



## **FY2015 Consolidated and Further Continuing Appropriations Act**

### **Public Health Related Report Language**

Report language is excerpted from the [Explanatory Statement](#) Accompanying H.R. 83 (PL 103- )

#### **USDA-FDA APPROPRIATIONS BILL**

##### **UNITED STATES DEPARTMENT OF AGRICULTURE**

###### **Child Nutrition Programs**

The agreement provides \$21,300,170,000 for Child Nutrition Programs. Included in the total is an appropriated amount of \$12,944,499,000 and a transfer from Section 32 of \$8,355,671,000.

Some schools are having difficulty complying with the 100 percent whole grain requirement that went into effect July 1, 2014, and there is concern about further reductions in the sodium requirements for school meals. In lieu of the language in the House and Senate reports on School Meals, the agreement provides bill language pertaining to whole grain and sodium standards. The Secretary is directed to allow States to grant an exemption from the whole grain requirements to those school food authorities that demonstrate a hardship, including financial hardship, in procuring whole grain products. Additionally, sodium standards cannot be reduced below Target 1 until the latest scientific research establishes the reduction is beneficial for children.

##### **FOOD AND DRUG ADMINISTRATION**

The agreement includes the following increases in budget authority: \$27,500,000 for food safety; \$15,000,000 for pharmacy compounding; \$4,820,000 for counterfeit drugs; \$3,000,000 for the National Antimicrobial Resistance Monitoring System; and \$2,000,000 for foreign drug inspections.

On December 1, 2014, FDA published a final regulation entitled "Food Labeling: Nutrition Labeling of Standard Menu Items in Restaurants." Prior to implementation or enforcement of the regulation, FDA shall work with industry and other stakeholders to identify questions and concerns, and provide any clarification necessary, including publication of any necessary guidance, not later than March 1, 2015.

The agreement provides \$25,000,000 for Food and Drug Administration (FDA) activities related to the ongoing response to the Ebola epidemic. FDA shall provide quarterly obligation reports by program with specific accomplishments. FDA is reminded that the funding provided for this effort is one-time and the agency should not engage in activities that will require additional resources in future fiscal years that are not included in the budget request. FDA is further reminded that all funding provided to the agency is subject to the reprogramming requirements in section 719 of this Act.

##### **DEPARTMENT OF DEFENSE**

###### *Ebola Response and Preparedness*

The agreement provides \$112,000,000 in title X, Ebola Response and Preparedness, to develop and deploy vaccines, therapeutics, diagnostic systems and other equipment in response to the current Ebola outbreak in West Africa.

Several Department of Defense organizations, including the Defense Advanced Research Projects Agency (DARPA) and the Chemical and Biological Defense Program, are in the process of developing and manufacturing countermeasures to respond to the current epidemic. While there are experimental Ebola vaccines and treatments under development,

these investigational products are in the early stages of development, and have not yet been fully tested for safety or effectiveness for humans.

The agreement provides \$33,000,000 to DARPA for Phase 1 clinical trials of experimental vaccines and therapeutics and \$12,000,000 for diagnostic efforts.

The agreement also provides \$50,000,000 to the Chemical and Biological Defense Program (CBDP) in Research, Development, Test and Evaluation, Defense-Wide to continue work on vaccines, therapeutics, and diagnostic systems that could mitigate the spread of Ebola, and \$17,000,000 in Procurement, Defense-Wide for detection and diagnostic systems, mortuary supplies, and isolation transport units.

The agreement recognizes that the most efficient way to combat this outbreak is through increased collaboration between the CBDP and DARPA. Therefore, the agreement expects these agencies to work closely together to obtain the best possible scientific solution.

## **LABOR-HHS-EDUCATION APPROPRIATIONS BILL**

### **HEALTH RESOURCES AND SERVICES ADMINISTRATION**

#### **Bureau of Primary Health Care**

##### *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.

#### **Bureau of Health Professions**

##### *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 Bureau**

##### *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.

#### **Rural Health**

##### *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.

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

The agreement includes a program level of \$6,925,776,000, which includes \$6,023,476,000 in appropriated funds for the Centers for Disease Control and Prevention (CDC). In addition, it provides \$887,300,000 in transfers from the Prevention and Public Health (PPH) Fund and \$15,000,000 in Public Health and Social Services Emergency Fund (PHSSEF) unobligated balances from pandemic influenza supplemental appropriations.

