



National Association of County & City Health Officials

The National Connection for Local Public Health

FY2016 Senate Public Health Related Report Language

Report language is excerpted from the Senate Appropriations Committee reports for the Labor-HHS-Education bill (Senate Report 114-), the Agriculture-FDA bill (Senate Report [114-82](#)), and the Homeland Security bill (Senate Report [114-68](#)).

LABOR-HHS-EDUCATION APPROPRIATIONS BILL

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

Combating Antibiotic Resistance

Antibiotic resistance is an increasingly serious public health threat: each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die as a direct result of these infections. According to the latest available data, antibiotic resistance in the United States costs an estimated \$20,000,000,000 a year in excess healthcare costs. Without immediate action, routine infections in community settings, as well as common surgical procedures, are likely to become life-threatening events. **The Committee recommendation includes \$48,000,000 in new funding to combat antibiotic resistance using a multi-pronged strategy:**

- ***Detect and Protect.***—The Committee includes an increase of \$30,000,000 to CDC for faster identification and characterization of emerging resistance patterns, as well as collaborations with healthcare facilities to implement best practices for antibiotic prescribing and infection prevention.
- ***Antibiotic Stewardship.***—A major part of the problem stems from clinicians prescribing antibiotics in error: despite established evidence-based guidelines advising against the use of antibiotics, 7-in-10 patients with bronchitis receive antibiotics from their doctor. The Committee includes \$3,000,000 for AHRQ to examine physician prescribing behavior and develop new effective models of antibiotic stewardship.
- ***Antibiotic Discovery.***—With the health system rapidly running short of ammunition in the battle against resistant infections, the development of new drugs is of prime importance. The Committee includes \$94,000,000, an increase of \$15,000,000, to BARDA to spur the development of novel antibiotics and help revitalize the drug development pipeline.

Fighting Prescription Drug Abuse

Deaths from prescription painkillers continue to rise at an unprecedented rate, more than tripling in the past decade among those aged 15 and over. More than 60 people die every day in the United States from prescription drug overdoses, and annual deaths from drug poisoning in the United States each year now outnumber deaths from traffic accidents. The overuse and over prescription of these drugs, also called opioids, has become a crisis: 18 billion opioids were prescribed in 2012, enough for every American adult to take 75 pills that year. **The bill provides \$29,700,000 in new funding to fight overdoses and the abuse of these painkillers:**

- ***Abuse Prevention.***—\$15,700,000 to CDC for funding State-level prevention efforts such as enhancing prescription drug monitoring programs, that target high-use patients and inappropriate prescribing.
- ***Drug Treatment.***—\$12,000,000 to SAMHSA for State grants to expand access to drug treatment services for those with a dependence on prescription opioids or heroin. Funds will be targeted to States that have experienced the greatest increase in treatment admissions for these drugs.
- ***Overdose Prevention.***—\$2,000,000 to HRSA for the purchase and training of emergency devices, including naloxone devices, that rapidly reduces the adverse effects of opioid overdoses in rural areas.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Bureau of Primary Health Care

Community Health Centers

Community Health Centers program. Combined with the \$3,600,000,000 in mandatory funding appropriated for fiscal year 2015 in the ACA, the Committee's recommended program level totals \$5,091,522,000.

Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural and frontier areas.

The Committee recognizes that health centers face a nearly 70 percent reduction in funding with the expiration of the mandatory Health Center Fund after fiscal year 2015. This significant reduction could endanger the stability of the program and patient access to care. Given sequester and persistently tight budgets, discretionary appropriation levels will not be sufficient to absorb the loss of the mandatory funding in fiscal year 2016. The Committee strongly supports continued mandatory funding beyond 2015 for health centers to provide access to primary care.

Of the available funding for fiscal year 2015, bill language directs that no less than \$140,000,000 shall be awarded for base grant adjustments to existing centers and no less than \$1,000,000,000 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, no more than \$210,000,000 will be awarded for construction, and quality and capital improvement projects. Bill language also requires the aforementioned funding levels to be obligated by October 1, 2015.

In addition, within the amount provided, the Committee provides up to \$110,893,000 under the Federal Tort Claims Act [FTCA], available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers' federally approved scope of project.

School-Based Health Centers.—The Committee recognizes school based health centers are an important part of the health center program, as they provide students and their families access to critical healthcare services communities around the United States. The Committee urges HRSA to prioritize support for school-based health centers in new fiscal year 2015 grant awards for the establishment of delivery sites, medical capacity expansions, and expanded medical services.

Infectious Disease Screening.—The Committee urges HRSA to educate health centers and look-alikes on USPSTF recommended preventive screening guidelines for HIV and viral hepatitis. HRSA should also work with health centers to increase the number of individuals they screen for HIV and viral hepatitis.

Bureau of Health Professions

Public Health Workforce Development

The Committee provides \$22,000,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act and support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs. Funds are used to expand and improve residency training programs, and provide financial assistance to trainees enrolled in such programs.

The Committee recommendation includes 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. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2015. The Committee is pleased with the new competitive opportunity in fiscal year 2014 to improve the integrative medicine residency program with support for a national center of excellence on integrative primary care.

Maternal and Child Health Bureau

Maternal and Child Health Block Grant

The Committee provides \$639,000,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

The Committee includes bill language requiring that the State grant portion of the block grant be funded at no less than \$551,631,000. The fiscal year 2014 level is \$546,631,000. The budget request is \$546,631,000.

The Committee also includes bill language identifying \$77,093,000 for the title V SPRANS set-aside. Within that total, the Committee recommendation includes sufficient funding to fully fund the set-asides for oral health, epilepsy, sickle cell anemia, and fetal alcohol syndrome at the enacted in fiscal year 2014.

Perinatal Hepatitis B.—The Committee is pleased at the progress that has been made in reducing perinatal hepatitis B transmission and commends HRSA for the ongoing review of best practices. The Committee notes that the 2010 rate of transmission was the lowest on record and well below the Healthy People 2010 goal. However, given the availability of an effective post-exposure prophylaxis protocol, the Committee believes that the elimination of all perinatal transmission is a goal worth pursuing. In view of the large number of at-risk women being seen in HRSA-funded settings, the Committee urges HRSA to move expeditiously to integrate the best practices identified in the review into routine practice. In addition, HRSA is encouraged to validate further best practices to prevent perinatal hepatitis B transmission, particularly in high-risk ethnic communities disproportionately impacted by chronic hepatitis B.

Emergency Medical Services for Children

The Committee provides \$20,162,000 for the Emergency Medical Services for Children [EMSC] program which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

HIV/AIDS Bureau

Ryan White AIDS Programs

The Committee recommendation includes \$2,313,024,000 for the HIV/AIDS Bureau. This funding provided through budget authority is sufficient to account for the reduction of funding transferred from section 241 of the PHS Act.

HIV Testing, Linkage, and Adherence.—The Committee is aware that, despite the demonstrated success of treatment-as-prevention programs, less than 25 percent of all Americans with HIV are on antiretroviral treatment. The Committee continues to believe that the key steps to ending the HIV/AIDS epidemic include finding those people who are unaware of their HIV-positive status, linking all Americans with HIV/AIDS to care and treatment, and retaining them in that care and treatment. The Committee again urges HRSA within its Ryan White SPRANS portfolio to focus on the development of systemic approaches aimed at ensuring viral load suppression.

Emergency Assistance

The Committee provides \$660,688,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic.

Comprehensive Care Programs

The Committee provides \$1,326,911,000 for HIV healthcare and support services.

State AIDS drug assistance programs. - The Committee includes bill language providing \$905,313,000 for AIDS medications in ADAP. This funding provided through budget authority is sufficient to continue the activities funded through HHS transfers in the previous two fiscal years and account for the reduction of funding transferred from section 241 of the PHS Act. The Committee intends that the increase provided for ADAP be awarded according to the statutory formula.

Rural Health

Rural Access to Emergency Devices

The Committee provides \$5,356,000 for the Rural Access to Emergency Devices program. In past fiscal years, the funding was used to purchase automated external defibrillators [AEDs] for public locations and to train emergency responders in their use. Recognizing that many communities have AEDs but are struggling to respond to an increase in drug overdose deaths, particularly due to the increase of opioid abuse, the Committee intends the increase over fiscal year 2014 to be competitively awarded for the purchase of other emergency devices, including naloxone devices, which rapidly reverse the effects of opioid overdoses, as well as training on their use.

The Committee intends this appropriation to fund the rural program authorized in section 413 of the PHS Act, the community access demonstration authorized in section 313, and the Secretary's authority to control epidemics provided in section 311(c)(1). Funding will be used to buy automated external defibrillators, naloxone devices, and other emergency devices and put them in public areas where cardiac arrests and other life threatening events are likely to occur, and train lay rescuers and first responders in their use.

