 trillion medical care costs and 70 percent of all deaths in the country.

Both the excessive costs and the immeasurable suffering could be greatly reduced with a commitment to prevent chronic illness. However, the Nation's health care system has yet to shift its paradigm. The incentives built into the fabric of our system ensure that health care professionals spend more time treating illness than preventing it.

For this reason, efforts to reform the health care system must include an investment in evidence-based prevention activities.

The Committee has included \$5,800,000,000 for these activities, with every expectation that these programs and activities will be sustained through health care reform. The Committee expects to work with the Secretary to develop a plan for this investment that is in line with the Secretary's and the Congress' goals for health reform.

Allowable activities include grants, contracts and cooperative agreements that provide health screenings, education, immunization, smoking cessation, prenatal screening and counseling, research, planning, nutrition counseling, workforce training, and media campaigns. The Committee believes that CDC's State portfolio managers have been successful in making the most efficient use of multiple funding streams. The Committee encourages the Secretary to expand this model in the implementation of this act. The following activities are included in the initiative:

***Autoimmune Diseases.***—Autoimmune diseases are the third most common category of disease in the United States after cancer and heart disease, with estimates of the cost to the health care system ranging from \$100,000,000,000 to \$400,000,000,000 per year in direct medical costs alone. Recent research suggests that many autoimmune diseases may have environmental triggers. The Committee encourages the Secretary to explore this connection for potential prevention strategies.

***Healthy Communities.***—The Committee has included \$400,000,000 to be transferred to the Centers for Disease Control and Prevention for an additional amount for the Healthy Communities program, which funds the planning and implementation of

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wellness activities. Eligible grantees include local governments, school districts and non-profit organizations. Priority should be given to applications that exhibit a high degree of collaboration between non-profit organizations, school districts, local governments, and the business community. Each grant award should obligate the full 3-year cost and 1 percent of funds awarded should be used for evaluation. Grantees should be instructed that no continuation funding will be available.

The Committee is strongly supportive of changes to the built environment that promote healthy behaviors. The Committee has included significant funding in the transportation title of this act that can be used to create the kinds of communities that support healthy lifestyles. Pedestrian walkways, new or improved bicycle lanes, bicycle paths, shoulders for bicycle use, and parking facilities for bicycles are all eligible uses for the vast majority of the \$27,000,000,000 of transportation funding provided in the bill. The Committee encourages the Secretary of Health and Human Services to promote health impact assessments and to coordinate the goals of the Healthy Communities program with the transportation funding guidelines.

**HIV and STD Prevention.**—CDC estimates that approximately 19 million new STD infections occur annually in the United States, with 1 in 4 teenage girls currently infected. This epidemic is estimated to cost the U.S. healthcare system \$15,000,000,000 annually, all of which is preventable. The Committee has included \$400,000,000 for testing and prevention of these conditions. The Committee intends that funds be used for grants to States for testing activities, and the prevention of STD infections like chlamydia that have been increasing dramatically in recent years.

**Immunization.**—The Committee is aware that 430,000 children and 747,000 adolescents miss their scheduled routine vaccinations annually because they are underinsured. Up to 9 million adults do not have the 12 most recommended immunizations. The Committee has included \$750,000,000 to provide additional vaccinations, an activity that should save over \$3,000,000,000 in direct medical costs over a generation.

**Key Indicators of Health.**—The Committee is aware that the Institute of Medicine has recommended 20 key indicators of health to measure and track the overall health and well-being of Americans. The Committee encourages the Secretary to initiate a Commission that would provide input from experts and stakeholders in the development and oversight of a national set of key indicators.

**Media Campaigns.**—The Committee has included funds for public service announcements and media based education campaigns identifying risk factors, promoting healthy behaviors and increasing health literacy.

**Newborn Screening.**—Newborn screening has been demonstrated to save lives and prevent serious disability. The Committee is aware that a uniform panel exists that identifies the 29 conditions for which all newborns should be tested, however, more than half of States do not comply, in part due to a lack of adequate infrastructure. The Committee has included an additional \$15,000,000 for grants to State health departments to purchase needed equipment to expand newborn screening.