**National Center for Immunization and Respiratory Disease**

The agreement includes a total of \$798,405,000 for Immunization and Respiratory Diseases, which includes \$573,105,000 in discretionary appropriations, \$210,300,000 in transfers from the PPH Fund and \$15,000,000 in transfers from PHSSEF unobligated balances. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Section 317 Immunization Program.....	\$610,847,000
National Immunization Survey.....	12,864,000
Influenza Planning and Response.....	187,558,000

*Cost Estimates.*--CDC is requested to update its report on estimated funding needs of the Section 317 Immunization Program, which should be submitted not later than February 1, 2015, to reflect fiscal year 2016 cost estimates.

*Influenza.*--The agreement directs the Department to use \$15,000,000 in pandemic influenza supplemental balances to support CDC's global influenza activity. CDC and the Department are expected to clearly identify in budget documents when and how prior year supplemental appropriations are used.

**National Center for HIV, Viral Hepatitis, STD, and TB Prevention**

The agreement includes \$1,117,609,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention, in discretionary appropriations.

Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Domestic HIV/AIDS Prevention and Research.....	\$786,712,000
HIV Prevention by Health Departments.....	397,161,000
HIV Surveillance.....	119,861,000
Activities to Improve Program Effectiveness.....	103,208,000
National, Regional, Local, Community and Other Organizations.....	135,401,000
School Health.....	31,081,000
Viral Hepatitis.....	31,331,000
Sexually Transmitted Infections.....	157,310,000
Tuberculosis.....	142,256,000

*HIV Screening.*--The agreement notes concerns have been raised related to CDC's promotion of draft HIV screening algorithms that would limit antibody testing.

*Tuberculosis (TB).*--The agreement notes the high costs associated with treating TB, especially multi-drug resistant TB. CDC and the Federal Tuberculosis Task Force are urged to work with the FDA and other partners to identify long-term strategies to ensure an adequate and affordable supply of tuberculosis drugs.

*Youth-based Programs.*--Youth under the age of 24 have one of the highest rates of HIV diagnosis. CDC is encouraged to improve outreach and education to this population via youth-based programs.

**National Center for Emerging and Zoonotic Infectious Diseases**

The agreement includes \$404,990,000 for Emerging and Zoonotic Infectious Diseases, which includes \$352,990,000 in discretionary appropriations and \$52,000,000 that is made available from amounts in the PPH Fund.

Budget Activity	FY 2015 Agreement
Emerging and Zoonotic core activities.....	\$29,840,000
Vector-borne Diseases.....	26,410,000
Lyme Disease.....	10,663,000
Prion Disease.....	5,850,000
Chronic Fatigue Syndrome.....	5,400,000
Emerging Infectious Diseases.....	147,230,000
Food Safety.....	47,993,000
National Healthcare Safety Network.....	18,032,000
Quarantine.....	31,572,000
Advanced Molecular Detection.....	30,000,000
Epidemiology and Lab Capacity program.....	40,000,000
Healthcare-Associated Infections.....	12,000,000

*CDC Lab Capacity.*--The agreement includes an increase of \$7,250,000 to increase CDC's internal lab capacity. CDC shall use the additional funding provided to establish cutting-edge lab diagnostics to improve rapid identification and detection of emerging pathogens; establish an innovative e-pathology system to speed communication and establish virtual specimen sharing in real time; and increase research capacity and safety in high-containment labs.

*Food Safety.*--The agreement includes an increase of \$8,000,000 to apply advanced DNA technology to improve and modernize our diagnostic capabilities; and enhance surveillance, detection, and prevention efforts at the State and local level.

*Lyme Disease.*--The agreement encourages CDC to consider expanding activities related to developing sensitive and more accurate diagnostic tools and tests for Lyme disease, including evaluating emerging diagnostic methods and improving the utilization of adequate diagnostic testing; expanding its epidemiological research to determine the frequency and nature of the long-term complications of Lyme disease; improving surveillance and reporting of Lyme disease to produce more accurate data on its incidence; evaluate developing a national reporting system; and expanding prevention activity such as community-based public education and healthcare provider programs based on the latest scientific research on the disease.

*Responding to Emerging Threats.*--The agreement continues to support the Epidemiology and Laboratory Capacity and Advanced Molecular Detection programs to strengthen epidemiologic and laboratory capacity by providing critical resources to address 21st century public health challenges.

*Surveillance.*--The agreement commends CDC for its surveillance strategy, and expects CDC to continue to take steps to modernize and improve this strategy across all CDC- wide public health programs. CDC is urged to expeditiously improve standardization and commonality of platforms across all CDC systems, which would reduce duplication, tackle workforce and informatics challenges at CDC, and State and local public health agencies, and reduce the burden of participation in surveillance. The agreement requests an update on the plans and progress in the fiscal year 2016 congressional budget request.