Family Planning

The Committee provides \$300,000,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide through four key functions: (1) providing individuals with comprehensive family planning and related preventive health services, including all FDA-approved methods of contraception; (2) training for family planning clinic personnel; (3) data collection and research aimed at improving the delivery of services; and (4) information dissemination and community-based education and outreach activities.

The Committee recognizes the ongoing need to support publicly funded family planning services and supplies during and after implementation of the ACA. Although health reform will result in the expansion of insurance coverage, patients seeking family planning and reproductive health services often have privacy concerns that inhibit the full use of coverage. Many of these patients will turn to safety-net settings, such as title X-funded health centers, for care. Public funding for family planning remains a cost-effective means of providing essential health services and will be important to Federal and State efforts to implement the ACA.

Infrastructure.—As essential community providers, title X clinics provide primary and preventive care services, including cancer screenings and family planning services, to nearly 5 million women and men each year. The Committee supports the use of title X program funds for infrastructure investments, including for health information technology, to ensure women's health providers can keep pace with the increased demand for reproductive health services.

Tiered Subgranting.—The Committee continues to be concerned that some traditional grantees of the title X program are implementing newly tiered approaches which base subgranting decisions on criteria that are unrelated to the performance outcomes of the program. The Committee appreciates HRSA's recent efforts to give funding preference to applicants with plans that show that a wide range of providers are eligible for subgrants. The Committee expects that funding decisions will be made solely on the ability of a clinic to achieve the best possible outcomes for the population served.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides \$7,054,006,000 in this bill for CDC, which includes \$112,000,000 in transfers under section 241 of the PHS Act, \$55,358,000 in mandatory funds under the terms of EEOICPA and \$887,300,000 in transfers from the PPH Fund.

National Center for Immunization and Respiratory Disease

Appropriations, 2014.....	\$782,973,000
Budget estimate, 2015.....	748,066,000
Committee recommendation.....	798,735,000

The Committee recommendation includes \$160,300,000 in transfers from the PPH Fund.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Immunization	610,847	560,508	611,177
National Immunization Survey (non-add)	(12,864)	(12,864)	(12,864)
Influenza Planning and Response	172,126	187,558	187,558

Cost Estimates.—The Committee is pleased with CDC’s report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted not later than February 1, 2015, to reflect fiscal year 2016 cost estimates. The updated report also should include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

Immunization Strategy.—As the healthcare delivery system continues to evolve through enhanced health insurance coverage, the Committee encourages CDC to work with State and local public health agencies to develop a strategy to modernize immunization information systems and prepare public health departments for changes in the healthcare delivery system, including new billing procedures related to privately insured patients. The strategy should also address how CDC will maintain and expand partnerships with the healthcare sector to provide routine and emergency immunization services.

Influenza.—The Committee recommendation includes an increase of \$15,432,000 above the fiscal year 2014 level, as requested by the administration. These additional funds are provided in recognition that pandemic influenza supplemental balances used in fiscal year 2014 to support CDC’s global influenza activity are no longer available. The Committee recommendation is equal to the fiscal year 2014 level after accounting for the use of these balances last year. The Committee is disappointed that use of these balances in fiscal year 2014 was not displayed in the CDC CJ, and expects in the future that CDC and the Department will clearly identify in budget documents when and how supplemental appropriations are used. In particular, the Committee expects to be notified if any remaining supplemental balances are used by CDC in fiscal year 2015.

Registries.—The Committee remains concerned about the low rate of adult immunizations. The Committee encourages CDC to continue supporting States that wish to establish and expand their use of immunization registries, with a particular focus on improving information sharing about patients’ vaccination histories across different providers and generating reminders to providers and patients about recommended vaccinations.

Section 317 Immunization.—The Committee rejects the reduction to the Section 317 Immunization Program proposed by the administration and provides funding at the comparable fiscal year 2014 level. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, the prevention of

vaccine-preventable diseases, and for responding to outbreaks. The Committee recommendation includes \$8,000,000 requested by the administration to build the capacity of public health departments to bill insurers for immunizations and encourages the continuation of billing demonstration projects in State and local health departments. The Committee recommendation provides funding for the National Immunization Survey through budget authority, rather than through transfers available under section 241 of the PHS Act as in previous years.

Vaccine Purchase Formula.—The Committee notes that the current formula used to determine the State allocation of funds for vaccine purchase uses 2013 U.S. Census data, which may not adequately reflect the current landscape of the uninsured adult population. The Committee requests that CDC update the formula as more recent Census data becomes available to better reflect the variability in insurance coverage from State to State.

Vaccine Safety.—According to recent reports, millions of dollars are lost to the U.S. Government and the private sector due to improper storage of vaccines shipped annually to healthcare providers. These losses occur because of a failure to maintain the critical “cold chain” that originates at the point of manufacturer and ends just prior to a vaccine administration by healthcare providers. The Committee encourages CDC to work with State and local officials, the provider community and the public to ensure that the potency of products are ensured through maintenance of correct temperatures.

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

Appropriations, 2014.....	\$1,117,609,000
Budget estimate, 2015.....	1,127,942,000
Committee recommendation.....	1,117,609,000

The Committee recommends funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Domestic HIV/AIDS Prevention and Research	786,712	796,185	786,712
HIV Prevention by Health Departments	397,161	398,238	397,161
HIV Surveillance	119,861	121,380	119,861
Improving HIV Program Effectiveness	103,208	106,646	103,208
National, Regional, Local, Community & Other	135,401	135,760	135,401
School Health	31,081	34,161	31,081
Viral Hepatitis	31,331	31,410	31,331
Sexually Transmitted Infections	157,310	157,719	157,310
Tuberculosis	142,256	142,628	142,256

Hepatitis C Prevention.—The Committee remains concerned by the increasing rates of new hepatitis C infections associated with the injection of prescription opioids and heroin, particularly among young people. The Committee encourages the Division of Viral Hepatitis to continue coordinating with other agencies, including SAMHSA, NIDA and the Office of National Drug Control Policy, on ways to remove barriers to implementation of evidence-based prevention strategies.

HIV Screening.—The Committee notes that CDC is proposing an updated recommendation for HIV testing by laboratories. The Committee commends CDC for leading the early adoption of advancements in HIV prevention technology and for recognizing the use of a variety of FDA-approved screening options to facilitate screening in all settings.

Tuberculosis [TB].—The Committee notes that there are barriers to the optimal diagnosis and treatment of TB in the United States, including high costs associated with treating multi-drug resistant TB and national shortages of TB drugs. The Committee applauds the Division of Tuberculosis Elimination’s innovative TB Trials Consortium for the development

of the first new TB treatment regimen for latent TB in decades, and urges the Division to expand this program to speed the development of new, shorter TB treatments. In addition, the Committee urges CDC and the Federal Tuberculosis Task Force to work with the FDA, the Office of Emergency Preparedness and Response, and other partners to identify long-term strategies to ensure an adequate and affordable national supply of TB drugs.

Viral Hepatitis Screening.—The Committee commends CDC for developing and disseminating hepatitis C virus [HCV] screening recommendations that recognize the need for identifying infected individuals and the advancements in HCV prevention and treatment technology. The Committee urges CDC to prioritize screening activities and programs.

Youth-based Programs.—The Committee recognizes that 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

Appropriations, 2014..... \$389,655,000
 Budget estimate, 2015.....445,299,000
 Committee recommendation..... 433,777,000

The Committee recommendation includes \$82,000,000 in transfers from PPH Fund.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Core Infectious Diseases	218,141	249,749	248,141
Antibiotic Resistance	.....	30,000	30,000
Vector-borne Diseases	26,410	27,205	26,410
Lyme Disease	10,663	10,688	10,663
Prion Disease	5,848	5,862	5,848
Chronic Fatigue Syndrome	5,400	5,412	5,400
Emerging Infectious Diseases	147,230	147,573	147,230
All Other Infectious Diseases	22,590	23,009	22,590
Food Safety	39,993	50,089	39,993
National HealthCare Safety Network	18,032	32,071	32,071
Quarantine	31,572	31,640	31,572
Federal Isolation and Quarantine (non-add)	.....	(1,000)	(1,000)
Advanced Molecular Detection	29,917	30,000	30,000
Epidemiology and Lab Capacity program	40,000	40,000	40,000
Healthcare-Associated Infections	12,000	11,750	12,000

Advanced Molecular Detection.—The Committee recommendation includes \$30,000,000 for the second year of funding for CDC’s Advanced Molecular Detection initiative. This initiative involves the use of the latest pathogen identification technologies along with enhanced capabilities in bioinformatics (an interdisciplinary field involving the use of computer technology, mathematics, and engineering in the analysis of biologic data) to better understand, prevent, and control infectious diseases.

