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DIVISION H – DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2015, put in place by this division incorporates the following agreements. Funds for the individual programs and activities within the accounts in this division are displayed in the detailed table at the end of the explanatory statement for this division. Funding levels that are not displayed in the detailed table are identified within this explanatory statement.

TITLE I

DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

(INCLUDING TRANSFER OF FUNDS)

The agreement notes that Tribal Colleges and Universities (TCUs) are eligible for grants under section 166 of the Workforce Innovation and Opportunity Act (WIOA). Since TCUs are well-positioned to positively impact the employment and training of native populations, the agreement urges the Department to give full and fair consideration to TCUs competing for grant funds.

The agreement includes language that allows the Secretary to transfer and utilize additional funds to provide technical assistance activities related to the implementation of the WIOA. The additional funds are intended to be a one-time provision only. The agreement expects the Department to use the funds to help implement the WIOA as quickly and effectively as possible.

In January 2011, the Government Accountability Office (GAO) issued a report entitled "Multiple Employment and Training Programs" (GAO-11-92) and stated that "even when programs overlap, the services they provide and the populations they serve may differ in meaningful ways." The agreement supports efforts by the Department to work with other agencies, specifically the Department of Health and Human Services, to evaluate the delivery strategies and increase administrative efficiencies in employment and training programs.

Not later than 180 days after enactment of this act, the Department, in collaboration with the other agencies identified in the GAO report, shall submit to the House and Senate Committees on Appropriations a report on the status of efforts to implement the GAO recommendation to facilitate further progress by States and localities in increasing administrative efficiencies in employment and training programs. The report should also include how the Department is supporting improved collaboration among job training programs in response to GAO Report 12-97 entitled "Innovative Collaborations between Workforce Boards and Employers Helped Meet Local Needs."

OFFICE OF JOB CORPS

The agreement notes continued concern about the Department's mismanagement of Job Corps, and in particular the deficient financial oversight which resulted in projected costs exceeding the funding provided for the operations account in program years 2011 and 2012. After the Department implemented a series of cost cutting measures, including freezes on new student enrollment, Job Corps ended program year 2012 with more than $40,000,000 in cost underruns. agreement

The ~~Committee~~ notes that Job Corps announced plans to increase On-Board Strength ~~(OBS)~~, utilizing $12,000,000 from the underruns to support this effort. agreement

The ~~Committee~~ places a high priority on maximizing student enrollment within the

appropriation provided, and directs the Secretary to provide a report on the policies and procedures in place to address this priority within 60 days of enactment of this act. The ~~Committees also directs the~~ Department is directed to provide semiannual updates to the House and Senate Committees on Appropriations on its implementation of the recommendations in the Office of Inspector General (OIG) report No. 22-13-015-03-370 (May 31, 2013) and the OIG report No. 26-14-001-03-370 (April 29, 2014) to improve Job Corps financial management and controls.

The Department is directed to submit in its fiscal year 2015 operating plan, in coordination with the Department of Agriculture, a detailed and comprehensive estimate of all costs and savings related to the closure of the Treasure Lake Job Corps center.

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STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The agreement continues to support investments in unemployment insurance program integrity activities, including technology-based programs that identify and reclaim overpayments. The agreement expects the Secretary to submit a follow-up report by September 30, 2015 on the Department's progress in meeting the outcomes identified in the plan requested in Senate Report 113–71.

To the extent that funds not needed for workload become available at the end of the fiscal year, the Department is encouraged to make funding available to States for program integrity, performance improvement, and technology investments, including associated implementation and operations support services for each, with a portion of funds not needed for workload to be distributed to all States proportionally based on each State's base allocation.

There is significant concern that automation acquisition being carried out through consortia of States has fallen critically behind schedule and that funds

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FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The agreement provides funding to carry out the Trade Adjustment Assistance for Workers program at the requested level to allow for the full operation of the program throughout fiscal year 2015, including the provision of benefits to groups of workers certified after December 31, 2014.

provided for this purpose, as far back as fiscal year 2011, are at risk of lapsing before the projects are completed. The Department is directed to collect and approve detailed automation acquisition plans for each project that include lifecycle systems cost estimates and implementation timelines, and to submit to the House and Senate Committees on Appropriations a report by April 1 of each fiscal year, until funds available to consortia are expended or expire, that includes the status of all project funds and analysis of each project's progress toward executing the acquisition plan.

The agreement supports the use of combining reemployment and eligibility assessments and reemployment services and training referrals to address unemployment and urges the Department to use its evaluation authority to evaluate and report on their effectiveness.

PENSION BENEFIT GUARANTY CORPORATION

The agreement treats investment management fees as program expenses, not subject to the limitation on administrative expenses established by this act. These fees will continue to be subject to oversight through various mechanisms, including reviews by the Pension Benefit Guaranty Corporation (PBGC) Board, PBGC Inspector General and GAO. PBGC should continue to report on these expenses, including an analysis of the forces driving any trends, in its annual congressional budget justification.

WAGE AND HOUR DIVISION

The Wage and Hour Division is directed to submit a report to the House and Senate Committees on Appropriations within 180 days of enactment of this act on the steps taken to improve the process for wage determinations for public works

projects and correct the deficiencies found in the 2004 OIG report titled "Concerns Persist with the Integrity of Davis-Bacon Act Prevailing Wage Determinations."

The Wage and Hour Division is directed to submit a report to the House and Senate Committees on Appropriations within 120 days of enactment of this act on the methodology and accuracy of the Adverse Effect Wage Rates.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

Compensation discrimination is one form of discrimination that is prohibited by Executive Order 11246. The Office of Federal Contract Compliance Programs is directed to seek input from stakeholders on issues related to scope, content and format of the Nondiscrimination in Compensation: Compensation Data Collection Tool and to carefully consider input and public comments on any proposed rule.

BLACK LUNG DISABILITY TRUST FUND

The agreement provides $4,860,000 in addition to the $25,543,000 requested in the fiscal year 2015 budget for Departmental Management Salaries and Expenses within the Black Lung Disability Trust Fund account. These additional funds shall be used to reduce the backlog of black lung cases pending before the Department.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

The bill continues the exemption of small farming operations from Occupational Safety and Health Administration (OSHA) regulation. The OSHA is encouraged to continue working with the Department of Agriculture before moving forward with any attempts to redefine and regulate post-harvest activities, to include, but not limited to, storing, drying, grinding, and other activities

necessary to market farm products to subsequent users in the agricultural value chain, and clarify that this exemption shall apply to on farm post-harvest activities.

OSHA is directed to notify the House and Senate Committees on Appropriations 10 days prior to the announcement of any new National, Regional or Local Emphasis Program including the circumstances and data used to determine the need for the launch of a new Program.

OSHA is urged to consider all currently available technology as it develops any new standard for workers' exposure to silica dust.

BUREAU OF LABOR STATISTICS

The Bureau of Labor Statistics (BLS) is directed to conduct a review of the methodology for the collection and reporting of data for Metropolitan Statistical Areas within the Current Employment Statistics program. Within 180 days of enactment of this act, BLS shall submit a report to the House and Senate Committees on Appropriations on ways that reporting for Metropolitan Statistical areas could be improved and any estimated costs of implementation.

DEPARTMENTAL MANAGEMENT

IT MODERNIZATION

The Department is directed to submit to the House and Senate Committees on Appropriations a detailed IT modernization implementation plan by May 29, 2015. The plan shall include: a complete list of all new systems and significant improvements of existing systems proposed for development; the projected cost of each development project each year to completion including the total estimated cost of development; the estimated annual operations and maintenance costs for each system once development is complete; and a timeline and estimated

maintenance cost savings of any legacy systems that will no longer be necessary and are proposed to be eliminated. The plan should also include an assessment of the Department's information technology management controls that includes: How the systems integrate into the Department's enterprise architecture; an analysis of the Department's project management capabilities; and a review of the Department's information technology investment and human capital management practices. The requested plan shall address IT funding provided in this account, the related general provision established in title I of this Act and other spending authority planned for or proposed to be used for such purposes.