**National Center for Chronic Disease Prevention and Health Promotion**

The agreement includes \$1,199,220,000 for Chronic Disease Prevention and Health Promotion, which includes \$747,220,000 in discretionary appropriations, and \$452,000,000 that is made available from amounts in the PPH Fund.

Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Tobacco.....	\$216,492,000
Nutrition, Physical Activity, and Obesity.....	47,585,000
High Obesity Rate Counties.....	7,500,000
School Health.....	15,383,000
Health Promotion.....	19,970,000
Community Health Promotion.....	6,348,000
Glaucoma.....	3,294,000
Visual Screening Education.....	512,000
Alzheimer's Disease.....	3,344,000
Inflammatory Bowel Disease.....	716,000
Interstitial Cystitis.....	659,000
Excessive Alcohol Use.....	3,000,000
Chronic Kidney Disease.....	2,097,000
Prevention Research Centers.....	25,461,000
Heart Disease and Stroke.....	130,037,000
Diabetes.....	140,129,000
National Diabetes Prevention Program.....	10,000,000
Cancer Prevention and Control.....	352,649,000
Breast and Cervical Cancer.....	206,993,000
WISEWOMAN.....	21,114,000
Breast Cancer Awareness for Young Women.....	4,951,000
Cancer Registries.....	49,440,000
Colorectal Cancer.....	43,294,000
Comprehensive Cancer.....	19,673,000
Johanna's Law.....	5,500,000
Ovarian Cancer.....	7,000,000
Prostate Cancer.....	13,205,000
Skin Cancer.....	2,121,000
Cancer Survivorship Resource Center.....	472,000
Oral Health.....	15,749,000
Safe Motherhood/Infant Health.....	45,473,000
Arthritis.....	9,598,000
Epilepsy.....	7,994,000
National Lupus Patient Registry.....	5,750,000
REACH.....	50,950,000
Community Prevention Grants.....	80,000,000
Million Hearts.....	4,000,000
Workplace Wellness.....	10,000,000
National Early Child Care Collaboratives.....	4,000,000
Hospitals Promoting Breastfeeding.....	8,000,000

**Burden of Disease.**--The agreement directs the CDC Director to implement a population-adjusted burden of disease criteria as a significant factor for new competitive awards within the Chronic Disease portfolio for Heart Disease, Stroke, and Diabetes.

**Chronic Disease.**--The agreement directs that the CDC Director shall not consolidate programs under Chronic Disease Prevention and Health Promotion in any manner, including through use of contracting, grant, cooperative agreement, or

other such mechanism, which does not allow for an auditable accounting process to certify that all the funding provided supported the programs and activities at the levels identified in this statement.

*Division of Oral Health (DOH).*--The agreement provides the DOH support for enhancements to the State oral health infrastructure grants, national surveillance activities and community prevention programs. The agreement urges DOH to support clinical and public health interventions that target pregnant women and young children at highest risk for dental caries. CDC is encouraged to work across HHS to improve the coordination of oral health surveillance in a manner that reliably measures and reports health outcomes.

*Diabetes, Heart Disease, and Stroke.*--The agreement expects a significant portion of resources will support local communities with the highest burden of these diseases. Further, CDC shall conduct an evaluation of supported activities to ensure they are effective and achieve the anticipated results. The agreement requests a report within 180 days of enactment on how much of the funding directly supported local communities with the highest disease burden and an analysis on how CDC evaluates its program effectiveness.

*National Diabetes Prevention Program (NDPP).*--The agreement provides support for the NDPP that encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of type 2 diabetes among people in the United States. The agreement expects CDC to have measurable long-term public health measures for this program that are reported annually in the congressional budget request. Further, the agreement requests CDC provide an update in the fiscal year 2016 budget request on how this program coordinates with other CDC and HHS programs.

*Obesity.*--The agreement expands support for the rural extension and outreach services pilot to support additional grants for rural counties with an obesity prevalence of over 40 percent. The agreement expects CDC to work with State and local public health departments to support measurable outcomes through evidenced based obesity research, intervention and prevention programs. CDC should focus its efforts in areas of the country with the highest burden of obesity and with the co-morbidities of hypertension, cardiac disease and diabetes from county level data in the Behavioral Risk Factor Surveillance System. The agreement encourages CDC childhood obesity efforts to only support activities that are supported by scientific evidence.

**National Center on Birth Defects, Developmental Disabilities, Disability and Health**

The agreement includes \$131,781,000 for Birth Defects and Developmental Disabilities.

**Public Health Scientific Services**

The agreement includes a total of \$481,061,000 for Public Health Scientific Services in discretionary appropriations.