Antibiotic Resistance.—The Committee includes an increase of \$30,000,000 over the fiscal year 2014 level for CDC’s “Detect and Protect Against Antibiotic Resistance” initiative. These funds, provided through transfers from the PPH Fund, will allow CDC to enhance surveillance and laboratory capacity to speed the identification of antibiotic resistance threats. This initiative will also fund State-based prevention and stewardship collaboratives that promote implementation of best practices for reducing the spread of antibiotic resistant bacteria and improving appropriate

antibiotic use. The Committee expects that CDC will provide measurable goals for this initiative in terms of reduced rates of resistant infections and will track progress toward meeting these goals.

The Committee commends CDC for issuing its first report ranking and detailing antibiotic resistant threats, as well as providing recommended actions. The Committee encourages CDC to issue follow-up reports every 2 years that outline the major issues in resistance; provide data on the societal burden of resistance; publish resistance patterns and antimicrobial use data; articulate CDC activities combating resistance; describe relevant international developments; and identify gaps in surveillance, data collection, prevention and stewardship.

Emerging and Zoonotic Diseases.—The Committee is aware of the arrival of chikungunya in the Caribbean and supports CDC’s work to prepare and monitor any potential arrival of chikungunya in the United States. The Committee encourages the National Center for Emerging and Zoonotic Infectious Diseases to work with the Center for Global Health on cross-cutting issues relating to emerging diseases, particularly in support of the Global Health Security Program.

Food Safety.—The Committee strongly supports CDC’s food safety and surveillance activities. A robust safety-related program is needed to identify food-borne illnesses and effectively confine the spread of an outbreak, limiting the adverse effect on public health. The Committee also continues to support the Integrated Food Safety Centers of Excellence, which serve a critical role in developing and disseminating food safety surveillance and outbreak response.

Infectious Diseases.—The Committee notes that funding through CDC’s core Infectious Disease Program has supported the actions of public health in virtually every major infectious disease outbreak in recent years, while also building systems that work across multiple diseases and that can be leveraged according to conditions on the ground. This funding enables States to adapt to evolving health threats, with tools such as West Nile virus surveillance, foodborne disease investigations, and situational awareness during disease outbreaks.

National Healthcare Safety Network [NHSN].—The Committee recommendation includes an increase of \$14,039,000 above the fiscal year 2014 comparable level for the National Healthcare Safety Network [NHSN]. The Committee notes that at any given time, about 1 in 20 patients have an infection while receiving care in U.S. hospitals. These healthcare-associated infections [HAIs] result in up to \$33,000,000,000 in excess medical costs every year. The NHSN is a surveillance system for HAI tracking and prevention used by over 12,000 healthcare facilities, including hospitals in all 50 States. The Committee recommendation will extend NHSN reporting to more than 3,000 additional sites, providing more data for national HAI prevention and elimination efforts. The additional funding provided will also support development of antibiotic use and resistance components of the NHSN that will provide “realtime” data on antibiotic use and resistance trends.

Quarantine.—The Committee includes bill language requested by the administration that provides extended availability for a small portion of CDC’s quarantine funding. CDC currently reimburses State and local governments for medical and transportation costs associated with Federal isolation orders, which CDC issues under its regulatory authority in order to isolate and quarantine travelers with highly contagious diseases. This extended availability will allow CDC to pay these costs when invoices from State and local governments are submitted after the end of the fiscal year.

National Center for Chronic Disease Prevention and Health Promotion

Appropriations, 2014	\$1,186,001,000
Budget estimate, 2015	1,077,957,000
Committee recommendation	1,215,941,000

The Committee recommendation includes \$467,000,000 in transfers from the PPH Fund.

Within the total provided for the National Center for Chronic Disease Prevention and Health Promotion, the following amounts are available for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Tobacco	210,492	210,767	226,492
Nutrition, Physical Activity and Obesity	40,085	40,092	45,085
High Obesity Rate Counties (non-add)	5,000	.....	5,000
School Health	15,383	15,424	15,383
Health Promotion	19,432	19,483	20,432
Community Health Promotion	6,348	6,364	6,348
Glaucoma	3,294	3,303	3,294
Visual Screening Education	512	513	512
Alzheimer's Disease	3,344	3,353	3,344
Inflammatory Bowel Disease	716	718	716
Interstitial Cystitis	659	661	659
Excessive Alcohol Use	2,462	2,468	3,462
Chronic Kidney Disease	2,097	2,103	2,097
Prevention Research Centers	25,461	25,000	25,461
Heart Disease and Stroke	130,037	130,188	130,037
Diabetes	140,129	140,306	140,129
National Diabetes Prevention Program	9,972	10,000	15,000
Cancer Prevention and Control	350,323	308,012	350,323
Breast and Cervical Cancer	206,993	169,204	206,993
WISEWOMAN (non-add)	21,114	21,170	21,114
Cancer Screening Demonstration Project	.....	10,000	.....
Breast Cancer Awareness for Young Women	4,951	4,419	4,951
Cancer Registries	49,440	44,131	49,440
Colorectal Cancer	43,294	39,515	43,294
Comprehensive Cancer	19,673	17,561	19,673
Johanna's Law	5,118	4,568	5,118
Ovarian Cancer	5,056	4,512	5,056
Prostate Cancer	13,205	11,787	13,205
Skin Cancer	2,121	1,894	2,121
Cancer Survivorship Resource Center	472	421	472
Oral Health	15,749	15,790	15,749
Safe Motherhood/Infant Health	45,473	45,589	45,473
Other Chronic Diseases	26,735	26,806	14,427
Epilepsy (non-add)	7,994	8,015	7,994
National Lupus Registry (non-add)	5,628	5,643	5,628
Racial and Ethnic Approach to Community Health	50,950	.....	50,950
Partnerships to Improve Community Health	79,780	80,000	90,000
Million Hearts	4,000	4,000	4,000
Workplace Wellness	10,000	.....	10,000
Early Child Care Collaboratives	4,000	4,000	4,000
Hospitals Promoting Breastfeeding	8,000	2,500	13,000

Breastfeeding.—The Committee urges CDC to continue to support breastfeeding as a strategy to reduce obesity through the State Public Health Actions to Prevent Chronic Disease and the Partnerships to Improve Community Health grant programs. In addition, the Committee recommendation provides an increase of \$5,000,000 above the fiscal year 2014 level to the Hospitals Promoting Breastfeeding program to allow the program to expand its efforts to overcome barriers to breastfeeding.

Breast and Cervical Cancer Screening.—The Committee rejects the administration’s proposed cut to the Breast and Cervical Cancer program and provides funding at the fiscal year 2014 comparable level. The Committee notes that according to a recent study, even with full implementation of the ACA, the National Breast and Cervical Cancer and Early Detection Program would serve less than one-third of women eligible for services. The Committee recommendation does not provide funding for the proposed cancer demonstration project to enable grantees to increase population-level screening rates. The Committee believes that the bill language provided, as requested by the administration, to allow States to spend less than 60 percent of funds on direct services will allow grantees to accomplish the same purpose without specific funding for a new demonstration project.

Community Prevention.—The Committee commends the Center for its recent funding announcement for the Partnerships to Improve Community Health program, which the Committee funded for the first time last year. The Committee recommendation includes \$90,000,000 for CDC to expand this program. The Committee directs the Center to ensure that new or ongoing investments in this program continue to include businesses, schools and non-profit organizations. Further, CDC should encourage grantees to work with cross-sector coalitions and engage non-health partners, address primary prevention by working on common risk factors for chronic disease, support community prevention-clinical-social services linkages and use evidence-based or science-informed approaches. The Committee is aware of “Blue Zones,” which are places in the world where people live measurably better and longer, in large part because the communities in which they live support healthier lifestyles. The Committee encourages CDC to award Partnerships to Improve Community Health grants to communities that aim to accomplish these goals and create their own “Blue Zones.”

Diabetes.—The Committee recognizes the work of CDC’s chronic disease programs, including those housed within the Division of Diabetes Translation, to address the diabetes epidemic. Diabetes affects the quality of life for the nearly 26 million Americans with diabetes and the 79 million with prediabetes. In order to increase efforts to prevent or delay the onset of type 2 diabetes, the Committee recommendation includes \$15,000,000, an increase of \$5,028,000 above the fiscal year 2014 level, for the National Diabetes Prevention Program. This program promotes lifestyle interventions that have been proven to reduce the risk of developing diabetes by 58 percent in individuals at high risk.

Early Care and Education.—According to a recent study, a third of children who were overweight in kindergarten were obese by eighth grade. This suggests that efforts to reduce obesity must start much earlier. The Committee recommendation includes \$4,000,000 to continue the highly successful collaboratives to assist early care and education providers in 10 States adopt policies and practices related to nutrition, breastfeeding support, physical activity and screen time reduction.

