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JUNE 26, 2015

MEMORANDUM

TO: MOVEMENT IS LIFE

FR: DALE DIRKS, PRIYANKA SURIO, AND LODRIGUEZ MURRAY

RE: SENATE FISCAL YEAR 2016 HEALTH AND HUMAN SERVICES APPROPRIATIONS

On June 25, the Senate Appropriations Committee approved its fiscal year 2016 (FY16) Labor, Health and Human Services, Education and Related Agencies (LHHS) Appropriations bill. The LHHS bill funds public health and medical research agencies, including the Centers for Disease Control and the National Institutes of Health (NIH). Like their House counterparts, Senate appropriators also contended with a low allocation.

The Senate LHHS bill totals \$153.188 billion in discretionary funding, a decrease of \$3.6 billion below the FY15 funding level. Despite limited funds, appropriators provided strong support for medical research by increasing funding for NIH by \$2 billion. This put additional pressure on non-NIH agencies and programs, and the bill eliminates 44 programs. In order to become law, the bill must pass the House and Senate and be signed by the President.

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

- \$32.084 billion for the National Institutes of Health (NIH), an increase of \$2 billion over FY15
 - \$350 million for the National Institute on Aging, a significant portion the Committee expects to be dedicated to Alzheimer's disease research
 - \$461 million for an antibiotic resistance initiative, an increase of \$100 million over FY15
 - \$135.381 million for the Brain Research through Application of Innovative Neuro-technologies (BRAIN) Initiative
 - \$200 million for the Precision Medicine Initiative, as requested by the President
- \$6.71 billion for the Centers for Disease Control and Prevention (CDC). The total includes \$892.95 million in transfers from the Prevention and Public Health Fund (PPH Fund)
- \$236.001 million for the Agency for Healthcare Research and Quality (AHRQ), a decrease of \$127.697 million below FY15
- \$3.46 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA)
- \$3.027 billion for Centers for Medicare and Medicaid Services (CMS) management and operations, a decrease of \$642 million below FY15

- \$65.5 billion for the Department of Education, a decrease of \$1.7 billion below FY15

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

- \$720.97 million for the Bureau of Health Professions, a decrease of \$30.63 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.
 - *The Committee recognizes that the Centers of Excellence Program increases the supply and competencies of underrepresented minorities [URM] in health professions. Funds support programs of excellence that enhance the academic performance of URM students, support URM faculty development, and facilitate research on minority health issues. Diversity among medical school students is associated with higher levels of cultural sensitivity of all students and greater willingness to serve diverse populations. There is evidence that suggests that minority health professionals are more likely to serve in areas with high rates of uninsured and areas of underrepresented racial and ethnic groups.*
 - Zero funding for the Health Careers Opportunity Program (HCOP), a decrease of \$14.189 million from the President's Budget and \$14.189 below FY15.
 - *The Committee eliminates the Health Careers Opportunity Program as proposed by the administration in fiscal years 2015 and 2016. Due to funding constraints, funding to increase the diversity of the health professions workforce in this bill is prioritized by investing in programs that have a more immediate impact on the production of health professionals by supporting students who have committed to and are in training as healthcare professionals.*
 - \$1.19 million for Minority Faculty Loan Repayment, level funding from the President's Budget and level funding from FY 2015.
 - \$45.97 million for Scholarships for Disadvantaged Students (SDS), level funding from the President's Budget and level funding from FY15.
 - *The Committee provides \$50,970,000 for Scholarships for Disadvantaged Students, an increase of \$5,000,000 above the fiscal year 2015 level. The Committee supports diversity among health professionals. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.*
 - \$38.924 million for Training in Primary Care and Enhancement, level funding from the President's Budget and level funding from FY15.
 - *The Committee provides \$36,831,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2016.*

- *Area Health Education Centers.*—The Committee provides \$31,000,000 for Area Health Education Centers [AHECs], an increase of \$750,000 above the fiscal year 2015 level. The Committee once again rejects the administration proposal to eliminate AHEC funding. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding. The AHEC community training model provides a uniquely appropriate opportunity to bring the training of community health workers to scale. HRSA is encouraged to provide technical assistance on and disseminate best practices for training community health workers to existing AHECs. The Committee requests HRSA provide an update on the AHEC program's impact to increase the primary healthcare workforce and the AHEC program's nationwide activities in the fiscal year 2017 CJ.
- \$35.076 million for Geriatric Programs, an increase of \$839,000 above the President's Budget and an increase of \$839,000 above FY15.
 - *In fiscal year 2015, HRSA combined the Comprehensive Geriatric Education Program, Geriatrics Education Centers program, Geriatric Training for Physicians, Dentists, and Behavioral Mental Health Professionals program, and the Geriatric Academic Career Awards programs into one competition, the Geriatric Workforce Enhancement Program. HRSA stated the combined competition would, "improve health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system." Therefore, the Committee has consolidated the Comprehensive Geriatric Education program with the Geriatric Program.*

Similar to the House bill, the Senate measure dramatically reduces or eliminates other key and traditional programs that are of high priority to Congress and the Administration. The President has indicated a likely veto should the LHHS bill come to his desk with the low funding levels provided in both bills. Most observers expect that the LHHS bill will receive a larger allocation this fall as part of an overall budget negotiation, and that many of the programs cut or eliminated can be at least partially restored.