*Research.*—The Committee has included \$60,000,000 for the research, data collection, and evaluation that must be done on the prevention activities funded in this act. Activities may include expansion of the Prevention Research Centers, best practices development, development of models for the health impact assessment, peer-reviewed investigator-initiated prevention research grants, and the enhancement of current data collection efforts including the Behavioral Risk Factor Surveillance System and the National Health and Nutrition Examination Survey.

*Screening and Education.*—Early detection of disease improves quality of life and reduces costs to the health care system, making routine screening a critical component of any reform efforts. The Committee has included not less than \$1,000,000,000 to expand screening and education. In addition, funds may be used for follow-up counseling. The Committee is particularly interested in identifying pre-diabetes and providing nutrition counseling to prevent the onset of type II diabetes.

*Smoking Cessation.*—Cigarette smoking is the leading preventable cause of death in the United States, causing 1 in 5 deaths annually in the United States. Currently, nearly 23 percent of high school students smoke and every day approximately 1,300 people under the age of 18 become daily smokers. Annually, cigarette smoking costs \$96,000,000,000 in direct medical costs and an additional \$10,000,000,000 for the effects of secondhand smoke. The Committee has included not less than \$75,000,000 for smoking cessation activities.

*Vital Statistics.*—Key indicators of a Nation's health system include infant mortality rates, the number of low birth weight babies, and the leading causes of death. The Committee has included up to \$40,000,000 to convert vital statistics data collection from a paper system to an electronic system.

*Workforce.*—The Committee believes that shortages of health professionals across the spectrum are a significant obstacle to prevention activities. When human resources are scarce, they rightly go to serve the most acute patients first, abandoning prevention activities that would reduce demand over the long term. The Committee has included \$600,000,000 to address health professions workforce shortages. Funds may be used for scholarships and loan repayment, authorized in the National Health Service Corps field placement and recruitment, the title VII Health Professions, and the title VIII Nurse Training programs. Funds may also be used for grants to universities and colleges that train health professionals, which may be used to purchase equipment to expand training capacity. Of those funds, \$200,000,000 is available until expended for the purpose of extending service contracts.

The Committee is aware that increasing access to certain specialty care services will take many years and some regions may never be able to support a full time specialty care clinician. For that reason, the Committee recommends that up to \$5,000,000 of the funds provided above be used to foster cross-state licensing agreements that allow specialists to treat patients via telemedicine equipment. These funds may be used for one-time grants to State licensing boards or to support regional or national meetings that

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foster additional collaboratives similar to the Interstate Nurse Licensing Compact.

## ***Pandemic Influenza***

The Committee has also included \$870,000,000 for pandemic influenza activities, which represents the third installment to implement the Pandemic Influenza Preparedness Strategy. The Committee recognizes that influenza vaccine production facilities may soon come online that will bring the domestic influenza vaccine capacity within reach of the targets set by the preparedness strategy by early in the next decade. However, the Committee notes that even with this additional manufacturing capacity, supply of a pandemic vaccine manufactured after the detection of a potential pandemic would be extremely limited in the first weeks and months, and not reach everyone until 6 months after production begins. The Committee encourages the Department to invest in processes, adjuvants, contingency plans, and/or vaccine strategies that could address this potential shortcoming.

The Committee is also concerned that the influenza vaccine production capacity in the United States will soon outpace demand by large numbers. The Committee encourages the Department to identify ways to increase demand for the annual influenza vaccine and to develop contingency plans to ensure that the hard-earned increase in domestic production is not short-lived.

## DEPARTMENT OF EDUCATION

### EDUCATION FOR THE DISADVANTAGED

The Committee recommends \$13,000,000,000 for education for the disadvantaged.

#### *Grants to Local Educational Agencies*

The Committee recommends \$11,000,000,000 for title I grants to local educational agencies [LEAs], which shall be available through September 30, 2010. From this amount, \$5,500,000,000 shall be allocated through the targeted formula and the same amount through the education finance incentive grant formula. LEAs must spend at least 15 percent of their total allocations for early childhood education.

#### *School Improvement Grants*

The Committee recommends \$2,000,000,000 for the School Improvement Grants program, which enables States to provide assistance to schools not making adequate yearly progress for at least 2 years. The Committee strongly urges the Department to encourage States to use 40 percent of their allocations for middle and high schools.

## SCHOOL IMPROVEMENT PROGRAMS

The Committee recommends an additional \$17,070,000,000 for school improvement programs.