Within the total for Public Health Scientific Services, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Health Statistics.....	\$155,397,000
Surveillance, Epidemiology, and Informatics.....	273,464,000
Public Health Workforce.....	52,200,000

**National Center for Environmental Health**

The agreement includes \$179,404,000 for Environmental Health programs, which includes \$166,404,000 in discretionary appropriations, and \$13,000,000 that is made available from amounts in the PPH Fund.

Within this total, the agreement includes the following amounts:

Budget Activity	Agreement
Environmental Health Laboratory.....	\$55,870,000
Newborn Screening Quality Assurance Program.....	8,243,000
Newborn Screening/Severe Combined Immuno- deficiency Diseases.....	1,175,000
Environmental Health Activities.....	45,580,000
Environmental Health Activities.....	17,703,000
Safe Water.....	8,601,000
Amyotrophic Lateral Sclerosis Registry.....	7,820,000
Built Environment & Health Initiative.....	2,843,000
Climate Change.....	8,613,000
Environmental and Health Outcome Tracking Network....	34,904,000
Asthma.....	27,528,000
Childhood Lead Poisoning.....	15,522,000

*Environmental Public Health Tracking Network.*--The agreement includes sufficient funding for this network to continue to support the 23 States and one city that are currently funded through the program. The program has strengthened State and local agencies' ability to prevent and control diseases and health conditions that may be linked to environmental hazards.

*Harmonization of Laboratory Test Results.*--Laboratory professionals use a variety of test methods to obtain accurate and informative results to diagnose and treat patients, which may result in the reporting of different numeric values for the same test. CDC is urged to partner with the private sector in "harmonizing" clinical laboratory test results.

**National Center for Injury Prevention and Control**

The agreement includes \$170,447,000 for Injury Prevention and Control activities.

Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Intentional Injury.....	\$92,001,000
Domestic Violence and Sexual Violence.....	32,674,000
Child Maltreatment.....	7,250,000
Youth Violence Prevention.....	15,086,000
Domestic Violence Community Projects.....	5,414,000
Rape Prevention.....	38,827,000
National Violent Death Reporting System.....	11,302,000
Unintentional Injury.....	8,598,000
Traumatic Brain Injury.....	6,548,000
Elderly Falls.....	2,050,000
Injury Prevention Activities.....	28,950,000
Prescription Drug Overdose.....	20,000,000

*Prescription Drug Overdose Prevention.*--The agreement applauds CDC's public health approach to combating this problem. However, it does not concur with the administration's proposal to fund this initiative through the Core Violence and Injury Prevention Program because it does not sufficiently target funds where they are most needed. Instead, the agreement directs CDC to fund this initiative through cooperative agreements that target States that contribute significantly to the national burden of prescription drug overdose morbidity and mortality. The agreement directs CDC to incorporate State burden of prescription drug overdose, including CDC's mortality data (age adjusted rate), in the competitive process to test and implement best practices for identification, treatment, and control of prescription drug abuse. Further, the States are expected to work with local businesses, medical providers, medical organizations, law enforcement, and support not-for-profit organizations to prevent prescription drug overdose.

Further, the agreement directs that funding to States should address data issues, improve data standards and the ability to share data across State lines and nationally to improve prescription drug overdose prevention activities. The agreement expects the activities will include working with States to establish or expand prescription drug monitoring databases of physicians writing prescriptions for opiates and pharmacists filling prescriptions. Finally, the agreement requests CDC to develop performance measures with annual targets for this program.

**Public Health Preparedness and Response**

The agreement includes \$1,352,551,000 for public health preparedness and response activities.

Within the total for Public Health Preparedness and Response, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Public Health Emergency Preparedness Cooperative Agreements.....	\$643,609,000
Academic Centers for Public Health Preparedness.....	8,018,000
All Other State and Local Capacity.....	9,415,000
CDC Preparedness and Response.....	133,797,000
BioSense.....	23,369,000
Strategic National Stockpile.....	534,343,000

*Public Health Emergency Preparedness (PHEP) Cooperative Agreement Program.*--The agreement is aware that State and local health departments rely on the PHEP cooperative agreement program to support their work with Federal government officials, law enforcement, emergency management, health care, business, education, and religious groups to plan, train, and prepare for emergencies so that when disaster strikes communities are prepared. The agreement requests that the fiscal year 2016 budget request describe how PHEP funding is distributed at the local level and how CDC coordinates with States to ensure the funds are being directed toward the highest priorities. The agreement continues the traditional breakout of separate funding lines. The agreement does not expect the cooperative agreements to fund any CDC programmatic operating costs.