We will keep you posted.

[COMMITTEE PRINT]

NOTICE: This is a draft for use of the Committee and its staff only, in preparation for markup.

Calendar No. 000

114TH CONGRESS } 1st Session	SENATE	{ REPORT 114-00
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2016

JUNE 00, 2015.—Ordered to be printed

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

REPORT

[To accompany S. 0000]

The Committee on Appropriations reports the bill (S. 0000) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2016, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amounts to new budget authority

Total of bill as reported to the Senate	\$879,922,043,000
Amount of 2015 appropriations	848,302,078,000
Amount of 2016 budget estimate	892,775,228,000
Bill as recommended to Senate compared to:	
2015 appropriations	+ 31,619,965,000
2016 budget estimate	- 12,853,185,000

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prudent planning and execution of available unobligated balances available for Community Health Centers. Therefore, the Committee directs that no more than \$138,478,000 in unobligated balances from amounts appropriated in prior years is available for obligation in fiscal year 2016.

Of the available funding for fiscal year 2016, bill language directs that not less than \$50,000,000 shall be awarded for the establishment of new delivery sites. In addition, not less than \$40,000,000 will be awarded for construction, and quality and capital improvement projects.

In addition, within the amount provided, the Committee provides up to \$99,893,000 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.

Native Hawaiian Health Care.—The Committee includes sufficient funding in the Community Health Centers program to support healthcare activities funded under the Native Hawaiian Health Care Program, which is specifically cited in the bill. The Committee urges that not less than the fiscal year 2015 level be provided for these activities.

School-Based Health Centers [SBHC].—The Committee recognizes school-based health centers are an important part of the health center safety net program, as they provide a critical access point for vulnerable school-aged children, youth, and their families in communities across the country. The Committee urges HRSA to prioritize fiscal year 2016 grant awards to include the establishment of new school-based health center delivery sites, and to report to the Committee in the fiscal year 2017 CJ how many organizations applied for funding for new delivery sites in SBHC's and how many were funded.

Tuberculosis [TB].—Cases of TB continue to be reported in every State in the United States, and CDC has identified drug resistant TB as a serious antibiotic resistant threat to the nation. The Committee urges HRSA to strengthen coordination between Community Health Centers and State and local tuberculosis control programs to ensure appropriate identification, treatment, and prevention of TB among vulnerable populations.

Free Clinics Medical Malpractice Coverage

The Committee provides \$99,893,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act.

This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services to low-income individuals in medically underserved areas.

BUREAU OF HEALTH PROFESSIONS

Appropriations, 2015	\$751,600,000
Budget estimate, 2016	856,820,000
Committee recommendation	720,970,000



* The Committee recommendation for the activities of the Bureau of Health Professions is \$720,970,000.

The Bureau of Health Professions provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to make them obsolete. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

In its grant-making under the title VII and VIII health professions programs, HRSA should give priority consideration, in alignment with statutory requirements, to medical schools and health professions schools/programs with a strong emphasis on primary care, particularly those with programs to foster education and training in patient-centered, interdisciplinary team-based primary care. Numerous studies show that primary care produces better outcomes and reduces the costs of care.

* *National Health Service Corps*

The Committee recommendation does not include discretionary funding for the National Health Service Corps [Corps], as proposed by the administration, because adequate funding was included for fiscal year 2016 in Public Law 114-10. The Committee strongly supports the Corps' long and successful record of supporting qualified healthcare providers that are dedicated to working in underserved areas with limited access to healthcare.

The Committee recognizes the importance of the Corps scholarship and loan-repayment programs for serving medically underserved communities and populations with health professional shortages and/or high unmet needs for health services. The Committee notes with concern that the criteria and methodology for designating a Health Professional Shortage Areas [HPSA] has not been significantly updated in more than 20 years. The HPSA methodology is outdated and therefore may not be reliably identifying areas with primary care shortages or help target Federal resources to areas experiencing the greatest shortages. The ability to accurately identify areas experiencing shortages of health workers is essential to the Secretary's ability to use scarce resources as efficiently as possible. Therefore, the Committee encourages the Secretary to prioritize updating the HPSA designation and scoring methodology based on stakeholder recommendations made by the Negotiated Rulemaking Committee in 2011. The Committee encourages HRSA to consider utilizing all authorized priority categories when granting awards, including prioritizing applicants willing to continue to serve in a HPSA area after the period of obligated service, as authorized by 42 U.S.C. 2541-1(d)(2)(B) and 42 U.S.C. 2541(d)(2)(B) and additional flexibility available to the Secretary to ensure the Corps scholarship and loan-repayment programs serve the underserved communities in every State, to the extent appropriate under the law.