Heart Disease and Stroke.—The Committee strongly supports the activities of the Division for Heart Disease and Stroke Prevention, including the Paul Coverdell National Acute Stroke Registry, the Sodium Reduction Communities, and the Division’s evolving cardiovascular disease surveillance system. The Committee recommendation includes \$4,000,000 from the PPH Fund to the Million Hearts initiative which has a goal of preventing one million heart attacks and strokes by 2017.

High Obesity Counties.—The Committee is concerned about the growing body of evidence suggesting that obesity is the most significant challenge facing the public health system. If this epidemic continues unabated, obesity and the many disorders it causes will bankrupt the healthcare system and increase the disease burden among American youth. Therefore, the Committee recommendation includes \$5,000,000 in competitive funding to continue and expand community specific pilot programs that focus on the use of existing extension and outreach services in the counties with the highest prevalence of obesity. All counties with an obesity prevalence of over 40 percent, as determined by CDC’s latest county level data in the Behavioral Risk Factor Surveillance System, shall be eligible to participate in this extension and outreach program.

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 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 Committee encourages CDC to use the Breastfeeding Report Card as a model.

Office on Smoking and Health [OSH].—The Committee includes \$226,492,000 for OSH, an increase of \$16,000,000 above the comparable fiscal year 2014 level. While much progress had been made in reducing tobacco use, the recent Surgeon General’s report highlights that each year, smoking kills over 480,000 Americans and costs the Nation at least \$289,000,000,000 in medical bills and lost productivity. The Committee is pleased with the reported results of the OSH media campaign, Tips from Former Smokers. Since it was first launched in 2012, the Tips campaign has generated more than 450,000 additional calls to State quitlines and nearly 2.8 million additional unique visitors to the campaign’s Web site. **The Committee expects OSH to commit at least the same amount in fiscal year 2015 for a media campaign and quitlines as it did in fiscal year 2014.**

The Committee is pleased with the work of the Environmental Health Laboratory’s effort to analyze tobacco products and their impact on public health. The Committee expects OSH and the lab to reach an agreement on the amount of funds transferred from OSH to the lab, as well as the most effective use of these funds. The Committee notes that this transfer is to be provided to the lab in a manner that supplements and in no way replaces existing funding for tobacco-related activities.

Preterm Birth.—Preterm birth affects more than 500,000 babies each year in the United States and is the leading cause of neonatal mortality. The Committee commends CDC for funding State-based Perinatal Collaboratives that focus on improving birth outcomes using known prevention strategies such as reducing early elective deliveries. Funding is provided, as authorized by the PREEMIE Reauthorization Act, to continue these collaboratives, as well as preterm birth research and prevention activities.

Racial and Ethnic Approaches to Community Health [REACH].— The Committee recommendation includes \$50,950,000, for the REACH program. **The Committee strongly supports the REACH model of partnering with communities that are underserved in order to identify health disparities of concern to the community and then to implement community-based, evidence-based and culturally competent approaches to reduce or eliminate those disparities.**

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

Appropriations, 2014.....	\$132,000,000
Budget estimate, 2015.....	132,337,000
Committee recommendation.....	131,581,000

Public Health Scientific Services

Appropriations, 2014.....	\$480,989,000
Budget estimate, 2015.....	525,809,000
Committee recommendation.....	484,650,000

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Health Statistics	155,247	155,397	157,897
Surveillance, Epidemiology, and Public Health Informatics	273,464	303,008	274,475
Public Health Workforce and Career Development	52,278	67,404	52,278

Community Guide.—The Committee supports the work of the Guide to Community Preventive Services and the Community Preventive Services Task Force. The Committee encourages the Task Force to continue its work on

identifying gaps in the evidence regarding what works in preventing cardiovascular disease, which accounts for one out of every four deaths in the United States.

National Center for Environmental Health

Appropriations, 2014.....	\$179,404,000
Budget estimate, 2015.....	168,811,000
Committee recommendation.....	187,584,000

The Committee recommendation includes \$18,000,000 in transfers from the PPH Fund.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Environmental Health Laboratory	55,870	56,003	55,870
Newborn Screening Quality Assurance	8,243	8,155	8,243
Newborn Screening for SCID	1,175	1,150	1,175
Other Environmental Health	46,452	46,698	46,452
Environmental Health Activities	45,580	45,684	46,760
Safe Water	8,601	8,620	8,601
ALS Registry	7,820	7,838	9,000
Built Environment & Health Initiative	2,843	2,849	2,843
Climate Change	8,613	8,632	8,613
All Other Environmental Health	17,703	17,745	17,703
Environmental and Health Outcome Tracking Network	34,904	24,000	34,904
Asthma	27,528	27,596	29,528
Healthy Homes/Childhood Lead Poisoning	15,522	15,528	20,522

Asthma.—The Committee recognizes the increasing burden of asthma in States and provides \$2,000,000 above the fiscal year 2014 level for the National Asthma Control Program. The Committee instructs CDC to use the additional funding provided to increase the number of States carrying out programmatic activities.

Environmental Public Health Tracking Network.—The Committee recommendation 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.

Healthy Homes and Lead Poisoning Prevention Program.—The Committee recognizes the important role that healthy homes can play in reducing the risk of numerous conditions, including asthma and lead poisoning. The Committee recommendation includes \$20,522,000 for the Healthy Homes and Lead Poisoning Prevention program, which will increase the number of sites implementing primary prevention strategies to control or eliminate the sources of lead for at-risk children. It will also allow for follow-up services to children already exposed to lead, such as risk assessments and home inspections.

National Center for Injury Prevention and Control

Appropriations, 2014.....	\$150,447,000
Budget estimate, 2015.....	194,304,000
Committee recommendation.....	175,143,000

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Intentional Injury	92,001	107,847	92,001
Domestic Violence and Sexual Violence	32,674	32,757	32,674
Youth Violence Prevention	15,086	15,125	15,086
Domestic Violence Community Projects	5,414	5,428	5,414
Rape Prevention	38,827	44,537	38,827
Gun Violence Prevention Research	.....	10,000	.....
National Violent Death Reporting System	11,302	23,570	16,302
Unintentional Injury	8,598	8,619	12,598
Traumatic Brain Injury	6,548	6,564	6,548
Elderly Falls	2,050	2,055	2,050
All Other Unintentional Injury	.....	.....	4,000
Injury Prevention Activities	28,950	44,646	44,646
Injury Control Research Centers	9,596	9,622	9,596

Gun Violence Research.—The prevalence of shooting incidents in the United States underscores the continued need for peer-reviewed research in this area. A June 2013 Institute of Medicine report laid out a research agenda on gun violence covering key subjects such as the characteristics of firearm violence, risk and protective factors, and the impact of gun safety technology. **The Committee believes that adopting a public health research agenda would be a good first step toward understanding the causes of gun violence and identifying the most effective prevention strategies.**

Prescription Drug Overdose.—The Committee recommendation for Injury Prevention activities includes an increase of \$15,696,000 for efforts to respond to and reverse the prescription drug overdose epidemic. The Committee applauds CDC’s public health approach to combating this problem but 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 Committee directs CDC to fund this initiative through a cooperative agreement with States that targets those States with the greatest burden of prescription drug overdose.** Funds should be used for activities such as enhancing State prescription drug monitoring programs in order to target high-use patients and inappropriate prescribing, implementing guidelines to improve prescribing behaviors, and enhancing insurance mechanisms to improve prevention.

Sports-Related Concussions.—The Committee is aware that, despite growing awareness of sports-related concussions, there is insufficient data to accurately estimate the incidence of traumatic brain injuries, including sports-related concussions in youth. The Committee urges CDC to establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions, as recommended in the IOM report “Sports-Related Concussions in Youth: Improving the Science, Changing the Culture.”

Public Health Preparedness and Response

Appropriations, 2014.....	\$1,367,551,000
Budget estimate, 2015.....	1,317,375,000
Committee recommendation.....	1,369,025,000

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014	Fiscal year 2015	Committee recommendation
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Public Health Emergency Preparedness Cooperative Agreement	643,609	617,026	643,609
Academic Centers for Public Health Preparedness	8,018	.....	8,018
All Other State & Local Capacity	9,415	.....	9,415
BioSense	23,369	23,423	23,369
CDC Preparedness and Response	133,797	134,109	133,797
Strategic National Stockpile	549,343	542,817	550,817

Public Health Emergency Preparedness Cooperative Agreement.—

The Committee rejects the proposed cut to the Public Health Emergency Preparedness cooperative agreement [PHEP]. The Committee notes that funding for PHEP has declined by 28 percent since 2007, which put a strained the core public health capabilities, such as laboratory testing, epidemiology, and surveillance, needed at the State and local level to respond to disasters. The funding level provided will enable the CDC to continue its investment in State, local, and territorial health departments and ensure they have the tools to quickly detect, monitor, and respond to health threats.

