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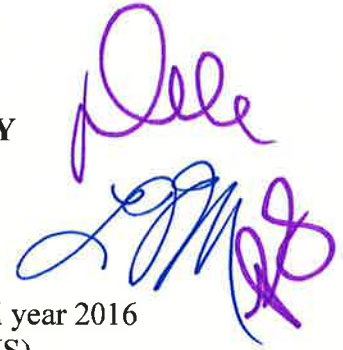
JUNE 26, 2015

MEMORANDUM

TO: MOVEMENT IS LIFE

FR: DALE P. DIRKS, PRIYANKA SURIO, AND LODRIGUEZ V. MURRAY

**RE: HOUSE FISCAL YEAR 2016 HEALTH AND HUMAN SERVICES
APPROPRIATIONS**



On Wednesday, June 24, the House Appropriations Committee considered its fiscal year 2016 (FY16) Labor, Health and Human Services, Education and Related Agencies (LHHS) Appropriations bill. The bill totals \$153.3 billion in discretionary funding, a decrease of \$3.7 billion below the FY15 funding level.

Because of the low overall allocation, Republican committee members chose to favor some programs over others and provided marked increases for popular items, like the National Institutes of Health, while significantly cutting or eliminating other programs, such as the Agency for Healthcare Research and Quality. Legislators and stakeholders hope a deal will be reached to provide additional funding for the LHHS appropriations bill later this year.

As written, the House LHHS bill is unlikely to become law. The President has indicated he will veto all of the twelve appropriations bills unless a broader deal to increase overall spending is reached. The House LHHS bill also includes policy riders – like defunding the *Affordable Care Act* – that the President would be expected to veto. In order to become law, the bill must pass the House and Senate and be signed by the President. The Senate Appropriations Committee will be considering its version of the LHHS bill this week and is expected to utilize its allocation differently, but will still be operating under a limited allocation.

The House FY16 LHHS Appropriations bill provides the following funding levels for key agencies:

- \$31.2 billion for the National Institutes of Health (NIH), an increase of \$1.1 billion over FY15. The bill provides increases for several targeted research initiatives:
 - \$886 million for an Alzheimer's disease research initiative, an increase of \$300 million over FY15

- \$461 million for an antibiotic resistance initiative, an increase of \$100 million over FY15
- \$150 million for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative, an increase of \$95 million over FY15
- \$200 million for the Precision Medicine Initiative, as requested by the President
- \$7 billion for the Centers for Disease Control and Prevention (CDC), an increase of \$140 million over FY15. The total includes \$914.3 million in transfers from the Prevention and Public Health Fund (PPH Fund)
- Eliminates the Agency for Healthcare Research and Quality (AHRQ)
- \$6 billion for the Health Resources and Services Administration (HRSA), a decrease of \$299 million below FY15
- \$3.6 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA), an increase of \$23 million over FY15
- \$3.3 billion for Centers for Medicare and Medicaid Services (CMS) management and operations, a decrease of \$344 million below FY15. The bill does not include funding to implement programs from the *Affordable Care Act*
- \$6.4 billion for the Department of Education, a decrease of \$2.4 billion below FY15

The bill and committee report include the following provisions of interest to Movement is Life:

Health Resources and Services Administration

- \$264.048 million for Title VII health professions training programs, an increase of \$8.22 million over the President’s Budget and a decrease of \$8.93 million below FY15.
 - \$21.711 million for Minority Centers of Excellence (COE), a decrease of \$3.298 million below the President’s Budget and level funding from FY15.
 - \$14.1 million for a rebranding of the Health Careers Opportunity Program (HCOP), level funding from the President’s Budget and level funding from FY15. *Health Careers Opportunity Program.—The Health Careers Opportunity Program (HCOP) seeks to increase the diversity of the health professions workforce by providing grants that improve the recruitment and enhance the academic preparation of students from economically and educationally disadvantaged backgrounds into the health professions. Greater diversity among health professionals is associated with improved access to care for underserved populations, greater patient choice and satisfaction, and better patient-clinician communication. In recent academic years, the program has supported more than*

260 grants and more than 13,600 trainees annually, half of whom are underrepresented minorities and more than three quarters come from financially or educationally disadvantaged backgrounds. The Committee believes that the program as currently structured holds the greatest promise to reach high school, baccalaureate, post-baccalaureate, and graduate students to attract them to the health professions to care for underserved populations, in both rural and urban areas, as originally intended by Congress.