The Committee recognizes that the Secretary retains the authority to include additional disciplines in the Corps. As such, the Committee urges the Secretary to include pharmacists—individuals recognized as part of the primary care team in medical home dem-

onstration programs—as eligible recipients of scholarships and loan repayments through the program.

The Committee continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract.



Training for Diversity

Centers of Excellence

The Committee recommends \$21,711,000 for the Centers of Excellence Program.

The Committee recognizes that the Centers of Excellence Program increases the supply and competencies of underrepresented minorities [URM] in health professions. Funds support programs of excellence that enhance the academic performance of URM students, support URM faculty development, and facilitate research on minority health issues. Diversity among medical school students is associated with higher levels of cultural sensitivity of all students and greater willingness to serve diverse populations. There is evidence that suggests that minority health professionals are more likely to serve in areas with high rates of uninsured and areas of underrepresented racial and ethnic groups.



Health Careers Opportunity Program

The Committee eliminates the Health Careers Opportunity Program as proposed by the administration in fiscal years 2015 and 2016. Due to funding constraints, funding to increase the diversity of the health professions workforce in this bill is prioritized by investing in programs that have a more immediate impact on the production of health professionals by supporting students who have committed to and are in training as healthcare professionals.



Faculty Loan Repayment

The Committee provides \$1,190,000 for the Faculty Loan Repayment Program. This amount is the same as the fiscal year 2015 enacted level and the budget request.



Scholarships for Disadvantaged Students

The Committee provides \$50,970,000 for Scholarships for Disadvantaged Students, an increase of \$5,000,000 above the fiscal year 2015 level. The Committee supports diversity among health professionals. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.



Health Workforce Diversity Program

The Committee recommendation does not include funding for this new program, as proposed by the administration, due to budget constraints.



Primary Care Training and Enhancement

The Committee provides \$36,831,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician

assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2016.

* *Training in Oral Health Care*

The Committee provides \$32,000,000 for Training in Oral Health Care programs, which includes not less than \$9,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition. Further, the Committee encourages HRSA to focus on training programs that target vulnerable populations in risk-based clinical disease management of all populations. The Committee urges HRSA to work with Centers for Medicare and Medicaid Services [CMS] on the evaluation and support of additional models for expanding access to oral healthcare. Such models should include emergency room diversion programs and efforts under State law to deploy and evaluate new provider types.

The Committee continues long-standing bill language that prohibits funding for section 340G-1 of the PHS Act.

* *Rural Physicians Training*

The Committee recommendation does not include funding for this new program, as proposed by the administration, due to budget constraints.

* *Interdisciplinary, Community-Based Linkages*

Area Health Education Centers

The Committee provides \$31,000,000 for Area Health Education Centers [AHECs], an increase of \$750,000 above the fiscal year 2015 level. The Committee once again rejects the administration proposal to eliminate AHEC funding. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding. The AHEC community training model provides a uniquely appropriate opportunity to bring the training of community health workers to scale. HRSA is encouraged to provide technical assistance on and disseminate best practices for training community health workers to existing AHECs. The Committee requests HRSA provide an update on the AHEC program's impact to increase the primary healthcare workforce and the AHEC program's nationwide activities in the fiscal year 2017 CJ.

✦ Geriatric Education

The Committee provides \$35,076,000 for Geriatric Education programs.

In fiscal year 2015, HRSA combined the Comprehensive Geriatric Education Program, Geriatrics Education Centers program, Geriatric Training for Physicians, Dentists, and Behavioral/Mental Health Professionals program, and the Geriatric Academic Career Awards programs into one competition, the Geriatric Workforce Enhancement Program. HRSA stated the combined competition would, "improve health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system." Therefore, the Committee has consolidated the Comprehensive Geriatric Education program with the Geriatric Program.

Mental and Behavioral Health

The Committee provides \$8,916,000 for Mental and Behavioral Health programs. These programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

The mental and behavioral healthcare needs of older adults, returning military veterans and their families, those dealing with unemployment, job loss, or income reductions have increased the demand for mental and behavioral health providers. The Committee supports efforts by HRSA through the Graduate Psychology Education program that would expand training sites, reinstate the geropsychology training component, initiate a veteran-specific education and training component, and better integrate health service psychology trainees at federally Qualified Health Centers.

The Committee supports the Department's initiative to increase the number of social workers and psychologists that will pursue clinical work with high need and high demand populations defined as rural, vulnerable, and/or underserved populations, and veterans, military personnel, and their families through the Mental and Behavioral Health Education and Training Grants Program. The Committee is aware that 24 grants were awarded throughout the country and approximately half targeted veterans, military personnel, and their families. The Committee is concerned that as more servicemembers begin to reintegrate into civilian life after numerous deployments, there will not be adequate numbers of social workers and psychologists to assist this population. The Committee supports HRSA for its collaboration with SAMHSA to integrate primary care and behavioral health. HRSA should include an update on this initiative in the fiscal year 2017 CJ.

Health Professions Workforce Information and Analysis

The Committee provides \$2,782,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce ques-