OFFICE OF INSPECTOR GENERAL

The Office of Inspector General (OIG) plans to initiate a long-term, cyclical oversight program to independently review, on a prioritized basis, individual States' efforts to identify and recover UI overpayments. The OIG should conduct as many multi-State reviews as funding will allow in fiscal year 2015 and submit a report to the House and Senate Committees on Appropriations by March 31, 2016 on the progress and effectiveness of this effort.

GENERAL PROVISIONS

The bill includes a new provision related to Pension Benefit Guaranty Corporation actions under 4062(e) of the Employee Retirement Income Security Act.

The bill includes a new provision related to information technology transfer authority.

The bill includes a new provision related to the Fair Labor Standards Act.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The agreement includes tables within and at the end of the statement allocating funding for the programs, projects, and activities in this act. The agencies within this act are directed to fully implement these allocations in accordance with the statement, except as permitted by the reprogramming and transfer authorities provided in this act. Any action to eliminate or consolidate programs, projects, and activities should be pursued through a proposal in the President's budget so it can be considered by the Committees on Appropriations.

The Department is directed to include in its fiscal year 2016 congressional budget justification the amount of expired unobligated balances available for transfer to the nonrecurring expenses fund (NEF) and the amount of any such balances transferred to the NEF. This should include actual or estimated amounts for the prior, current, and budget years.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

PRIMARY HEALTHCARE

Health Centers.—Of the available funding for fiscal year 2015, the agreement directs not less than $165,000,000 shall be awarded for base grant adjustments to existing centers and not less than $350,000,000 shall be awarded for the establishment of new delivery sites, medical capacity expansions, and expanded medical services including oral, behavioral, pharmacy, or vision services. In addition, not more than $150,000,000 will be awarded for construction and capital improvement projects. In addition, within the funds provided for Primary Health

Care, the agreement includes not less than the fiscal year 2014 level for the Native Hawaiian Health Care Program.

HEALTH WORKFORCE

National Health Service Corps—The agreement includes section 223 of this act to modify the rules governing National Health Service Corps (NHSC) to allow every Corps member 60 days to cancel their contract. HRSA is directed to evaluate the establishment of a demonstration project within the NHSC in which optometrists are recognized as primary health services providers for purposes of the Loan Repayment Program.

Oral Health Training.—The agreement includes not less than $9,000,000 for General Dentistry programs and not less than $10,000,000 for Pediatric Dentistry programs.

Alternative Dental Health Providers.—While the agreement continues to carry bill language that prohibits the use of funds for alternative dental health care provider demonstration projects, this language is not intended to prohibit or preclude a State's ability to independently develop policies to increase patient access to dental care in underserved areas in order to address the unique needs and demands of that State.

Mental and Behavioral Health.—The agreement provides $8,916,000 for Mental and Behavioral Health programs. With increasing numbers of military service members reintegrating into civilian life following multiple deployments, the Administrator of HRSA is directed to devote the increase to the Graduate Psychology Education Program for a special effort to focus additional grants on the inter-professional training of doctoral psychology graduate students and interns to address the psychological needs of military personnel, veterans and their families in civilian and community-based settings, including those in rural areas. The

agreement continues funding for the Leadership Training Program in Social Work to support centers of excellence at schools of social work to help develop the next generation of social workers and to provide critical leadership, resources, and training.

Public Health and Preventive Medicine Training.—The agreement provides $21,000,000 for Public Health Workforce Development and directs that no less than $6,000,000 for preventive medicine residencies and no less than $4,000,000 for existing programs and residencies related to integrative medicine.

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant.—The agreement includes bill language setting aside $77,093,000 for Special Projects of Regional and National Significance (SPRANS), which is intended to include sufficient funding to continue the set-asides for oral health, epilepsy, sickle cell, and fetal alcohol syndrome at not less than fiscal year 2014 levels. The agreement also provides $551,631,000 for the State grants.

Autism and Other Developmental Disorders.—The agreement provides $47,099,000 for the Autism and Other Developmental Disorders program and directs that HRSA provide no less than the fiscal year 2014 level for the LEND programs. Further, the agreement acknowledges that the Autism and Other Developmental Disorders program has demonstrated an ability to develop early detection, education, and intervention activities on autism and other developmental disorders. The Centers for Disease Control and Prevention recently announced that the highest rate of increased diagnoses for children with autism is from minority and rural communities. HRSA is directed to ensure that competitive funding opportunities are made available to specifically target innovative diagnosis and treatment models, including the use of telehealth networks, to improve the

diagnosis and treatment of Autism Spectrum Disorders in minority and rural communities.

Heritable Disorders Program.—The agreement provides $13,883,000 for the Heritable Disorders Program, of which $2,000,000 is provided for a new grant competition to support the wider implementation, education and awareness of newborn screening for Severe Combined Immune Deficiency (SCID) and related disorders. The qualifying grantee must have at least five years of direct involvement in the effort to support implementation of SCID screening in State newborn screening protocols and offer a national network of medical centers to provide linkage to care for diagnosed newborns.

Healthy Start.—The Fetal Infant Mortality Review (FIMR) program is an important component of many Healthy Start Initiatives and that providing evidence-based interventions are crucial to improving infant health in high risk communities. HRSA is encouraged to continue to support the FIMR program with Healthy Start funding while educating Healthy Start Programs on the successes of the FIMR.

HRSA

~~HSRA~~ is also encouraged to assist Healthy Start grantees that did not receive grants in fiscal year 2014 due to changes in the grant process, but were funded in previous years, with transitional funding to help alleviate their shortfalls.

HEALTH CARE SYSTEMS ~~BUREAU~~

340B Drug Program.—HRSA is required to make 340B ceiling prices available to covered entities through a secure Web site. Funding was provided in fiscal year 2014 to implement such requirements, including the creation of a Web site. HRSA is directed to provide a briefing to update the House and Senate Appropriations Committees on implementation by March 3, 2015. There are concerns that HRSA

has been unable to demonstrate that the 340B program benefits the most vulnerable patients. In order to best serve the public need, the program should examine its ability to ensure patients' access to 340B savings for outpatient drugs. HRSA is directed to work with covered entities to better understand the way these entities support direct patient benefits from 340B discounted sales.

Poison Control Centers.—Increased education and outreach services provided by the poison control centers to Medicare and Medicaid beneficiaries could result in substantial savings by the Centers for Medicare and Medicaid Services. The Secretary is directed to continue the discussions with the Nation's poison control centers to develop an action plan to achieve these possible new Medicare and Medicaid cost savings.

RURAL HEALTH

The agreement includes sufficient funding to continue the five key program areas identified in the President's budget: outreach services grants, rural network development grants, network planning grants, small healthcare provider quality improvement grants, and the Delta States network grant program.

Oral Health.—There is a significant need for dental providers in rural communities who can provide oral healthcare and education to individuals on the importance of proper oral care and prevention, and ~~remains concerned~~ about the number of unnecessary hospital emergency room visits for oral health issues. The Office of Rural Health Policy is encouraged to support mobile dentistry programs led by properly licensed dental providers.

concerns remain

Rural Access to Emergency Devices.—The agreement provides $4,500,000 for the Rural Access to Emergency Devices program. In past fiscal years, the funding was used to purchase automated external defibrillators for public locations and to

train emergency responders in their use. The increase over fiscal year 2014 should be competitively awarded for the purchase of other emergency devices used to rapidly reverse the effects of opioid overdoses, as well as training licensed healthcare professionals and emergency responders on their use. Funding will be used to buy automated external defibrillators and other emergency devices used to rapidly reverse the effects of opioid overdoses and put them in public areas where cardiac arrests and other life threatening events are likely to occur as well as train licensed healthcare professionals to include paramedics on their use.