The Committee is concerned with the ability to track outcomes for HCOP funding that is invested early in the pipeline. The Committee encourages HRSA to focus the program on high school, collegiate, and post-baccalaureate programs that impact the health care professional pipeline. The Committee directs HRSA to work with institutions that have historically performed well in producing minority and underrepresented health professionals in order to devise a more accurate way to track HCOP students who ultimately become health professionals.

- \$1.19 million for Minority Faculty Loan Repayment, level funding from the President's Budget and level funding from FY15.
- \$45.97 million for Scholarships for Disadvantaged Students (SDS), level funding from the President's Budget and level funding from FY15.
 - \$83.06 million for Training for Workforce Diversity, \$3.1 million below the President's Budget and level with FY15.
- \$38.924 million for Training in Primary Care and Enhancement, level funding from the President's Budget and level funding from FY15.

Interprofessional Education.—The Committee is aware of a growing recognition that interprofessional clinical health programs represent the state of the art in health care. Further, the Committee believes inter-professional clinical care teams that include physicians, nurses and other disciplines (such as physician assistants, oral health practitioners, behavioral health professionals, allied health providers, other practitioners) can achieve better care, better population health and lower costs. Further, the Committee shares HRSA's viewpoint that health organizations and professionals should be trained for a contemporary practice environment focused on new and more efficient models of care that include interprofessional and team-based care. Accordingly, in carrying out the various workforce programs authorized by Title VII and VIII of the Public Health Service Act, and for which funding is provided in this bill, the Committee encourages the Bureau of Health Workforce to give preference to competitive applications that include an interprofessional education component in their programmatic activities. The Committee encourages the Administrator to research Physician

Assistant (PA) educational innovation and effectiveness and track PA graduate practice patterns and health care outcomes when PAs are involved in team-based practice. It is vital that PA education and outcomes assessment be a part of efforts to address high priority health workforce needs.

- \$30.25 million for the Area Health Education Centers (AHEC) program, an increase of \$30.25 million above the President's Budget and level funding from FY15.

The Committee encourages HRSA to support AHEC oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee urges HRSA to work with State dental associations that have initiated programs to refer ER patients to dental networks.

The Committee is pleased with the results of AHEC's efforts to improve access to healthcare in rural and underserved areas by increasing the number of primary healthcare professionals who practice in these areas. The Committee requests HRSA to provide an update on the AHEC program's impact to increase the primary healthcare workforce and the program's nationwide activities.

- \$34.237 million for Geriatric Programs, level funding from the President's Budget and level funding from FY15.

Per the discussion above, the House committee is working with a very limited allocation which forced dramatic cuts to some programs. If an overarching deal can be reached later this year to avert the budget cuts caused by sequestration, then both House and Senate bills could be revised to include more funding.

We will keep you posted as the process unfolds.

[FULL COMMITTEE PRINT]

114TH CONGRESS }
1st Session }

HOUSE OF REPRESENTATIVES {

REPORT
114-

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2016

, 2015.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. COLE, from the Committee on Appropriations, submitted the following

R E P O R T

[To accompany H.R.]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), Education, Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and the Social Security Administration for the fiscal year ending September 30, 2016, and for other purposes.

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Sec. 110. The Committee includes a new provision relating to section 147 of the WIOA authorizing competitive procurement of certain Job Corps Civilian Conservation Centers.

Sec. 111. The Committee includes a new provision relating to the Department's Establishing a Minimum Wage for Contractors regulation.

Sec. 112. The Committee includes a new provision relating to the Department's proposal to establish a new Office of Labor Compliance within the Departmental Management account.