Update of Response Plans.—The Committee is aware that, as a result of the success of Project BioShield, several new medical countermeasures have been procured for inclusion in the Strategic National Stockpile [SNS]. Additionally, the Committee is aware that CDC has responsibility for developing response plans that will guide the public health response to possible outbreaks and threats such as anthrax and smallpox. The Committee is concerned that the response plans CDC has developed do not include guidance to State and local public health officials regarding new acquisitions to the SNS and how those new acquisitions should be used in a response effort. In order to ensure that healthcare providers and first responders have the most up-to-date guidance to respond to potential threats, the Committee directs CDC to update all current response plans within 120 days of enactment to include countermeasures procured with Project BioShield funds since its inception.

CDC-Wide Activities

Appropriations, 2014.....	\$298,421,000
Budget estimate, 2015.....	123,570,000
Committee recommendation.....	283,570,000

The recommendation includes \$160,000,000 in transfers from the PPH Fund.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	.....	160,000
Building and Facilities	23,772	10,000	10,000
Public Health Leadership and Support	114,649	113,570	113,570

Preventive Health and Health Services [PHHS] Block Grant.— The Committee recommends \$160,000,000 for the PHHS Block Grant which is provided through transfers from the PPH Fund. The block grant has been a vital source of funding for over 30 years, allowing States the flexibility to address critical public health needs and to respond to disease outbreaks. Given the large increase in funding provided to this program in fiscal year 2014, the Committee encourages CDC to enhance reporting and accountability for the PHHS Block Grant. This could include 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 that drive improved service delivery and better health outcomes.

Transfer Authority.—The Committee recommendation does not include language requested by the administration to provide additional transfer authority for the Director of CDC. The Committee believes that the Director has sufficient transfer authority provided in section 206 of this act to implement any transfer of funds he deems necessary.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Substance Abuse Treatment

Heroin and Prescription Drug Treatment.—The Committee recognizes 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. Of the amount provided for Targeted Capacity Expansion, the Committee recommendation includes \$12,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment [MAT] 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.

Viral Hepatitis Screening.—The Committee commends SAMHSA’s leadership to recommend screening injection drug users [IDUs] in opioid treatment programs for viral hepatitis. The Committee encourages SAMHSA to continue to expand opportunities for screening constituents who are at-risk for hepatitis. Injection drug use is a factor in many of the newly acquired viral hepatitis C cases and IDUs are more likely to experience adverse hepatitis related health outcomes compared to other infected populations.

Substance Abuse Prevention and Treatment Block Grant

Overdose Fatality Prevention.—The Committee continues to be deeply concerned about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. The Committee commends SAMHSA for the letter sent in April to State agencies that administer the SAPT block to clarify that block grant funds may be used for the purchase of naloxone, as well as for assembling and disseminating overdose kits. The Committee encourages SAMHSA to continue to support initiatives that improve access to naloxone for public health and law enforcement professionals.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

General Departmental Management

Adolescent Health.—The Committee supports the efforts of the Office of Adolescent Health [OAH] to improve health and reduce risky behaviors among adolescents. The recommendation includes not less than \$2,000,000 for OAH to coordinate activities within the Department with respect to adolescent health, including program design and support, trend monitoring and analysis, research projects, the training of healthcare professionals, and demonstration projects to improve adolescent health.

Antimicrobial Resistance.—The Committee commends the work of the Interagency Task Force on Antimicrobial Resistance, but is concerned that its action plan is missing measurable benchmarks and completion deadlines. The Committee urges the Secretary to designate an office and director within the ASH or the Assistant Secretary for Preparedness and Response to lead the task force and coordinate the Federal response. The Committee further recommends that the task force establish an advisory body of non-government antimicrobial resistance experts to help set priorities and provide expert input on a routine basis.

Effects of Marijuana.—The Committee notes the heightened interest in the legalized use of marijuana, including the medical use for children and adolescents with serious conditions such as epilepsy. The Committee recommendation includes \$800,000 for an IOM study that reviews the current science on the effects of marijuana on the developing brain. This study should summarize the current research and scientific findings relating to the effects of marijuana use

on: IQ levels, school performance, memory, problem solving, motor coordination, as well as any other possible adverse effects on the developing brain in children and adolescents. The study should also note where gaps exist in the research and recommend priorities for further study.

Viral Hepatitis.—The Committee recognizes the tremendous health and financial burden of viral hepatitis. With the introduction of new screening guidelines and technology, as well as new treatment options, the Department has an unprecedented opportunity to address this national health problem. The Committee encourages HHS to continue to implement the Action Plan on Viral Hepatitis and to ensure that all appropriate agencies are actively involved and coordinated.

Teen Pregnancy Prevention

The Committee recommendation includes \$107,800,000 for the Teenage Pregnancy Prevention program. The recommendation includes \$6,800,000 in transfers available under section 241 of the PHS Act. The Committee provides \$101,000,000 in funding for this activity through budget authority, rather than through transfers from the PPH Fund as requested by the administration. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

Office of Minority Health

The Committee recommends \$49,004,000 for OMH. This Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. The Committee recommendation includes \$2,000,000 to continue the national health education program on lupus for healthcare providers, with the goal of improving diagnosis for those with lupus and reducing health disparities. The Committee continues to strongly support this program, which is intended to engage healthcare providers, educators, and schools of health professions in working together to improve lupus diagnosis and treatment through education.

Abstinence Education

The Committee recommendation does not include funding for abstinence education. Instead of funding a separate program for this purpose, the Committee continues to strongly support the Teen Pregnancy Prevention program, which funds evidence-based strategies to reduce teen pregnancy, including those that emphasize abstinence.

Office of Women's Health

The Committee recommends \$31,965,000 for OWH. This office develops, stimulates, and coordinates women's health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, in order to address the disparities in women's health.

The Committee recommendation includes \$3,100,000 to continue the violence against women state partnership initiative. This program provides funding to state-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers' ability to help victims of violence and improve prevention programs.

HIV/AIDS in Minority Communities

The Committee recommends \$52,093,000 to address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS. The Committee provides funding for this activity through budget authority, rather than through transfers available under section 241 of the PHS Act as requested by the administration. These funds are available to key operating divisions of the Department with expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

Office of the National Coordinator for Health Information Technology

Appropriations, 2014.....	\$60,325,000
Budget estimate, 2015.....	74,688,000
Committee recommendation.....	61,474,000

The Committee makes available \$61,474,000 to ONC. The Committee provides funding for ONC entirely through budget authority, rather than through both budget authority and transfers available under section 241 of the PHS Act. ONC is responsible for promoting the use of electronic health records in clinical practice, coordinating Federal health information systems, and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Information Blocking.—The Committee urges ONC 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. The Committee believes 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 Committee requests a detailed report from ONC regarding the extent of the information blocking problem, including an estimate on 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 Committee directs the Health IT Policy Committee to submit a report to the Senate Committees on Appropriations and Health, Education Labor, and Pensions 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.

Public Health and Social Services Emergency Fund

Appropriations, 2014	\$1,251,094,000
Budget estimate, 2015	1,437,813,000
Committee recommendation	1,389,813,000

The Committee recommends \$1,389,813,000 for the Public Health and Social Services Emergency Fund. This appropriation supports the activities of ASPR and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department’s cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee recommendation includes \$1,198,085,000 for activities administered by ASPR. This Office was created by the Pandemic and All-Hazards Preparedness Act [PAHPA] to lead the Department’s activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

Hospital Preparedness Program

The Committee’s recommendation includes \$254,555,000 for the Hospital Preparedness Program [HPP]. This program provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. HPP funds have been used to facilitate preparedness and response activities associated with the recent deadly meningitis outbreak, Hurricane Sandy, the whooping cough epidemic in Washington State, the Boston Marathon bombing, as well as the devastation caused by numerous tornados and flooding. The Committee believes this funding should continue to provide our nation’s hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies that are inevitable in our nation’s communities.

Allocation of Funds.—The Committee urges ASPR and States grantees to be strategic about allocation of HPP funds. Under current structures, States may allocate funds to as many healthcare coalitions as they deem appropriate. ASPR is encouraged to communicate to grantees the minimum standards a healthcare coalition must meet to be qualified under the program. ASPR should also provide oversight and technical assistance to ensure coalitions are meeting those standards and States are subgranting funds appropriately.

Local Health Departments.—The Committee seeks to understand how State HPP funding is distributed at the local level. ASPR is encouraged to require States to report how much of their Federal HPP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.