Telehealth.—The Office of the Advancement of ~~Technology~~ (OAT) expands high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties. OAT is directed to use these funds to expand existing telehealth networks and to award new grants under the Telehealth Network Grant Program while also increasing activities that demonstrate the use and success of telehealth networks across the country.

OAT is commended for its work to provide greater access, quality, and scope of care to medically underserved populations. OAT is urged to fund sustainable programs with demonstrable accomplishments, placing particular emphasis on programs seeking to aid diverse populations in regions with significant chronic disease burden and evident health disparities such as diabetes.

VACCINE INJURY COMPENSATION TRUST FUND

HHS is directed to implement the Advisory Commission on Childhood Vaccines' recommendations on maternal immunization that were adopted in 2013 as HRSA administers the Vaccine Injury Compensation Program under existing authorities.

CENTERS FOR DISEASE CONTROL AND PREVENTION

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

IMMUNIZATION AND RESPIRATORY DISEASES

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

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

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

Influenza.—The agreement directs the Department to use $15,000,000 in pandemic influenza supplemental balances to support CDC's global influenza activity ~~are no longer available~~. CDC and the Department are expected to clearly

identify in budget documents when and how prior year supplemental appropriations are used.

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS PREVENTION

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

Within this total, the agreement includes the following amounts:

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

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

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

Youth-based Programs.—~~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.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

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

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

Budget Activity	FY 2015 Agreement
Epidemiology and Lab Capacity program.....	40,000,000
Healthcare-Associated Infections.....	12,000,000

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

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

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

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

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

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

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

Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Tobacco	$216,492,000
Nutrition, Physical Activity, and Obesity	47,585,000
High Obesity Rate Counties	7,500,000
School Health	15,383,000
Health Promotion	19,970,000

Budget Activity	FY 2015 Agreement
Community Health Promotion.....	6,348,000
Glaucoma.....	3,294,000
Visual Screening Education.....	512,000
Alzheimer's Disease.....	3,344,000
Inflammatory Bowel Disease.....	716,000
Interstitial Cystitis.....	659,000
Excessive Alcohol Use.....	3,000,000
Chronic Kidney Disease.....	2,097,000
Prevention Research Centers.....	25,461,000
Heart Disease and Stroke.....	130,037,000
Diabetes.....	140,129,000
National Diabetes Prevention Program.....	10,000,000
Cancer Prevention and Control.....	352,649,000
Breast and Cervical Cancer.....	206,993,000
WISEWOMAN.....	21,114,000
Breast Cancer Awareness for Young Women.....	4,951,000
Cancer Registries.....	49,440,000
Colorectal Cancer.....	43,294,000

Budget Activity	FY 2015 Agreement
Comprehensive Cancer	19,673,000
Johanna's Law	5,500,000
Ovarian Cancer	7,000,000
Prostate Cancer	13,205,000
Skin Cancer	2,121,000
Cancer Survivorship Resource Center	472,000
Oral Health	15,749,000
Safe Motherhood/Infant Health	45,473,000
Arthritis	9,598,000
Epilepsy	7,994,000
National Lupus Patient Registry	5,750,000
REACH	50,950,000
Community Prevention Grants	80,000,000
Million Hearts	4,000,000
Workplace Wellness	10,000,000
National Early Child Care Collaboratives	4,000,000
Hospitals Promoting Breastfeeding	8,000,000

Alzheimer's and Healthy Aging.—The agreement notes the importance of developing and maintaining a population-based surveillance system with

longitudinal follow-up. The agreement also urges that significant effort be made to ensure comprehensive implementation of the action steps listed in the updated Road Map. The agreement supports this important initiative to further develop and expand the surveillance system on cognitive decline and caregiving, including widespread dissemination of the data gathered, and to implement the updated Road Map.

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

Chronic Disease.—The agreement directs that the CDC Director shall not consolidate programs under Chronic Disease Prevention and Health Promotion in any manner, including through use of contracting, grant, cooperative agreement, or other such mechanism, which does not allow for an auditable accounting process to certify that all the funding provided supported the programs and activities at the levels identified in this statement.

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

Diabetes, Heart Disease, and Stroke.—The agreement expects a significant portion of resources will support local communities with the highest burden of

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

Epilepsy.—The agreement applauds the CDC epilepsy program for the progress it has made in advancing a public health agenda to improve the lives of people living with epilepsy. CDC is encouraged to support internal and external collaborations that advance the recommendations of the 2012 Institute of Medicine Report ''Epilepsy Across the Spectrum: Promoting Health and Understanding''.

Excessive Alcohol Use.—The agreement includes an increase above the fiscal year 2014 level for CDC to increase its support of alcohol epidemiologists in State and local health departments, and to widely disseminate existing research on effective strategies for reducing underage drinking, including translational research, and to make that research easily accessible to the public.

Interstitial Cystitis.—The agreement commends CDC for developing partnerships to enhance awareness of Interstitial Cystitis (IC). It also recognizes the progress made to assure proper diagnosis and treatment of IC through the development of continuing medical education and patient self-management modules available online.

Mississippi Delta Collaborative (MDHC).—The Mississippi Delta Region experiences some of the Nation's highest rates of chronic diseases, such as diabetes, hypertension, obesity, heart disease, and stroke. The agreement recognizes CDC's expertise in supporting evidence-based programs to prevent the leading causes of death and disability and commends their partnership with the

MDHC. The CDC is urged to continue to support MDHC's work to strengthen linkages between the community and clinical services in the region and to continue CDC's support for implementation of strategies that increase prevention efforts and improve access to physical activity and healthy nutrition.

Moderate Drinking.—The agreement notes that numerous epidemiological and basic science studies have demonstrated that moderate drinking can be beneficial to health by reducing risk for coronary artery disease, type 2 diabetes, and rheumatoid arthritis, among others. However, these studies used different protocols or questionnaires, and may be difficult to compare. The agreement urges the Center to work with National Institute on Alcohol Abuse and Alcoholism on this issue.

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

Obesity.—The agreement expands support for the rural extension and outreach services pilot to support additional grants for rural counties with an obesity prevalence of over 40 percent. The agreement expects CDC to work with State and local public health departments to support measurable outcomes through evidenced based obesity research, intervention and prevention programs. CDC

should focus its efforts in areas of the country with the highest burden of obesity and with the co-morbidities of hypertension, cardiac disease and diabetes from county level data in the Behavioral Risk Factor Surveillance System. The agreement encourages CDC childhood obesity efforts to only support activities that are supported by scientific evidence.

Special Interest Projects.—The agreement directs CDC to ensure that any funds used to support Special Interest Projects will be competitively awarded through an open process that is available to all qualified entities, including non-profit organizations, small businesses, and for-profit organizations.