Sec. 113. The Committee includes a new provision relating to the Department's Definition of the Term "Fiduciary"; Conflict of Interest Rule—Retirement Investment Advice regulation.

Sec. 114. The Committee includes a new provision relating to the "walkaround" letter of interpretation issued by the OSHA on February 21, 2013.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

✱ HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Committee recommends \$6,048,754,000 for Health Resources and Services programs, which is \$298,530,000 below the fiscal year 2015 enacted level and \$413,423,000 below the budget request.

The Health Resources and Services Administration (HRSA) supports programs that provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

PRIMARY HEALTH CARE

Health Centers

The Committee recommends \$1,491,522,000 for the Health Centers program, which is the same as the fiscal year 2015 enacted level and the budget request.

The Committee includes bill language providing up to \$99,893,000 for the Federal Tort Claims Act program, which is the same as the fiscal year 2015 enacted level and the budget request. The program provides medical malpractice liability protection to federally supported health centers.

Perinatal transmission of Hepatitis B.—The Committee is pleased that progress is being made to develop and implement a strategic plan to reduce the rate of perinatal transmission of hepatitis B. The Committee has urged HRSA to expand efforts to eliminate perinatal transmission of Hepatitis B for the past three fiscal years and little progress has been made. The Committee expects HRSA to test intervention strategies followed by the adoption of best practices protocols in HRSA funded health care settings as soon as feasible in fiscal year 2016.

Free Clinics Medical Malpractice

The Committee recommends \$100,000 for extension of Federal Tort Claims Act (FTCA) coverage for volunteer free clinic health care professionals, which is the same as the fiscal year 2015 fund-

ing level and the budget request. The program extends FTCA coverage to individuals involved in the operation of free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. A free clinic must apply, consistent with the provisions applicable to community health centers, to have those individuals "deemed" an employee of the Public Health Service, and therefore eligible for coverage under the FTCA.

HEALTH WORKFORCE

Health Professions

The Committee recommends \$742,670,000 for Health Professions programs, which is \$8,930,000 below the fiscal year 2015 enacted level and \$114,150,000 below the requested program level.

The Bureau of Health Professions supports grants for the development of future workforce in fields challenged by a high need and insufficient supply of professionals. Given that colleges and universities serve the dual role of training students and carrying out a majority of federally funded biomedical research, the Committee believes that they serve as an ideal setting to expose future clinicians to the evidence base that underlies their intended profession.

Within the total for Health Professions, the Committee recommends the following amounts:

Budget Activity	FY 2016 Committee
Health Professions Training for Diversity	
Centers of Excellence	\$21,711,000
Health Careers Opportunity Program	14,189,000
Faculty Loan Repayment	1,190,000
Scholarships for Disadvantaged Students	45,970,000
Health Care Workforce Assessment	4,663,000
Primary Care Training and Enhancement	38,924,000
Oral Health Training Programs	34,998,000
Interdisciplinary, Community-based Linkages	
Area Health Education Centers	30,250,000
Geriatric Programs	34,237,000
Mental and Behavioral Health	9,916,000
Public Health Workforce Development	10,000,000
Nursing Workforce Development	
Advanced Education Nursing	63,581,000
Nursing Workforce Diversity	15,343,000
Loan Repayment and Scholarship Program	81,785,000
Nurse Education, Practice, and Retention	39,913,000
Nurse Faculty Loan Program	26,500,000
Comprehensive Geriatric Education	4,500,000

Health Professions Training for Diversity

Health Careers Opportunity Program.—The Health Careers Opportunity Program (HCOP) seeks to increase the diversity of the health professions workforce by providing grants that improve the recruitment and enhance the academic preparation of students into the health professions. Greater diversity among health professionals is associated with improved access to care for underserved populations, greater patient choice and satisfaction, and better patient-clinician communication. In recent academic years, the program has supported more than 260 grants and more than 13,600 trainees annually, half of whom are underrepresented minorities

and more than three quarters come from financially or educationally disadvantaged backgrounds. The Committee believes that the program as currently structured holds the greatest promise to reach high school, baccalaureate, post-baccalaureate, and graduate students to attract them to the health professions to care for underserved populations, in both rural and urban areas, as originally intended by Congress.