Emergency System for Advance Registration of Volunteer Health Professionals [ESAR VHP]

The Committee recommendation includes \$505,000 for the ESAR VHP program, which has established a national network of health professionals who provide assistance during an emergency. Funding will provide technical support to States to continue the program's mission.

Biomedical Advanced Research and Development

The Committee recommendation includes \$415,000,000 for advanced research and development. The Committee recommendation does not include language or funding for the Strategic Investor initiative as requested by the administration.

The Committee recommendation includes \$94,000,000, an increase of \$15,000,000 above the budget request, for BARDA's Broad Spectrum Antimicrobials program. The Committee applauds the agency for establishing public-private partnerships that have served to invigorate the antibacterial pipeline. The Committee notes that BARDA has eight drug candidates under development that may hold promise for combating drug resistance, including two that may be used for fighting carbapenem-resistant enterobacteriaceae [CRE] infections, which are caused by bacteria that are resistant to all or nearly all antibiotics and can kill up to half of people who get them. The Committee expects BARDA to continue to use its other transactional authority, as granted by PAHPA, to the maximum extent possible to further its work in this area.

Medical Countermeasure Dispensing

The Committee recommendation does not include funding for the Medical Countermeasure Dispensing program, consistent with the administration request. The Committee notes that prior year balances exist to support any remaining program costs in fiscal year 2015.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$407,000,000 for the Project BioShield SRF. The Committee is committed to ensuring the nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The Committee recognizes a public private partnership to develop medical countermeasures [MCMs] is required to successfully prepare and defend the nation against these threats. Where there is little or no commercial market, the Committee supports the goal of Government financing providing a market guarantee.

The Committee notes that it has still not received the 5-year spend plan for the MCM enterprise as requested in last year's Senate Committee report 113–71, and as required by Public Law 113–5, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 [PAHPRA]. The Committee had expected to receive this spend plan earlier this year so it could inform its allocation of resources between the various components of the Public Health Emergency Medical Countermeasures Enterprise [PHEMCE]. Due to tight budgetary constraints, the Committee has had to make difficult decisions regarding how best to allocate funds. The Committee notes that since BioShield's inception, several new countermeasures have been purchased for the SNS, such as a newer, safer smallpox vaccine, yet the Office of Public Health Preparedness and Response at CDC has not received any additional resources for management of these new products once they are added to the SNS. The Committee has redirected a portion of BioShield's funds to the SNS in

recognition of the increased costs of managing these new countermeasures, along with the budgetary challenges of replacing expiring products already in the SNS.

The Committee requests that the Department submit the aforementioned plan as soon as possible. This plan should inform prioritization of resources, identify MCM life-cycle management costs, and outline how BARDA proposes to spend the \$2,800,000,000 authorized in PAHPRA for the SRF in fiscal years 2014–2018 if fully appropriated.

Office of the Assistant Secretary for Health/Medical Reserve Corps

The Committee recommendation includes \$3,839,000 for the Medical Reserve Corps program in ASH. This program is a national network of local volunteers who work to strengthen the public health infrastructure.

Other Activities

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations*.—\$31,305,000;
- Preparedness and Emergency Operations*.—\$24,789,000;
- National Disaster Medical System*.—\$50,054,000; and
- Policy and Planning*.—\$14,877,000.

Office of the Assistant Secretary for Administration

The Committee recommends \$45,270,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department’s computer systems and networks.

Pandemic Influenza Preparedness

The Committee recommendation includes \$130,009,000 for Pandemic Influenza Preparedness. Of the total, \$30,009,000 is provided in annual funding and \$100,000,000 in no-year funding.

The Committee strongly supports ASPR’s International Influenza Vaccine Manufacturing program and has included \$15,000,000 in annual pandemic influenza funding for this purpose. Since its establishment in 2006, ASPR has obligated \$59,700,000 for this program, which helps developing countries build and operate in-country vaccine manufacturing facilities. The goal for this program is that by 2015, developing country vaccine manufacturers will have the capacity to produce 500 million doses of pandemic vaccine annually. Achieving this goal will not only increase access to vaccines in developing countries, thus reducing the potential impact of a pandemic, but will also significantly reduce demand for pandemic vaccine produced by more developed countries such as the United States.

GENERAL PROVISIONS

Prevention and Public Health Fund

The PPH Fund was created in the ACA and provides \$14,500,000,000 in mandatory funds over the next 10 years to supplement investments in public health and prevention. The Committee strongly believes that additional resources for prevention will improve people’s health and reduce healthcare costs over the long term. Recognizing the Committee’s responsibility to determine funding levels for community-based prevention and public health programs, the ACA specifically gives the Committee authority to transfer funds into Federal programs that support the goal of making America healthier.

In fiscal year 2015, the level transferred from the fund after accounting for sequestration is \$927,000,000. The Committee includes bill language in section 220 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	Account	Program	Committee recommendation
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CDC	Immunization and Respiratory Diseases	Section 317 Immunization Grants	\$160,300
CDC	Emerging and Zoonotic Infectious Diseases	Antimicrobial resistance	30,000
CDC	Emerging and Zoonotic Infectious Diseases	Epidemiology and Laboratory Capacity	40,000
CDC	Emerging and Zoonotic Infectious Diseases	Healthcare Associated Infections	12,000
CDC	Chronic Disease Prevention and Health Promotion	Office of Smoking and Health (Tobacco Prevention/Media & Quit Lines)	121,000
CDC	Chronic Disease Prevention and Health Promotion	Breast Feeding Grants (Hospitals Promoting Breastfeeding)	13,000
CDC	Chronic Disease Prevention and Health Promotion	Million Hearts Program	4,000
CDC	Chronic Disease Prevention and Health Promotion	Racial and Ethnic Approaches to Community Health (REACH)	30,000
CDC	Chronic Disease Prevention and Health Promotion	Nutrition, Physical Activity, & Obesity Base Activities	35,000
CDC	Chronic Disease Prevention and Health Promotion	Heart Disease & Stroke Prevention Program	73,000
CDC	Chronic Disease Prevention and Health Promotion	Diabetes	73,000
CDC	Chronic Disease Prevention and Health Promotion	Cancer Prevention & Control	104,000
CDC	Chronic Disease Prevention and Health Promotion	Workplace Wellness	10,000
CDC	Chronic Disease Prevention and Health Promotion	Early Care Collaboratives	4,000
CDC	Environmental Health	Lead Poisoning Prevention	18,000
CDC	CDC-Wide Activities	Preventive Health and Health Services Block Grants	160,000
CDC	Mental Health	Suicide Prevention (Garrett Lee Smith)	12,000
CDC	Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach	14,700
CDC	Aging and Disability Services Programs	Chronic Disease Self Management	8,000
CDC	Aging and Disability Services Programs	Falls Prevention	5,000

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 222. The Committee recommendation retains a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 223. The Committee recommendation continues a provision requiring a publicly available Web site that details expenditures from the PPH Fund.

Section 230. The bill includes a new provision prohibiting the use of funds for implementing the Dietary Guidelines.

Section 503. The bill continues a provision limiting lobbying and related activities.

USDA-FDA APPROPRIATIONS BILL

Dietary Guidelines for Americans.—The Committee is concerned that the 2015 Dietary Guidelines Advisory Committee's recommendations included issues outside of the nutritional scope of the Dietary Guidelines for Americans. The Committee directs the Secretary to ensure that the Guidelines are solely nutritional and dietary in nature and based on a preponderance of scientific evidence. Furthermore, the Committee includes new bill language directing the Secretary to only include nutrition and dietary information, not extraneous factors, in the final 2015 Dietary Guidelines for Americans. The Committee is also concerned that alcohol labeling guidance is not standardized among Federal agencies, and encourages USDA and DHHS to ensure that consumption guidance issued in the 2015 Dietary Guidelines recommendations is consistent with policies of the National Institute on Alcohol Abuse and

Alcoholism, the Tax and Trade Bureau, and the Food and Drug Administration, which acknowledge the variability of alcohol content for different beverage alcohol products.

Agricultural Research Service -- Human Nutrition Research.—The Committee remains concerned about the high rates of obesity in this country, and believes that research into human nutrition is important to help prevent childhood obesity and the medical issues obesity brings. The Committee recommendation includes no less than the fiscal year 2015 level to expand research regarding the growth, health promotion, diet, immune function, and disease prevention of the developing child.

Nutrition Research and Aging.—There is strong evidence that nutrition plays a critical role in preventative health, especially in aging adults. More research is needed to address our gaps in knowledge about how nutrition impacts the health of this growing population of Americans. The Agricultural Research Service is encouraged to continue research relating to the impact of nutrition on aging and health.