*Strategic National Stockpile (SNS).*--The agreement is concerned that CDC's response plans do not include guidance to State, county, and local public health officials regarding new acquisitions to the SNS and how those new acquisitions should be used in a response effort. Therefore, the agreement directs CDC to update all current response plans within 120 days of enactment to include countermeasures procured with Project BioShield funds since its inception in an effort to ensure that first responders and health care providers have the most up-to-date guidance to respond to potential threats, including anthrax, smallpox, and acute radiation syndrome. Further, the agreement requests CDC to develop a process to ensure that all plans are reviewed annually and that new countermeasures acquired are in the plan within 60 days of receipt into the SNS program.

**CDC-Wide Activities**

The agreement includes \$273,570,000 for CDC-wide activities, which includes \$113,570,000 in discretionary appropriations and \$160,000,000 made available through the PPH Fund.

Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Preventive Health & Health Services Block Grant.....	\$160,000,000
Public Health Leadership and Support.....	113,570,000



*Preventive Health and Health Services Block Grant (PHHSBG).*--The agreement rejects the Administration's proposed elimination of the PHHSBG. The agreement restores the PHHSBG to a level of \$160,000,000. CDC is expected to provide these flexible funds to State public health agencies. CDC is urged to enhance reporting and accountability for the PHHSBG, such as providing technical assistance to States regarding using funds for core public health capacities that may not be supported through other CDC categorical funding streams, such as information exchange systems, health information technology, billing capacity, public health accreditation preparation, and implementation of evidence-based practices.

*CDC Director's Discretionary Fund.*--The CDC Director shall provide timely quarterly reports on all obligations made with the Director's Discretionary Fund to the Appropriations Committees of the House of Representatives and Senate.

*Grant Table.*--The agreement directs the CDC Director to include in the fiscal year 2016 and future budget requests a table that identifies each type of grant awarded under each CDC program. It should clearly include for each program the percentage of funds awarded by formula and non-formula for each type of and competitive grant for each of the past three years, current year, and budget year.

*Public Health Leadership and Support Detail.*--The agreement expects the budget request for fiscal year 2016 and future years to include specific breakouts and details by budget activity with typical object class data for each activity. Single Web-based Data Collection Information Technology (IT) Platform.--The agreement recognizes the efforts by CDC to develop a plan for a single Web-based data collection IT platform for public health. A significant need exists for an agile, cloud-based, and flexible IT platform to reduce the reporting burden on State public health departments, and create economic efficiencies. The agreement directs CDC to continue to work with State and local health officials to develop a timeline for a cloud-based and flexible IT public health data reporting platform for CDC programs and provide it to the House and Senate Appropriations Committees no later than 180 days after enactment of this act.

*Scientific Research Coordination with NIH.*--The agreement directs CDC programs to coordinate with the Institutes and Centers of the National Institutes of Health (NIH) and share scientific gaps to accelerate knowledge research related to disease and prevention activity supported through NIH's research portfolios. The Director shall include an update in the fiscal year 2016 budget request on this effort.

*Strategic Plan.*--The agreement includes language to require CDC to establish a budget based on measurable public health goals and objectives. Further, CDC is expected to develop a report examining options on how to align funding based on measurable public health and preparedness goals to address counties with the highest burden of each disease.

The agreement continues to support CDC public health and preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request:

- Advocacy Restrictions.--Describe mechanisms, processes, and on-going efforts to educate its staff and recipients to prevent violations;
- Chikungunya.--How the National Center for Emerging and Zoonotic Infectious Diseases works with the Center for Global Health on this cross-cutting issue;
- Duplication.--Process to ensure no funds support activities funded via a competitive announcement from the NIH or other Federal agency, such as the Federal Trade Commission's report to Congress on alcohol industry self-regulatory initiatives;
- Global Health Strategy.--How CDC, FDA, and NIH jointly develop, coordinate, plan, and prioritize global health research activities;
- Healthcare-Associated Infections (HAIs);
- Hepatitis C.--Details on progress and activities undertaken to prevent new infections;
- National Environmental Public Health Tracking Network;
- Neglected Tropical Diseases;
- Public Health Emergency Preparedness Index;

- Preterm Birth;
- Vaccine Safety.--Specific actions with State and local officials and the provider community to reduce waste and ensure vaccine potency;

## **National Institutes of Health**

*Antibiotic Resistance.*--The agreement reflects concern about growing antibiotic resistance. The agreement encourages NIAID, BARDA, CDC, and other appropriate partners, within 180 days, to conduct a workshop and develop a coordinated action plan to address research, public health and preparedness issues in this field. It is anticipated that NIAID will work with partners to develop a comprehensive plan with a timeline and measurable objectives for each partner to address the issues over the next five years. The agreement also urges NIAID to increase its efforts to accelerate the development of new antibiotics.