Vitiligo.—The ~~Committee~~ directs the CDC to report on the epidemiology of Vitiligo, including incidence, causal factors, any associations with minority populations, and hereditary occurrence. The agreement requests a report within 180 days on the medical research that has been done to date, suggestions on treatment for consequent conditions, and prospects for a cure.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

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

Within the total for Birth Defects and Developmental ~~Diseases~~, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Child Health and Development	$64,232,000
Birth Defects	18,074,000

Budget Activity	FY 2015 Agreement
Fetal Death	891,000
Fetal Alcohol Syndrome	10,505,000
Folic Acid	3,121,000
Infant Health	8,639,000
Autism	23,002,000
Health and Development for People with Disabilities	52,440,000
Disability & Health	20,042,000
Tourette Syndrome	2,000,000
Early Hearing Detection and Intervention	10,752,000
Muscular Dystrophy	6,000,000
Attention Deficit Hyperactivity Disorder	1,850,000
Fragile X	1,800,000
Spina Bifida	5,996,000
Congenital Heart Failure	4,000,000
Public Health Approach to Blood Disorders	4,500,000
Hemophilia CDC Activities	3,504,000
Hemophilia Treatment Centers	5,000,000
Thallasemia	2,105,000

Birth Defects Prevention.—The Center for Birth Defects Research and Prevention is commended for its work toward greater understanding of the causes of birth defects and ~~applauds them~~ for expanding the National Birth Defects Prevention Network to include the work of the BD-STEPS program. CDC is encouraged to allocate additional resources to expand the BD-STEPS program, with the goal of incorporating States that do not currently have a birth defects surveillance system. Priority should be given to programs in these States that have previously submitted meritorious applications but did not receive grant funding due to budget constraints.

Congenital Heart Defects (CHDs).—The agreement provides $4,000,000 to expand CDC's surveillance of CHD among adolescents and adults in order to better understand issues relating to CHD incidence, prevalence, disparities and barriers to optimal care for those with CHD.

Hemophilia.—The agreement includes sufficient funding to maintain the Center's hemophilia programs, particularly the surveillance and research activities of the national network of hemophilia treatment centers and CDC's national outreach and education programs on hemophilia.

Limb Loss Resource Center.—The agreement transfers funding for the Limb Loss Resource Center to the Administration for Community Living (ACL). CDC is expected to work with ACL to ensure a smooth transition for grantees and those served by this program.

Thalassemia.—The agreement continues to support blood safety surveillance at major thalassemia research and treatment centers, as well as support patients outside of major research and treatment centers by working with the thalassemia patient advocacy community.

PUBLIC HEALTH SCIENTIFIC SERVICES

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

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

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

Alzheimer's Disease & Dementia.—CDC is directed to recommend ways to obtain more accurate and complete measurements of the death rate due to Alzheimer's disease and dementia and to develop a consensus on the mortality burden of the disease.

ENVIRONMENTAL HEALTH

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

Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Environmental Health Laboratory	$55,870,000
Newborn Screening Quality Assurance Program	8,243,000

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

Amyotrophic Lateral Sclerosis (ALS) Registry.—The agreement supports CDC's national ALS registry, which may help to identify the incidence and prevalence of the disease in the United States and advance research into the causes and treatments of ALS. CDC is encouraged to promote enrollment in the registry and facilitate the use of registry information for ALS research. CDC is also encouraged to continue to consult with other Federal agencies, including the NIH and the Department of Veterans Affairs to coordinate efforts and to avoid duplication.

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

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

Primary Immunodeficiency.—The agreement recognizes CDC's support for physician education and public awareness for primary immunodeficiency diseases and strongly encourages the agency to maintain its efforts to elevate the understanding of this important set of disorders.

INJURY PREVENTION AND CONTROL

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

Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Intentional Injury.....	$92,001,000
Domestic Violence and Sexual Violence.	32,674,000
Child Maltreatment.....	7,250,000
Youth Violence Prevention.....	15,086,000
Domestic Violence Community Projects.	5,414,000
Rape Prevention.....	38,827,000
National Violent Death Reporting System	11,302,000
Unintentional Injury.....	8,598,000

Budget Activity	FY 2015 Agreement
Traumatic Brain Injury.....	6,548,000
Elderly Falls.....	2,050,000
Injury Prevention Activities.....	28,950,000
Prescription Drug Overdose.....	20,000,000

Prescription Drug Overdose Prevention.—The agreement applauds CDC's public health approach to combating this problem. However, it does not concur with the administration's proposal to fund this initiative through the Core Violence and Injury Prevention Program because it does not sufficiently target funds where they are most needed. Instead, the agreement directs CDC to fund this initiative through cooperative agreements that target States that contribute significantly to the national burden of prescription drug overdose morbidity and mortality. The agreement directs CDC to incorporate State burden of prescription drug overdose, including CDC's mortality data (age adjusted rate), in the competitive process to test and implement best practices for identification, treatment, and control of prescription drug abuse. Further, the States are expected to work with local businesses, medical providers, medical organizations, law enforcement, and support not-for-profit organizations to prevent prescription drug overdose. Further, the agreement directs that funding to States should address data issues, improve data standards and the ability to share data across State lines and nationally to improve prescription drug overdose prevention activities. The agreement expects the activities will include working with States to establish or expand prescription drug monitoring databases of physicians writing prescriptions for opiates and

pharmacists filling prescriptions. Finally, the agreement requests CDC to develop performance measures with annual targets for this program.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

The agreement includes a total of $334,863,000 for the National Institute for Occupational Safety and Health (NIOSH) in discretionary appropriations.

Within the total for NIOSH, the agreement includes the following amounts:

Budget Activity	FY 2014 Agreement
National Occupational Research Agenda	114,500,000
Agriculture, Forestry, Fishing	24,000,000
Education and Research Centers	$27,445,000
Personal Protective Technology	19,695,000
Healthier Workforce Centers	4,976,000
Mining Research	59,420,000
Other Occupational Safety and Health Research	107,721,000
National Mesothelioma Registry and Tissue Bank	1,106,000

Combination Unit Respirator.—The agreement notes with concern the lack of progress by NIOSH in the development of a certification standard for Combination Unit Respirators. Therefore, the agreement directs NIOSH to provide an update on the progress of the research needed to validate the ~~standards~~ requirements and standards for combination unit respirators within one year from the date of enactment.

Facilities.—NIOSH is urged to maximize the use of existing federally owned research facilities and property to conduct its work, in particular its Catastrophic Failure and Prevention, Mining Injury and Disease Prevention and Mining and Surveillance and Statistical programs. Utilization of non-rental, non-leased, existing federally owned properties, such as those located near the newly revitalized Silver Valley of Idaho, the gold mining areas of Nevada, the platinum area in Montana, mines in Wyoming, and mines of various types in Alaska, would allow NIOSH to use Federal funds efficiently.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

The agreement includes $55,358,000 in mandatory funding for CDC's responsibilities with respect to the Energy Employee Occupational Illness Compensation Program.

GLOBAL HEALTH

The agreement includes $416,517,000 for Global Health activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Global AIDS Program.....	$128,421,000
Global Immunization Program.	208,608,000
Polio Eradication.....	158,774,000
Measles and Other Vaccine Preventable Diseases.....	49,834,000
Global Disease Detection and Emergency Response.....	45,360,000

Budget Activity	FY 2015 Agreement
Parasitic Diseases/Malaria.....	24,369,000
Global Public Health Capacity..	9,759,000

Global Public Health.—The agreement requests an operating plan, within 90 days after enactment, for all international activities funded through this CDC activity to the Appropriations Committees of the House of Representatives and the Senate.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

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

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

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

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

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

BUILDINGS AND FACILITIES

The agreement includes $10,000,000 for Buildings and Facilities.

The agreement includes separate bill language for buildings and facilities given the recent implementation of the working capital fund and distribution of the funds to the appropriate centers, in lieu of having this account within the CDC-wide activity account.

Underground Mine Safety.—The agreement is disappointed that the administration has not taken steps necessary to ensure that the mine explosive research capacity that was present at the now-closed CDC Lake Lynn facility in Pennsylvania continues to exist. The agreement is concerned with the CDC's proposal to abandon plans to find an alternative site for the underground mining research facility at Lake Lynn. The Lake Lynn Laboratory and Experimental Mine is a unique and critical resource for conducting large scale explosion tests and mine fire research, which are essential components of preventing accidents and disasters in the mining industry. The agreement rejects the budget proposal to redirect existing resources intended for a new mine safety research center to other CDC facility projects and expects this funding to remain available for an alternative site for Lake Lynn. Further, CDC shall move forward with a new site selection process and report to the [redacted] no later than 60 days after enactment of this act on a specific timeline for replacing this research capability.