Sustainable Water Use Research.—The Committee remains concerned about the ongoing depletion of the regional Alluvial Aquifer in the Lower Mississippi River Basin. Over 7 million acres in the region represent irrigated cropland and 90 percent of those acres rely on the groundwater supply. Increased water withdrawals and stagnant recharging jeopardize the long-term availability of the aquifer and place irrigation agriculture in the region on an unsustainable path. The Committee encourages ARS, in collaboration with university research and extension scientists and local stakeholders, to identify gaps in water management research and focus efforts on the development of conservation and irrigation techniques to reduce water usage in agriculture production while maintaining crop quality and yield.

Food Safety Outreach.—The Committee is aware that for fiscal year 2015 FDA and USDA is soliciting proposals for the establishment of one national and four regional food safety training centers. The Committee is concerned that limiting funding to one national center and four regional centers may inhibit the funding being used for on-the-ground food safety training “projects”, as authorized by the Food Safety Modernization Act. The Committee expects the Secretary to ensure that nonprofit community-based or non-governmental organizations, or organizations representing owners and operators of small and mid-sized farms, small food processors, or small fruit and vegetable merchant wholesalers can compete for funding or subcontracts for on-the-ground food safety training projects that directly reach the targeted, intended beneficiaries.

Food Safety and Inspection Service - The Committee recommends an appropriation of \$1,013,621,000 for the Food Safety and Inspection Service [FSIS]. The Committee finds the implementation schedule set forth by FSIS for revised inspections processes unrealistically rapid and provides additional funds to accomplish this transition in a more feasible manner.

Healthy Food Financing Initiative - The Committee recommends an appropriation of \$1,000,000 for the Healthy Food Financing Initiative.

Child Nutrition Programs

School Meals.— The National School Lunch and School Breakfast, Summer Food Service, and Child and Adult Care Food programs provide funding to the States, Puerto Rico, the Virgin Islands, American Samoa, and Guam for use in serving nutritious lunches and breakfasts to children attending schools of high school grades and under, to children of preschool age in child care centers, and to children in other institutions in order to improve the health and well-being of the Nation’s children, and broaden the markets for agricultural food commodities. Through the Special Milk Program, assistance is provided to the States for making reimbursement payments to eligible schools and child care institutions which institute or expand milk service in order to increase the consumption of fluid milk by children. The Committee Recommends \$21,524,377,000 for the Child Nutrition Programs.

Special Supplemental Food Program for Women, Infants, and Children - The Committee recommends an appropriation of \$6,513,000,000 for the Special Supplemental Food Program for Women, Infants, and Children

[WIC]. The Committee recommendation fully funds estimated WIC participation in fiscal year 2016. The Committee recommendation includes \$60,000,000 for breastfeeding support initiatives, \$13,600,000 for infrastructure, and \$55,000,000 for management information systems.

WIC Food Package.—The Committee understands the Department is working with the Institute of Medicine to make recommendations to update the WIC food packages to reflect current science and cultural factors. The Committee maintains its interest in the recommendations that will be made regarding the fish species that scientific evidence shows to be low in mercury and are in other respects nutritious, including wild salmon, for inclusion in WIC Food Packages IV, V, VI, and VII that serve children age 1 to 4 years and pregnant, postpartum, and breastfeeding women. The Committee expects the Department to conduct a thorough and efficient review of this question and issue its final report in a timely manner.

Farmers' Market Nutrition Program.—The Committee is aware that the Farmers' Market Nutrition Program provides fresh fruits and vegetables to low-income mothers and children, benefiting not only WIC participants, but local farmers as well. Therefore, the Committee recommends \$16,548,000 for the Farmers' Market Nutrition Program and directs the Secretary to obligate these funds within 45 days.

The Committee does not recommend an increase of \$1,000,000 for MyPlate/SuperTracker per the budget request.

FOOD AND DRUG ADMINISTRATION

Food and Drug Administration (FDA) – The bill provides more than \$2.6 billion in discretionary funding for the FDA, \$40 million over the FY2015 enacted level. Overall, total FDA funding, including user fee revenues, is \$4.6 billion, which is \$116 million above FY2015. Within this total, a \$45 million increase is provided for food safety activities and a \$5 million increase is included for medical product safety activities. The Senate bill also includes a one-year delay for FDA implementation of a new menu labeling regulation.

The Committee includes increases of \$45,000,000 for the implementation of the Food Safety and Modernization Act (FSMA). These increases consist of: \$20,500,000 for Inspection Modernization and Training; \$8,000,000 for the National Integrated Food Safety System; \$10,000,000 for Education and Technical Assistance for Industry; \$3,000,000 for Technical Staffing and Guidance Development; and \$3,500,000 for Import Safety. The increases provided in this bill and the increases provided since fiscal year 2011 should assist FDA in preparation for the implementation of FSMA prior to the effective dates of the seven foundational proposed rules. While the FDA has not implemented the final rules, the Committee understands that most businesses will not need to comply with the two rules for preventive controls for human food and for animal food until August 2016 and that the other five rules will not be effective until fiscal year 2017 and later. Given the diversity in the food industry, FSMA was intentionally designed to be risk-based, flexible, and science-based. A one-size fits all approach will not work. Yet, the Committee is concerned that the agency not take an overly prescriptive approach with the regulations, including the final regulation on produce safety and the final regulations on preventive controls for human and animal food. Accordingly, FDA shall ensure all FSMA regulations are riskbased, flexible, and science-based, and carefully consider the well established and recognized standards for food and produce safety already employed through much of the industry. FDA shall ensure that any regulatory proposal or final regulation minimizes, to the extent appropriate to protect public health, the necessity to conduct verification testing activities.

The Committee provides an increase of \$5,000,000 for medical product safety initiatives. Included in this amount is \$3,000,000 for combating antibiotic resistant bacteria as part of the National Strategy for Combating Antibiotic Resistant Bacteria [CARB] and \$2,000,000 for the Precision Medicine Initiative.

Deeming Regulations- The Committee notes that the Family Smoking and Prevention and Tobacco Control Act, which became law in 2009, gave FDA immediate authority over certain tobacco products, and gave authority to the

Secretary of Health and Human Services to deem other products subject to FDA regulation. On April 25, 2014, nearly 5 years after it had been granted the authority to do so, FDA issued those proposed deeming regulations, but has not yet finalized them. FDA is therefore directed to issue a final regulation addressing the deeming of other tobacco products under FDA's jurisdiction within 30 days and to act expediently to implement that regulation once finalized.

National Antimicrobial Resistance Monitoring System.—The Committee recommendation includes \$10,800,000 for the National Antimicrobial Resistance Monitoring System, equal to the level provided in fiscal year 2015.

Nutrition Facts Label.—The Committee is concerned that the FDA has not published in the Federal Register the results of FDA's "Experimental Study on Consumer Responses to Nutrition Facts Labels with Various Footnote Formats and Declaration of Amount of Added Sugars" (78 FR 32394, May 30, 2013). The purpose of the study, as described by the Agency, is "to examine how consumers would comprehend and use this new information". Given that sound science, peer review and transparency are essential to effective protection of public health, the Committee encourages the FDA to release this study for public review and comment prior to finalizing changes to the Nutrition Facts label.

Opioid Overdose Prevention.—The Committee notes that on June 15, 2015, the CDC issued a report on "Opioid Overdose Prevention Programs Providing Naloxone to Laypersons", in which the CDC noted the benefits of expanding access to the life-saving drug naloxone, which reverses the effects of an opioid overdose. The Committee urges FDA to promote the development and widespread usage of naloxone products. The agency's efforts should include working closely with product sponsors interested in marketing naloxone for use without a prescription to expedite review and decisionmaking.

Sodium.—The Committee is concerned about FDA's continued focus on voluntary sodium reductions and the Institute of Medicine's [IOM] 2010 recommendation to modify the Generally Recognized as Safe [GRAS] status of sodium, particularly given the ongoing scientific discussion regarding appropriate sodium intake to maintain positive health. The IOM published a more recent study in 2013, which concluded additional research may provide further information with respect to the health effects of sodium intake on general and sub populations. The Committee recommends that a panel be convened, at the IOM or another leading Federal institution, which includes a representative array of research perspectives, including those who have raised concerns on the safety of low-sodium diets. The Committee does not believe any sodium reduction activities should be finalized until the disagreement between the impact of lower sodium on blood pressure (and an extrapolation to health) and direct research suggesting a negative impact of very low-sodium intakes is resolved.

Sunscreen.—The Committee is pleased with the bipartisan reforms enacted in the Sunscreen Innovation Act [SIA] in 2014 to improve the process by which the FDA reviews sunscreen ingredients; however, the Committee is concerned that while skin cancer rates in the United States continue to climb, no new sunscreen ingredients have been generally recognized as safe and effective [GRASE] by the FDA since passage of the SIA. The Committee directs the FDA to provide a report that contains a detailed analysis of how FDA is balancing the Surgeon General's Call to Action, the known public health benefits that regular sunscreen use provides to prevent skin cancer and melanoma, and the long history of safe and effective use of sunscreens in comparable countries versus the hypothetical risk sunscreens posed to human health in FDA's generally recognized as safe and effective [GRASE] standard.