*Cardiovascular Disease.*--The agreement reflects awareness that in March 2014, Cambridge University researchers reported that current evidence does not clearly support cardiovascular guidelines that encourage high consumption of polyunsaturated fatty acids and low consumption of total saturated fats. The agreement recognizes that these findings create conflicting information being provided to the public. The agreement requests NHLBI convene a state of the science meeting within 180 days after enactment with participants from CDC and other appropriate scientists from all sides of this debate to identify the open questions arising from this new study.

*Health Disparities.*--The principles that serve as the foundation of NCATS (public-private partnerships, community outreach, and faster access to clinical trials) have tremendous potential for addressing the long-standing diseases associated with health disparities. NIH is encouraged to support NCATS centers with a history of serving health disparity populations so that research funding provided through the various institutes can be leveraged to address the higher incidences of cancer, stroke, and heart disease disproportionately suffered by minority populations.

*Microbicides.*--With NIH and USAID leadership, research has shown the potential for antiretroviral (ARV) drugs to prevent HIV infection in women. NIAID is encouraged to continue coordination with USAID, the State Department and others to advance ARV based microbicide development efforts with the goal of enabling regulatory approval of the first safe and effective microbicide for women and supporting product development and efficacy trials of alternative ARV based microbicides.

*Valley Fever.*--The agreement acknowledges the joint NIH and CDC efforts to combat coccidioidomycosis, also known as Valley Fever. Specifically, the agreement supports ongoing efforts by NIH and CDC to develop a Randomized Controlled Trial (RCT) to identify an effective treatment for coccidioidomycosis, develop a vaccine, and increase awareness of this disease among medical professionals and the public, which can help with early diagnosis and treatments to reduce the length and severity of this disease. The agreement encourages NIH and CDC to work with relevant experts in coccidioidomycosis endemic areas to consider RCT activity.

## **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

### **Substance Abuse Treatment**

*Opioid Treatment Education and Training Programs.*--The agreement reflects concern that the United States has seen a 500 percent increase in admissions to treatment for prescription drug abuse since 2000. Further, according to a recent study, 37 States saw an increase in admissions to treatment for heroin dependence during the past 2 years. To address the ongoing opioid crisis, SAMHSA is directed to update all of its professional education and training programs for opioid treatment programs (OTPs), office-based opioid treatment programs (OBOTs) and other addiction treatment settings, such that evidence-based innovations in counseling, recovery support, and abstinence-based relapse prevention medication assisted treatments, are fully incorporated.

*Prescription Drug and Heroin Treatment.*--Of the amount provided for Targeted Capacity Expansion, the agreement includes \$12,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with

heroin or opioid dependence. The agreement directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should be made available to States with the highest rates of primary treatment admissions for heroin and opiates per capita, and should target those States that have demonstrated a dramatic increase in admissions for the treatment of opiates and heroin in recent years.

*Overdose Fatality Prevention.*--The agreement reflects strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, to include paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training, and facilitate linkage to treatment and recovery services.

### **Centers for Medicare and Medicaid Services**

*Emergency Preparedness Plans.*--The agreement encourages CMS to partner with the Assistant Secretary for Preparedness and Response as the Department moves forward on a rule to require emergency preparedness planning for all Medicare and Medicaid providers.

*Hepatitis C.*--The agreement encourages CMS to consider the prevalence of chronic viral hepatitis among beneficiaries and the cost of providing care to those who are in the late stages of this disease. The agreement encourages CMS to educate Medicare beneficiaries and healthcare providers about hepatitis C and the need for screening while identifying opportunities to improve the quality of treatments and services.

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

### **General Departmental Management**

*Office of Women's Health.*--The agreement includes \$3,100,000 to continue the State partnership initiative to reduce violence against women, which provides funding to state-level public and private health programs to improve healthcare providers' ability to help victims of violence and improve prevention programs.

*Sports-Related Injuries.*--The agreement encourages the Department to investigate the development of new and better standards for testing sports equipment that is supported through independent research, governance, and industrial independence. These standards should actually replicate on-field impacts and produce testing data for "worst-practical-impact" conditions. Such standards will lead to research and development of new safety equipment to ensure that athletes have state-of-the-art gear that significantly reduces injuries.

### **Office of the National Coordinator for Health Information Technology**

*Information Blocking.*--The Office of the National Coordinator for Health Information Technology (ONC) is urged to use its certification program judiciously in order to ensure certified electronic health record technology (CEHRT) provides value to eligible hospitals, eligible providers and taxpayers. ONC should use its authority to certify only those products that clearly meet current meaningful use program standards and that do not block health information exchange. ONC should take steps to decertify products that proactively block the sharing of information because those practices frustrate congressional intent, devalue taxpayer investments in CEHRT, and make CEHRT less valuable and more burdensome for eligible hospitals and eligible providers to use. The agreement requests a detailed report from ONC no later than 90 days after enactment of this act regarding the extent of the information blocking problem, including an estimate of the number of vendors or eligible hospitals or providers who block information. This detailed report should also include a comprehensive strategy on how to address the information blocking issue.