House and Senate Committees on Appropriations

CDC-WIDE ACTIVITIES

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

Within this total, the agreement includes the following amounts:

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

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

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

Grant Table.—The agreement directs the CDC Director to include in the fiscal year (10) 2016 and future budget requests a table that identifies each type of grant awarded under each CDC program. It should clearly include for each program the percentage of funds awarded by formula and non-formula for each type of and competitive grant for each of the past three years, current year, and budget year.

Public Health Leadership and Support Detail.—The agreement expects the budget request for fiscal year 2016 and future years include specific breakouts and details by budget activity with typical object class data for each activity.

Single Web-based Data Collection Information Technology (IT) Platform.—The agreement recognizes the efforts by CDC to develop a plan for a single Web-based data collection IT platform for public health. A significant need exists for an agile, cloud-based, and flexible IT platform to reduce the reporting burden on State public health departments, and create economic efficiencies. The agreement directs CDC to continue to work with State and local health officials to develop a timeline for a cloud-based and flexible IT public health data reporting platform for CDC programs to the House and Senate Appropriations Committees no later than 180 days after enactment of this act.

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

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

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

Advocacy Restrictions.—Describe mechanisms, processes, and on-going efforts to educate its staff and recipients to prevent violations;

Autism.—How CDC works with NIH and other agencies to identify research gaps;

Chikungunya.—How the National Center for Emerging and Zoonotic Infectious Diseases works with the Center for Global Health on this cross-cutting issue;

Cerebral Palsy;

Colorectal Cancer;

Duchene Muscular Dystrophy;

Duplication.—Process to ensure no funds support activities funded via a competitive announcement from the NIH or other Federal agency, such as the Federal Trade Commission's report to Congress on alcohol industry self-regulatory initiatives;

Fragile X;

Insert 38a + 38b

Insert 38a

Global Health Strategy.—How CDC, FDA, and NIH jointly develop, coordinate, plan, and prioritize global health research activities;

Healthcare-Associated Infections (HAIs);

Hepatitis C: Details on progress and activities undertaken to prevent new infections;

Inflammatory Bowel Disease;

National Amyotrophic Lateral Sclerosis (ALS) Registry;

National Environmental Public Health Tracking Network;

Neglected Tropical Diseases;

National Lupus Patient Registry;

Ovarian Cancer;

Public Health Emergency Preparedness Index;

Preterm Birth;

Psoriasis and Psoriatic Arthritis Data Collection;

Sepsis;

Tourette Syndrome;

Thalassemia;

(Insert 38b)

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

West Virginia Tap Project; and

~~Spina bifida~~ Registry.

Spina # Bifida

NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health (NIH) receives a total of $30,084,304,000 in this agreement. Within this total, increases are generally distributed proportionately among NIH Institutes and Centers (ICs). Additional amounts have been added to the National Institute on Aging (NIA), in recognition of the Alzheimer's disease research initiative throughout NIH, several institutes received support in connection with the Brain Research through Application of Innovative Neurotechnologies (BRAIN) initiative, National Cancer Institute for cancer research, and the Common fund to support ~~Kids First~~ the Gabriella Miller Kids First Research Act (Kids First).

The agreement also includes an important reform for NIH and the stakeholder community. In response to growing concern at the loss of NIH funds to section 241 transfers, the agreement reforms section 241 allocations such that NIH, still subject to the transfer, now will receive $715,000,000 in return which is more than the estimated $700,000,000 it will contribute. All the 241 transfer funds are allocated to the National Institute of General Medical Sciences (NIGMS). This reform ensures the section 241 transfers are a net benefit to NIH rather than a liability.

The NIH is expected to base its funding decisions only on scientific opportunities and the peer review process. In accordance with longstanding tradition, funding is not directed to any specific disease research area.

The agreement notes concern that the number of Ruth L. Kirschstein National Research Service Awards has declined since fiscal year 2007. The agreement expects the NIH to provide no less than last year in stipend levels and training awards.

The agreement expects NIH to promote the advancement of biomedical science in a manner that builds public trust and accountability and expects NIH to conduct rigorous oversight prior to the awarding of funds to ensure that all grants are connected to the core mission and priorities of NIH.

Recent GAO reports (GAO-14-490R and GAO-14-246) on NIH research allocations highlight that NIH's research allocation process does not significantly take into account any method related to burden of disease on the American public, such as death or prevalence rate. Therefore, the agreement urges NIH to ensure research dollars are invested in areas in which Americans lives may be improved.

The agreement continues to protect the Clinical and Translational Science Awards program, the Institutional Development Awards program, and the mission of the National Children's Study.

The Common Fund is supported as a set-aside within the Office of the Director at $545,639,000, which includes the $12,600,000 to support pediatric research as described in the recently enacted Kids First legislation.

The agreement directs the NIH Director and each IC Director to ensure a process is in place to make certain new scientific information reaches the public and health care providers through the various other HHS outreach programs. The agreement requests a report within 180 days of enactment to the Committees ~~of~~ on Appropriation of the House and Senate on how this process operates across each IC and the HHS agencies, with an eye toward reducing duplication, and improving dissemination of information.

Administrative Burden Workgroup.—The agreement for FY 2014 requested that NIH Director to initiate an Administrative Burden Workgroup that included relevant stakeholders to develop a plan to reduce the administrative burden on

grantees and their organizations. The NIH has not yet chartered this workgroup and is directed to do so within 60 days of enactment and conduct the first meeting within 30 days of that date. The agreement requests a copy of the plan and any applicable goals or reduction targets within 180 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate.

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

Alzheimer's Disease.—The agreement includes an increase of $25,000,000 for NIA. In keeping with longstanding practice, the agreement does not recommend a specific amount of NIH funding for this purpose or for any other individual disease. Doing so would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, in recognition that Alzheimer's disease poses a serious threat to the Nation's long-term health and economic stability, the agreement expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer's. The exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted for Alzheimer's relative to those submitted for other diseases.

Autism and Telehealth.—The agreement supports NIMH's funding of meaningful research into the use of telehealth resources in the diagnosis and treatment of autism spectrum disorders. NIMH shall report to the House and Senate Committees on Appropriations within 90 days of enactment of this act detailing the current research opportunities involving telehealth and autism diagnosis and treatment.

Basic Biomedical Research.—The agreement urges the NIH Director to continue the traditional focus on basic biomedical research. The purpose of basic research is to discover the nature and mechanics of disease and identify potential therapeutic avenues likely to lead to the prevention and treatment of human disease. Without this early scientific investigation, future development of treatments and cures would be impossible. Basic biomedical research must remain a key component of both the intramural and extramural research portfolio at the NIH.

Big Data.—The agreement continues to expect NIH to protect the privacy of individuals who are the subject of research. As the Big Data to Knowledge Initiative (or any similar initiative) creates new methods of collecting data from research, attention must be paid to new ways of protecting the data of individuals involved. NIH is directed to include requirements related to privacy protections in every grant that involves human research, such as the issuance of certificates of confidentiality.

Blue Ribbon Commission on Scientific Standing.— The agreement directs the NIH Office of the Director to fund, in consultation with the National Science Foundation and Department of Education, contract with the National Academy of Sciences to establish a Blue Ribbon Commission charged with discerning

American public opinion on, understanding of, and acceptance of scientific research. The Commission shall examine the present state of scientific repute in America and present recommendations for how to improve scientific literacy, education, and enhance scientific regard amongst the American public.