The Committee is concerned with the ability to track outcomes for HCOP funding that is invested early in the pipeline. The Committee encourages HRSA to focus the program on high school, collegiate, and post-baccalaureate programs that impact the health care professional pipeline. The Committee directs HRSA to work with institutions that have historically performed well in producing minority and underrepresented health professionals in order to devise a more accurate way to track HCOP students who ultimately become health professionals.

Primary Care Training and Enhancement

Interprofessional Education.—The Committee is aware of a growing recognition that interprofessional clinical health programs represent the state of the art in health care. Further, the Committee believes inter-professional clinical care teams that include physicians, nurses and other disciplines (such as physician assistants, oral health practitioners, behavioral health professionals, allied health providers, other practitioners) can achieve better care, better population health and lower costs. Further, the Committee shares HRSA's viewpoint that health organizations and professionals should be trained for a contemporary practice environment focused on new and more efficient models of care that include inter-professional and team-based care. Accordingly, in carrying out the various workforce programs authorized by Title VII and VIII of the Public Health Service Act, and for which funding is provided in this bill, the Committee encourages the Bureau of Health Workforce to give preference to competitive applications that include an interprofessional education component in their programmatic activities.

The Committee encourages the Administrator to research Physician Assistant (PA) educational innovation and effectiveness and track PA graduate practice patterns and health care outcomes when PAs are involved in team-based practice. It is vital that PA education and outcomes assessment be a part of efforts to address high priority health workforce needs.

Oral Health Training Programs

The Committee recommends \$34,998,000 for Training in Oral Health Care programs, which is \$1,070,000 more than the fiscal year 2015 enacted level and the budget request. Within the funds provided, the Committee intends no less than \$10,000,000 for General Dentistry Programs and no less than \$10,000,000 for Pediatric Dentistry programs. These programs serve to increase the number of medical graduates from minority and disadvantaged backgrounds and to encourage students and residents to choose primary care fields and practice in underserved urban and rural areas.

The Committee urges HRSA to support innovative programs at new and established dental schools that will increase access to high

quality dental services for underserved individuals, particularly where training clinics are located proximate to such underserved areas.

* *Area Health Education Centers (AHEC)*

The Committee encourages HRSA to support AHEC oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee urges HRSA to work with State dental associations that have initiated programs to refer ER patients to dental networks.

The Committee is pleased with the results of AHEC's efforts to improve access to healthcare in rural and underserved areas by increasing the number of primary healthcare professionals who practice in these areas. The Committee requests HRSA to provide an update on the AHEC program's impact to increase the primary healthcare workforce and the program's nationwide activities.

Mental and Behavioral Health

The Committee recommendation includes \$9,916,000 for the interprofessional Graduate Psychology Education Program to increase the number of health service psychologists (including doctoral-level clinical, counseling and school psychologists) trained to provide integrated services to high-need underserved populations in rural and urban communities. The Committee encourages HRSA to build on recent efforts to expand training to increase mental and behavioral health services for returning service members, veterans and their families, with a strong emphasis on veterans reintegrating into rural civilian communities. Recognizing the growing need for highly trained mental and behavioral health professionals to deliver evidence-based services to the rapidly aging population, the Committee encourages HRSA to invest in geropsychology training programs and to help integrate health service psychology trainees at Federally Qualified Health Centers.

Children's Hospitals Graduate Medical Education Payment Program

The Committee recommends \$265,000,000 for the Children's Hospitals Graduate Medical Education Payment Program, which is the same as the fiscal year 2015 enacted level and \$165,000,000 more than the budget request.

National Practitioner Data Bank

The Committee assumes \$19,728,000 for the National Practitioner Data Bank for fiscal year 2016, which is \$914,000 more than the fiscal year 2015 enacted level and the same as the budget request. The Committee recommendation and the budget request assumes that the data bank will be self-supporting with collections of \$19,728,000 in user fees. Bill language is continued to ensure that user fees are collected to cover the full costs of the data bank operations.