*Interoperability.*--The agreement directs the Health IT Policy Committee to submit a report to the House and Senate Committees on Appropriations and the appropriate authorizing committees no later than 12 months after enactment of this act regarding the challenges and barriers to interoperability. The report should cover the technical, operational and

financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, as well as any other barriers identified by the Policy Committee.

### **Office of Inspector General**

*Lobbying.*--The agreement requests an update on how the OIG is working with the HHS agencies to improve monitoring of grantee activities to ensure that no taxpayer resources are used for lobbying.

### **Public Health and Social Services Emergency Fund**

The agreement reflects strong support for the Office of the Assistant Secretary for Preparedness and Response's (ASPR) International Influenza Vaccine Manufacturing program and includes \$15,000,000 in annual pandemic influenza funding for this purpose. The funding level provided by the agreement reflects a recognition that balances from previous pandemic flu supplemental appropriations remain unobligated and available for use by the Department. The agreement does not support the request to establish a strategic investor program.

*Pandemic Influenza Response Activities.*--The agreement is increasingly concerned about the threat posed to public health by novel influenza strains such as H7N9, which caused an outbreak in 2013. As a result of these potentially devastating outbreaks, the agreement continues to support the goals of protecting the U.S. population from national health security threats posed by pandemic influenza and other new and emerging threats.

*Project BioShield.*--The agreement is committed to ensuring the nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The agreement recognizes a public-private partnership to develop medical countermeasures (MCMs) is required to successfully prepare and defend the nation against these threats as has been demonstrated in the decade since the initiation of the Project BioShield Special Reserve Fund (SRF). Where there is little or no commercial market, the agreement supports the goal of an explicit commitment by the Government to biodefense medical countermeasures, such as was provided during fiscal years 2004-2013 by the initial SRF. Although the agreement cannot provide the authorized 5-year amount of \$2,800,000,000, it continues to support the procurement of MCMs. Further, the agreement requests the agency provide an update in the fiscal year 2016 congressional budget on how it can support training and simulated events to prepare for the coordinated management and utilization of medical countermeasures.

*Spend Plan.*--ASPR has still not provided the 5-year spend plan for the MCM enterprise as referenced in Senate report 113-71, as well as the Explanatory Statement accompanying Public Law 113-76, and as required by Public Law 113-5, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013. ASPR is directed to brief the House and Senate Committees on Appropriations within 90 days of enactment on the status of this report and the reasons for the delay in its receipt.

### **GENERAL PROVISIONS**

The agreement includes a new provision requiring unused abstinence education funding to be reallocated to qualifying States.

### ***Prevention and Public Health Transfer Table***

The agreement includes a provision that directs the transfer of the Prevention and Public Health (PPH) Fund. In fiscal year 2015, the level appropriated for the fund is \$927,000,000 after accounting for sequestration. The agreement includes bill language in section 219 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY2015 Agreement
ACL	Alzheimer's Disease Prevention Education and Outreach	\$14,700

ACL	Chronic Disease Self-Management	8,000
ACL	Falls Prevention	5,000
CDC	Section 317 Immunization Grants	210,300
CDC	Epidemiology and Laboratory Capacity Grants	40,000
CDC	Healthcare Associated Infections	12,000
CDC	Office of Smoking and Health (Tobacco Prevention/Media & Quit Lines)	110,000
CDC	Breast Feeding Grants (Hospitals Promoting Breastfeeding)	8,000
CDC	Million Hearts Program	4,000
CDC	Racial and Ethnic Approaches to Community Health (REACH)	30,000
CDC	Nutrition, Physical Activity, & Obesity Base Activities	35,000
CDC	Heart Disease & Stroke Prevention Program	73,000
CDC	Diabetes	73,000
CDC	Cancer Prevention & Control	104,000
CDC	Workplace Wellness	10,000
CDC	Early Care Collaboratives	4,000
CDC	Lead Poisoning Prevention	13,000
CDC	Preventive Health and Health Services Block Grants	160,000
SAMHSA	Suicide Prevention (Garrett Lee Smith)	12,000