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

Clinical Trials.—The agreement requests GAO to conduct a review of how NIH applied the recommendations from the 2010 IOM report on NCI's clinical trials across all NIH ICs to improve NIH-wide clinical trial activity. Specifically, the review should provide recommendations related to administering, monitoring, managing, and supporting an appropriate NIH-wide portfolio of clinical trial activity. Further, the agreement expects NIH to review its policies and make changes as appropriate to ensure appropriate minority participation in clinical trials across all NIH ICs.

Commitment to New and Early Stage Investigators.—The agreement appreciates NIH's commitment to identifying and attracting new biomedical researchers and expects it will continue to explore novel ways to encourage early transition to independence. The agreement reflects significant concern that the

average age at which an investigator first obtains R01 funding from NIH remains around age 42. Therefore, NIH is directed to develop a new approach with actionable steps to reduce the average age at which an investigator first obtains R01 funding. The agreement requests NIH to provide the Committee a report within 120 days of enactment on the steps it will take, measurement methods, and a senior level IC Director monitoring plan. Further, the plan should include an analysis of the role of the universities in this effort. It is also requested that future budget requests include the past ten years of actual data on the average age at which an investigator obtains R01 funding and the next three years of future estimates.

Common Fund.—NIH is expected to continue the longstanding policy for Common Fund projects to be short-term, high-impact awards, with no projects receiving funding for more than 10 years. Funding is not included for research within the Common Fund specifically related to health care financing reform and insurance incentive activities related to the Affordable Care Act. The agreement continues to encourage NIH to consider research related to new treatments, diagnostics, and the impact of widespread adoption of the results of biomedical science done with taxpayer dollars.

Dental Caries.—Although dental caries have significantly decreased for most Americans over the past four decades, disparities remain among some population groups. The agreement is concerned with these trends and encourages NIDCR to explore more opportunities related to dental caries research. In addition, NIDCR should coordinate with CDC Division of Oral Health to identify research opportunities.

Enhanced NIH Reporting on Research Spending by Disease and Affected Populations.—The NIH reports and makes available to the public on an annual basis the amount of research spending by disease. This information is helpful and provides insight to the public and the research community about overall NIH research. The agreement requests NIH include, no later than 180 days after enactment and thereafter, the number of Americans affected by each category listed in the RCDC database, according to CDC or another federally-sourced data file.

Extramural and Intramural Research.—The agreement requests an update in the fiscal year 2016 budget request on what processes NIH has in place to ensure consistency between the application of scientific policies to both extramural and intramural researchers. The update should also describe how NIH has implemented the request that all peer reviewers for extramural research are provided detailed knowledge on the scope of intramural activities that are related to the subjects under consideration within their study sections to prevent unintended support for duplicative research activity.

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

Improve Data Availability.—The agreement directs that within 90 days after enactment, the NIH Director should submit a report that assures the Committees on Appropriation that all journals supported with NIH resources are consistent with the February 2013 memorandum from the Director of the Office of Science and Technology Policy in the White House, which states that data sets used in publications supported by government grants should be made available to the public where possible. The agreement expects NIH to take immediate actionable steps to ensure all data from NIH supported journals is available and reproducible.

Institutional Development Award (IDeA).—Many institutions in Experimental Program to Stimulate Competitive Research (EPSCoR) qualifying States that could benefit from the IDeA program are ineligible for funding. The IDeA Director is directed to develop a legislative plan, including legislative language, to update eligibility criteria and specifically incorporate flexibility into the program to address EPSCoR eligibility. The NIH is directed to report to the Committees on Appropriations within 60 days after enactment of this act.

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

Moderate Drinking.—Numerous epidemiological and basic science studies have demonstrated that moderate drinking can be beneficial to health by reducing risk for coronary artery disease, type 2 diabetes, and rheumatoid arthritis, among

others. However, these studies used different protocols or questionnaires, and may be difficult to compare. The agreement encourages NIAAA to undertake a multicenter, multiyear clinical study to clarify the health impact of moderate ~~beverage~~ alcohol consumption.

NIH Workforce Study.— NIH performed a workforce study in 2008 that examined the state of the biomedical workforce in the United States and provided insight on the future workforce capacity and the need for new investigators to sustain the enterprise. The agreement requests NIH update the NIH New Investigator Projection (PI) report developed by the NIH Office of Budget, assuming level funding. It should consider the historical data, success rates of new investigators, the success rates of second R01 (first renewal) applications for early stage investigators, trends in the workforce, data and actuarially sound assumptions with updates on the number of researchers who receive NIH F or K funding who then go on to work in industry. In addition, the report should survey the historical change over time of university policies that feed into the length of time to become a PI and use that data to update the PI projection model to ensure it has the correct mix of new and experienced PIs in the workforce.

National Center for Complementary and Alternative Medicine.—The agreement includes a provision to change the name of this center from the ''National Center for Complementary and Alternative Medicine'' to the ''National Center for Complementary and Integrative Health.'' Since the inception of this center, the practices it researches have grown in use to the point that Americans no longer consider them an alternative to medical care: well over half of Americans report using a dietary supplement; CDC data shows that Americans spend $3,900,000,000 annually on spinal manipulation therapy; and a recent survey showed that three-quarters of healthcare workers prefer to utilize complementary

methods when suffering from illness or injury. These methods are no longer being used instead of medical care; they are increasingly being integrated into the Nation's healthcare system, whether by practitioners or by patients themselves. For that reason, the term ''alternative medicine'' is being retired in favor of supporting research on integrative health.

National Children's Study (NCS).—The recommendations of the Institute of Medicine's (IOM) June 2014 NCS assessment provided valuable insight[illegible]. The NCS' goals and mission has the potential to add immeasurably to the scientific knowledge on children's health and the Committees on Appropriations have supported this project for numerous years. The IOM provided a framework of recommendations and concerns about the recent changes to the NCS. The NIH Director is expected to use this framework to ensure the mission and goals of the NCS are realized to generate the anticipated returns from the years of tax-payer support.

NIH has an on-going workgroup reviewing the NCS that will provide input to the NIH Director who will consider the NCS' next phase over the coming weeks. In particular, the NIH decision process should ensure full consideration of IOM comments prior to any changes. The NIH Director is to provide the House and Senate Appropriations Committees, within 90 days of enactment, a detailed report and plan about the actions taken, decision making process, options under consideration, and other similar structural issues identified by the IOM.

Nurturing Talent and Innovation in Research.—The agreement understands that NIDA is considering a new kind of award, which would blend NIH's Pioneer and new innovator award mechanisms. The agreement requests that NIH provide the data used to develop this approach, the expected outcome measures for this

mechanism, and annual updates on the progress related to the measures prior to any forward movement on this approach.

Office of the Director.—The agreement encourages the NIH Director to ensure all ICs continue to support the pathways to independence program, which provides new investigators with mentored grants that convert into independent research project grants. In addition, the agreement continues to support new innovator awards, pioneer awards, and the transformative R01 program through the Common Fund. The agreement has provided bill language for specific funds authorized by the recently enacted Kids First Act within the Common Fund to support the first year of the 10-year Pediatric Research Initiative.

Pediatric Cancer.—The agreement understands NCI reduced support for some pediatric cancer clinical trials. The agreement requests an update in the fiscal year 2016 budget request with a summary of all pediatric cancer activity supported in fiscal years 2013, 2014, and 2015 estimate. Further, the agreement expects NIH to review how it can use the Cures Acceleration Network (CAN) activity and funds to develop regulatory and other tools that can be used to accelerate the development of pediatric drugs.

Pilot on Third Party Collections.—The agreement understands from NIH that it determined, after much effort that it could not effectively implement the 3rd party collections pilot. Thus, the agreement deletes the 3rd party collections language that appeared in prior appropriations bills.