Vibrio.—The Committee is aware of the public health challenge related to the naturally occurring bacteria called *Vibrio parahaemolyticus* (V.p.) that can accumulate in shellfish and believes that more scientific research is necessary to developing proper controls that will reduce the risk to consumers and sustain a healthy domestic shellfish industry. The Committee encourages the Food and Drug Administration [FDA] to increase funding for

research into *Vibrio* illnesses associated with the consumption of raw molluscan shellfish, improve risk assessment models, and develop improved rapid detection methods for virulent *Vibrio* strains.

HOMELAND SECURITY APPROPRIATIONS BILL

OFFICE OF HEALTH AFFAIRS

Appropriations, 2015	\$129,358,000
Budget estimate, 2016	124,069,000
Committee recommendation	122,924,000

The Office of Health Affairs [OHA], headed by the Chief Medical Officer who also serves as the Assistant Secretary for Health Affairs, leads the Department on medical issues related to natural and man-made disasters; serves as the principal advisor to the Secretary on medical and public health issues; coordinates biodefense activities within the Department; and serves as the Department’s primary contact with other Departments and State, local, and tribal governments on medical and public health issues.

OFFICE OF HEALTH AFFAIRS
 [In thousands of dollars]

	Fiscal year 2015 enacted	Fiscal year 2016 budget request	Committee recommendations
BioWatch	86,891	83,278	83,278
National Biosurveillance Integration Center	10,500	8,000	8,000
Chemical Defense Program	824	824	824
Planning and Coordination	4,995	4,957	4,957
Salaries and Expenses	26,148	27,010	25,865
Total, Office of Health Affairs	129,358	124,069	122,924

The Committee recommends total appropriations of \$122,924,000, \$1,145,000 below the request and \$6,434,000 below the fiscal year 2015 level, for Office of Health Affairs programs. As requested, no funds are included for official reception and representation expenses since they have not been utilized in previous years and are not needed.

BioWatch- The Committee recommends \$83,278,000 for the BioWatch Program, the amount requested, and \$3,613,000 below the amount provided in fiscal year 2015. This funding sustains current operations including the refresh and recapitalization of equipment.

The Committee remains supportive of next generation bio-detection technology and the use of effective emerging technologies. The current gaps in timeliness and agent detection should be addressed. The Committee understands OHA and S&T are working together and with professionals in the field, but is concerned the effort lacks an aggressive strategic plan in considering new technologies and in developing a comprehensive approach to future investments.

National Biosurveillance Integration Center- The Committee recommends \$8,000,000 for the National Biosurveillance Integration Center [NBIC], the same amount as requested and \$2,500,000 below the amount provided in fiscal year 2015.

The Committee remains concerned that the NBIC is not fully implementing aspects of the 2012 strategic plan which purports to provide for additional measurement and validation of projects to ensure the accomplishment of specific goals. Ongoing projects must demonstrate metrics of performance. OHA must seriously evaluate the

methods in which resources are allocated and projects are evaluated and ensure projects conform to the priorities of the strategic plan.

Chemical Defense Program- The Committee recommends \$824,000 for the Chemical Defense Program, the same amount as requested and as provided in fiscal year 2015. OHA has selected four cities across the United States for demonstration projects aimed at developing a comprehensive chemical defense framework and best practices to share how the Public Health community engages in large-scale events. OHA shall brief the Committee on its report following the completion of the demonstration projects in fiscal year 2016. The Committee also notes the interagency participation in this effort, including CBP, HHS, and CDC, and encourages continued cooperation with partners in the field.

Federal Emergency Management Administration

STATE AND LOCAL PROGRAMS

Appropriations, 2015	\$1,500,000,000
Budget estimate, 2016 1	2,231,424,000
Committee recommendation	1,500,000,000

1 Includes \$670,000,000 proposed for Firefighter Assistance Grants and \$350,000,000 proposed for Emergency Management Performance Grants, which continue to be funded in separate appropriations.

Funding for State and Local Programs provides grants for training, equipment, planning, and exercises to improve readiness for potential disasters.

STATE AND LOCAL PROGRAMS

[In thousands of dollars]

	Fiscal year 2015 enacted	Fiscal year 2016 budget request	Committee recommendations
Grants:			
National Preparedness Grant Program		1,043,200	
State Homeland Security Grant Program	467,000		467,000
Operation Stonegarden	(55,000)		(55,000)
Urban Area Security Initiative	600,000		600,000
Nonprofit Security Grants	(13,000)		(25,000)
Public Transportation Security/Railroad Security	100,000		100,000
Amtrak	(10,000)		(10,000)
Over-Road Bus Security	(3,000)		
Port Security Grants	100,000		100,000
Subtotal, Grants	1,267,000	1,043,200	1,267,000
Emergency Management Performance Grants	(¹)	350,000	(¹)
Firefighter Assistance Grants	(¹)	670,000	(¹)
Education, Training, and Exercises:			
Emergency Management Institute	20,569	19,523	20,569
Center for Domestic Preparedness	64,991	62,860	64,991
National Domestic Preparedness Consortium	98,000	42,000	98,000
National Exercise Program	19,919	25,841	19,919
Continuing Training/Center for Homeland Defense and Security	29,521	18,000	29,521
Subtotal, Education, Training, and Exercises	233,000	168,224	233,000
Total, State and Local Programs	1,500,000	2,231,424	1,500,000

¹ Funds appropriated under a separate account.

The Committee recommends \$350,000,000 for Emergency Management Performance Grants [EMPG], which is the same amount as provided in fiscal year 2015. The Committee directs FEMA to retain EMPG as a separate grant program and not to combine its funding with any other grant allocation or application process.

The Committee is concerned that State and local cybersecurity issues are not receiving the needed resources and attention, and the Department should encourage State and local governments to include their Chief Information Officers in planning efforts. Further, serious consideration shall be given to eligible applications to protect networks against cyber-attacks and the Department shall work to raise awareness among State and local governments of the need to strengthen their own cyber-defenses and of the resources available for such purpose. The Committee also is concerned regarding the need to develop innovative programs to improve emergency medical response through the use of improved public safety communications systems, educational programs, and research. FEMA is encouraged to work with grantees to consider how best to leverage existing technologies to help establish and sustain statewide medical communications systems and utilize existing infrastructures to improve the delivery of rural medical care. FEMA should ensure the need to address emerging issues, including unique hazards such as volcanic activity, are considered through eligible programs. FEMA is directed to work with grantees, particularly Urban Area Security Initiative [UASI] recipients, on planning and sustainment of resources needed for preparedness to ensure that if Federal funding fluctuates, gains in preparedness can be sustained.

The Committee recommends \$600,000,000 for UASI, of which \$25,000,000 shall be for nonprofit entities determined to be at high risk by the Secretary. Eligibility for nonprofit entities shall not be limited to UASI communities. Activities previously funded under Metropolitan Medical Response System, Citizens Corps, Regional Catastrophic Preparedness, Buffer Zone Protection Program, Emergency Operations Centers, and the Interoperable Emergency Communication Grant Programs in fiscal year 2011 are eligible for funding under UASI. The Committee notes that the 9/11 Act requires FEMA to conduct a risk assessment for the 100 most populous metropolitan areas annually. All such areas are eligible for UASI funding based on threat, vulnerability, and consequence.

The Committee recommends \$233,000,000 for Education, Training, and Exercises, \$64,776,000 above the request and the same amount as fiscal year 2015. Of this amount, the Committee recommends \$64,991,000 for the Center for Domestic Preparedness [CDP] and notes a permanent provision in the Department of Homeland Security Appropriations Act, 2013, regarding training conducted at CDP. CDP provides specialized all-hazards preparedness training to State, local, and tribal emergency responders on skills tied to national priorities, particularly those related to terrorist attacks using weapons of mass destruction [WMD] and mass casualty events.

Many of these education, training, and exercise programs have been funded since before the creation of the Department. As the threats facing our Nation have evolved, so too have the capabilities of first responders and homeland security and emergency management personnel. Despite the vast improvements to our national system, the time has come for these programs to undergo a rigorous review so the true return on this investment may be determined. Therefore, FEMA is directed to develop measurable performance metrics by which all the education, training, and exercise programs can be evaluated individually and holistically for quality, and cost-effectiveness, and must extend beyond cost-per-student or exercise data and include impact and actionable outcomes. The Committee expects FEMA to provide a briefing on the findings of this effort no later than 180 days after the date of enactment of this act.