**EBOLA RESPONSE AND PREPAREDNESS**

The agreement provides \$2,742,000,000 across the various accounts of the Department of Health and Human Services (HHS) to support Ebola activities. Within the total for Ebola Response, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Centers for Disease Control and Prevention Domestic	
Ebola Response:	
Public Health Emergency Preparedness.....	\$155,000,000
State and Local.....	255,000,000
Worker Training.....	10,000,000
Migration/Quarantine.....	114,000,000
Other.....	37,000,000
International Response and Preparedness.....	1,200,000,000
Biomedical Advanced Research and Development Authority (BARDA).....	157,000,000
Assistant Secretary for Preparedness and Response....	576,000,000
National Institute of Allergy and Infectious Diseases	238,000,000

*Ebola Reporting.*--The Secretary of HHS shall provide a detailed spend plan within 30 days of enactment and quarterly obligation reports by program to the Committees on Appropriations of the House of Representatives and Senate. HHS should also provide obligation updates to the Committees every six months until all funds are expended or expire. HHS is further reminded that all funding provided to the agency is subject to the reprogramming requirements in title V of this Act.

*Ebola Oversight.*--The Secretary is directed to ensure procedures are in place to prevent fraud and waste in the expenditure of these funds. Specifically, HHS is directed to work with the HHS Office of Inspector General to develop an oversight plan, which shall be submitted to the Committees on Appropriations of the House of Representatives and Senate within 90 days of enactment.

*International Preparedness.*--Of the total for international response and preparedness, the agreement provides \$597,000,000 to CDC for setting up and strengthening National Public Health Institutes (NPHIs) and for other international preparedness activities. Funding is included to continue and expand the work of NPHI grantees who received awards from fiscal year 2014 funding.

*Treatment Centers.*--The agreement does not concur with the Administration's request to designate at least one treatment center in every State. Instead, the agreement provides funding to the Department to implement a regional strategy for designating treatment centers which balances both geographic need and the fact that different institutional capabilities may be necessary for a successful strategy.

*Worker training.*--Funds are provided for medical worker training related to Ebola response. Recent incidents involving hospital personnel point to the current shortage of state-of-the-art personal protective equipment, and the need for alternative methods of protection, particularly in small community hospitals. CDC is expected to conduct an independent review of best practices and the training of personnel in the use of alternative methods of protection when first-line personal protective equipment is not available.

Sec. 217. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Sec. 218. (a) The Secretary shall establish a publicly accessible Web site to provide information regarding the uses of funds made available under section 4002 of the Patient Protection and Affordable Care Act of 2010 ('ACA').

(b) With respect to funds provided under section 4002 of the ACA, the Secretary shall include on the Web site established under subsection (a) at a minimum the following information:

(1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, and the planned uses of the funds, to be posted not later than the day after the transfer is made.

(2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals, or other announcement or solicitation of proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.

(3) Identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.

(4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year.

(c) With respect to awards made in fiscal years 2013 and 2015, the Secretary shall also include on the Web site established under subsection (a), semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken

and identifying any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

(d) In carrying out this section, the Secretary shall:

(1) present the information required in subsection (b)(1) on a single webpage or on a single database;

(2) ensure that all information required in this section is directly accessible from the single webpage or database; and

(3) ensure that all information required in this section is able to be organized by program or State.

Sec. 219. (a) Within 45 days of enactment of this Act, the Secretary shall transfer funds appropriated under section 4002 of the Patient Protection and Affordable Care Act of 2010 ('ACA') to the accounts specified, in the amounts specified, and for the activities specified under the heading 'Prevention and Public Health Fund' in the Committee report of the Senate accompanying this Act.

(b) Notwithstanding section 4002(c) of the ACA, the Secretary may not further transfer these amounts.

(c) Funds transferred for activities authorized under section 2821 of the PHS Act shall be made available without reference to section 2821(b) of such Act.

Sec. 220. (a) The Biomedical Advanced Research and Development Authority ('BARDA') may enter into a contract, for more than one but no more than 10 program years, for purchase of research services or of security countermeasures, as that term is defined in section 319F-2(c)(1)(B) of the PHS Act (42 U.S.C. 247d-6b(c)(1)(B)), if--

(1) funds are available and obligated--

(A) for the full period of the contract or for the first fiscal year in which the contract is in effect; and

(B) for the estimated costs associated with a necessary termination of the contract; and

(2) the Secretary determines that a multi-year contract will serve the best interests of the Federal Government by encouraging full and open competition or promoting economy in administration, performance, and operation of BARDA's programs.

(b) A contract entered into under this section:

(1) shall include a termination clause as described by subsection (c) of section 3903 of title 41, United States Code; and

(2) shall be subject to the congressional notice requirement stated in subsection (d) of such section.

Sec. 503. (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or

restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Sec. 521. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.