Prioritization of Funding.—NIH is expected to prioritize Federal funds for medical research over outreach and education. The agreement expects NIH to distribute grant funding in the spirit of its long-standing reputation as a meritocracy, basing eligibility requirements on the merit of the researchers' ideas

and productivity, with no discriminatory review requirements, and supporting both research institutes and team-based research.

Quarterly Updates of NIH Operating Plans.—The agreement acknowledges the IC mechanism tables serve as the NIH operating plans for available resources and directs NIH to provide quarterly updates of these plans to the Appropriations Committees of the House and Senate.

Rehabilitation Research.—The agreement expects the NIH Rehabilitation Coordinating Committee (NIH RCC) to host a trans-NIH State of the Science Conference on Medical Rehabilitation Research, develop and regularly update a trans-NIH plan for medical rehabilitation science, and better coordinate the grants to adhere to the definition of rehabilitation research recommended by the Blue Ribbon Panel on Medical Rehabilitation Research. NIH is urged to establish certain benchmarks to assess whether the coordination proposals being implemented are having a positive impact on rehabilitation science at NIH. Finally, the agreement requests the NICHD and the NIH Director receive an annual briefing to discuss progress in rehabilitation research and the level of trans-NIH activity in this area of research.

Reproducibility of Research Results.—The agreement expects NIH to stress the importance of experimental rigor and transparency of reporting of research findings in order to enhance the ability of others to replicate them. The agreement concurs in the view that the gold standard of good science is the ability of a lab to reproduce a method and finding and is therefore concerned with reports that so much published biomedical research cannot be easily reproduced. The agreement expects that NIH will develop incentives for scientists to undertake confirmation studies, best practice guidelines that would facilitate the conduct of replicable

research and guidelines to encourage research transparency in the reporting of methods and findings. In addition, the agreement expects an NIH-wide policy and trans-NIH oversight to address the replication concerns. The agreement requests an update in the fiscal year 2016 budget request on the activities NIH has on-going toward this effort, the annual measure and amount of resources spent or estimated each year toward this effort.

Science, Technology, Education and Mathematics (STEM).—The President's fiscal year 2015 budget recommends eliminating several STEM programs at the NIH as part of a government-wide consolidation of STEM education activities. The proposed STEM consolidation would affect NIAID Science Education Awards, NIDA Science Education Drug Abuse Partnership Award, NIEHS Short Term Education Experience for Research, and NINDS Diversity Research Education Grants in Neuroscience. NIH is directed to continue funding these programs in fiscal year 2015 and sufficient funding is provided to do so.

Study Sections Pediatric Expertise.—The agreement recognizes the importance of having experts in pediatric cancer serve on study sections that review pediatric cancer applications to provide a better understanding of the value and implication of pediatric cancer research proposals. The agreement expects NIH to ensure that when study sections are reviewing pediatric research applications they have permanent or ad hoc members who are experts in the field as part of the review.

Transforming Basic Science to Preventive Medicine through Technology.—The agreement requests NIH develop an NIH-wide approach (including all ICs) to rapidly improve the speed and validity of personalized preventative medicine through the convergence of technology and biomedical science. The agreement requests NIH hold a joint forum with these types of industries, academic engineers,

and appropriate biomedical research organizations to develop a range of potential scientific questions, capabilities, gaps, and related biomedical scientific constraints.

Undiagnosed Disease Program.—The agreement encourages NIH to create a public/private partnership for the Undiagnosed Disease Network (UDN) similar to other partnerships NIH has fostered with other entities. The partnership should include how the UND can support physicians who are handling cases of undiagnosed diseases with new knowledge, consistent with applicable privacy laws, including HIPAA privacy and security law, through an ability to search for similar cases and to network and collaborate with physicians handling similar cases in order to accelerate the diagnosis, treatment options, and improve patient outcomes across the country. The agreement expects NIH to fully leverage the public/private partnership with other federal research agencies to facilitate even earlier recognition and improved treatment options of undiagnosed symptoms and diseases across the country.

Women's Health Research.—The agreement notes the recent 25th anniversary of the NIH's Office of Research on Women's Health. This office was authorized by Congress to correct the gender imbalance of research and highlight the importance of women's health issues to the larger scientific community. The agreement congratulates the office on its longevity and success. In that vein, the agreement supports NIH's recent shift toward achieving balance between females and males in pre-clinical research and encourages the NIH to ensure this applies to experimental models used for basic science research and that both males and females are utilized to investigate diseases that affect men and women. It is recommended that the NIH expand its current policies to require NIH funded investigators to prominently indicate the sex of their experimental model in their

grant application and progress reports. Further, those investigators studying both sexes, should be required to report, and when appropriate, analyze their data by sex as part of grant progress reporting to the Agency. The same should be encouraged in all published results resulting from NIH funding. When it is unknown what proportions of women and men are affected by a specific disease, NIH is encouraged to require investigators to utilize valid experimental design including consideration of sex as biological variable in relevant research on animals, cells, and human subjects, as scientifically appropriate.

The agreement recognizes NIH's efforts to include female participants in all phases of pre-clinical and clinical trials, as scientifically appropriate. The agreement also supports requiring investigators to analyze study results by sex/gender and minority subpopulations as appropriate, based on the scope of the research. Proposals that include adequate numbers of women and men and include a robust plan for analysis, publication, and distribution of findings should be given priority in funding decisions, when appropriate.

NIH is directed to include in their biannual report the proportion of women and minorities as subjects in clinical research participant enrollment by trial phase and in all studies of human subjects. The NIH is also directed to report on preclinical research in terms of the proportion of studies that incorporate sex as a biological variable and of those studies which analyze data by sex as part of grant review, award, and oversight processes and this data should be reported by Institute and Center across the Agency.

The National Library of Medicine is urged to implement changes to Clinicaltrials.gov that will require users to input the number of participants that drop out of trials and break those participants out by sex/gender and race.

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

Young Investigators.—The agreement requests NIH review the grant success rates for early stage investigators in their first two grant submissions to consider whether the grant applications submitted by all early stage investigators, regardless of whether they successfully achieved their first submission, should compete against other early stage investigators instead of all submissions as whole.

In particular, the agreement continues to support NIH biomedical research activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request:

Amyloidosis; Amyotrophic Lateral Sclerosis; Angelman syndrome; ARV based microbicides; Autism; autoimmune diseases; behavioral research and cancer; biomarkers; botanical products to treat cancer; Brain Research through Advancing Innovative Neurotechnologies initiative; breast cancer screenings; chemical risk assessments; chromosome abnormalities; chronic constipation; chronic overlapping pain conditions; chronic pelvic pain; chronic obstructive pulmonary disease; congenital heart disease; contraception research and development; cures

related to blindness-inducing illnesses; Cystic Fibrosis; diabetes; diabetes-related kidney disease; DPCPSI portfolio analysis NIH-wide policies; drug rescue and repurposing; Duchene muscular dystrophy; The Entrepreneurs-in-Residence initiative; fiscal management; focal gastric cancer; Fragile X research; gastrointestinal cancer; global health technologies; health disparities in children and adolescents; Healthy Homes; Hepatitis B; heterotaxy research; high risk and high reward research; human placenta project; implementation of CTSA IOM recommendations; implementation of the Recalcitrant Cancer Research Act; inflammatory bowel disease; information technology related to behavioral risk factors for cancer; infusion pumps; interstitial cystitis; Jackson Heart Study; Kennedy's disease; liver cancer; lower life expectancy; Lupus; Lymphangioleiomyomatosis; Malaria and neglected tropical diseases; marijuana research; maternal morbidity; medications in pregnancy; metastasis genetics; minority participation in clinical trials; mitochondrial disease; multiple sclerosis; National Pediatric Research Network Act; Nephrotic syndrome; Neurofibromatosis; Network for Excellence in Neuroscience Clinical Trials; non-small lung cancer; opioid drug abuse; ovarian cancer; palliative care; pancreatic cancer; pediatric low grade astrocytoma research; pediatric kidney disease; performance measures for each NCATS program, project, or activity; precision medicine; preterm birth; psychosocial distress complications; psychotropic medications and children; rare bone diseases; research centers in minority institutions; research focused on drug abuse in veterans; segmental glomerulosclerosis; scleroderma; Sickle Cell disease; sleep disorders; Spina Bifida; spinal muscular atrophy; stroke; telemedicine; temporomandibular disorders; training and career development for clinical investigators ("K" and "T" Awards); translational research results and expenditures since FY 2013; trans-NIH basic behavioral and social science opportunity network; type 1 diabetes; universal flu

vaccine; Usher Syndrome; vision research relating to "Regenerating Neurons and Neural Connections in the Eye and Visual System"; and Wilms tumor.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The agreement continues bill language directing the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to exempt the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2015, as was done prior to fiscal year 2012.

MENTAL HEALTH

Within the total provided for Mental Health Programs of Regional and National Significance, the agreement includes the following amounts:

Budget Activity	FY15 Agreement
Capacity	
Seclusion & Restraint	1,147,000
Youth Violence Prevention	23,099,000
Project Aware State Grants	39,902,000
Mental Health First Aid	14,963,000
Healthy Transitions	19,951,000
National Traumatic Stress Network	45,887,000
Children and Family Programs	6,458,000

Budget Activity	FY15 Agreement
Consumer and Family Network Grants	4,954,000
MH System Transformation and Health Reform.....	3,779,000
Project LAUNCH.....	34,555,000
Primary and Behavioral Health Care Integration.....	49,877,000
National Strategy for Suicide Prevention	2,000,000
Suicide Lifeline	7,198,000
GLS - Youth Suicide Prevention - States.....	35,427,000
GLS - Youth Suicide Prevention - Campus	6,488,000
AI/AN Suicide Prevention Initiative	2,931,000
Homelessness Prevention Programs.....	30,696,000
Minority AIDS	9,224,000
Criminal and Juvenile Justice Programs.....	4,269,000
Tribal Behavioral Health Grants.....	4,988,000
Science and Service.....	
GLS - Suicide Prevention Resource Center.....	5,988,000

Budget Activity	FY15 Agreement
Consumer & Consumer Support T.A. Centers.	1,918,000
Primary/Behavioral Health Integration T.A.....	1,991,000
Minority Fellowship Program.....	8,059,000
Disaster Response.....	1,953,000
Homelessness.....	2,296,000
HIV/AIDS Education.....	771,000

Access to Mental Health Services for Veterans.—Many localities have successfully used customized web portals to assist veterans struggling with mental health and substance abuse issues. SAMHSA is encouraged to promote locally-customized web portals in order to expand their use nationwide.

Primary and Behavioral Healthcare Integration.—The agreement directs SAMHSA to ensure that new Integration grants awarded for fiscal year 2015 are funded under the authorities in section 520K of the PHS Act.

Community Mental Health Services Block Grant.—The agreement continues bill language from last year requiring that at least 5 percent of the funds for the Mental Health Block Grant program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. SAMHSA is expected to continue its collaboration with NIMH to ensure that funds from this set-aside are used only for programs showing strong evidence of effectiveness.

Children's Mental Health Services.—The agreement includes bill language requested by the administration allowing SAMHSA to provide technical assistance to communities wanting to establish comprehensive children's mental health services even if they are not current grantees. The authorization currently limits the provision of technical assistance by SAMHSA only to current grantees.

SUBSTANCE ABUSE TREATMENT

Within the total provided for Substance Abuse Treatment Programs of Regional and National Significance, the agreement includes the following amounts:

Budget Activity	FY15 Agreement
Capacity:	
Opioid Treatment Programs/Regulatory Activities	8,724,000
Screening, Brief Intervention, Referral, and Treatment	44,889,000
PHS Evaluation Funds	*2,000,000*
TCE - General	23,223,000
Pregnant & Postpartum Women	15,931,000
Strengthening Treatment Access and Retention	1,000,000
Recovery Community Services Program	2,434,000
Access to Recovery	38,223,000
Children and Families	29,605,000

Budget Activity	FY15 Agreement
Treatment Systems for Homeless	41,386,000
Minority AIDS	65,570,000
Criminal Justice Activities	78,000,000
Science and Service	
Addiction Technology Transfer Centers	9,046,000
Minority Fellowship Program	2,539,000
Special Initiatives/Outreach	1,432,000

Addiction Technology Transfer Centers.—The agreement rejects the administration request to reduce funding for the ATTCs. SAMHSA is directed to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services.

Criminal Justice Activities.—The agreement provides $78,000,000 for Criminal Justice Activities and directs that no less than $50,000,000 will be used exclusively for Drug Court activities. SAMHSA is directed to ensure that all Drug Treatment Court funding is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. SAMHSA is further directed to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

SAMHSA is directed to make Criminal Justice funding available for competitive grants to community-based providers through the Offender Reentry Program to implement overdose prevention programs for incarcerated and recently released individuals. The Administrator is directed to ensure an equitable amount of grant opportunities are available to grantees that serve those currently in custody, prior to release from incarceration, and continue for at least two months post-release into community-based services as part of a transition plan. Overdose prevention programs should include an educational component that includes SAMHSA's Opioid Overdose Prevention Toolkit. Additionally, grant award decisions should give particular weight to overdose prevention programs that collaborate with community corrections and law enforcement entities as well as judges.

Adult Behavioral Health Court Collaborative.— SAMHSA is directed to provide a briefing within 30 days of enactment to explain the basis for awarding Behavioral Health Court Collaborative grants. There are concerns that such awards may not be based primarily on factors that demonstrate the effectiveness of these grants.

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

counseling, recovery support, and abstinence-based relapse prevention medication assisted treatments, are fully incorporated.

Prescription Drug and Heroin Treatment.—Of the amount provided for Targeted Capacity Expansion, the agreement includes $12,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The agreement directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should be made available to States with the highest rates of primary treatment admissions for heroin and opiates per capita, and should target those States that have demonstrated a dramatic increase in admissions for the treatment of opiates and heroin in recent years.

Screening, Brief Intervention, and Referral to Treatment.—SAMHSA is directed to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention and treatment services to those at risk of developing substance abuse disorders.

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

SUBSTANCE ABUSE PREVENTION

Within the total provided for Substance Abuse Prevention Programs of Regional and National Significance, the agreement includes the following amounts:

Budget Activity	FY15 Agreement
Capacity	
Strategic Prevention Framework/Partnerships for Success	109,484,000
Mandatory Drug Testing	4,894,000
Minority AIDS	41,205,000
Sober Truth on Preventing Underage Drinking (STOP Act)	7,000,000
National Adult-Oriented Media Public Service Campaign	*1,000,000*
Community-based Coalition Enhancement Grants	*5,000,000*
Intergovernmental Coordinating Committee on the Prevention of Underage Drinking	*1,000,000*
Science and Service	
Fetal Alcohol Spectrum Disorder	1,000,000
Center for the Application of Prevention Technologies	7,493,000
Science and Service Program Coordination	4,072,000

Budget Activity	FY15 Agreement
Minority Fellowship Program.....	71,000

The agreement directs that all of the funding appropriated explicitly for substance abuse prevention purposes both in CSAP's PRNS lines as well as the funding from the 20 percent prevention set-aside in the SAPT Block Grant be used only for bona fide substance abuse prevention programs and not for any other purpose.

Strategic Prevention Framework State Incentive Grant and Partnerships for Success.—The agreement provides $109,484,000 for the Strategic Prevention Framework State Incentive Grant and Partnerships for Success program. These two programs shall continue to focus exclusively on: addressing State- and community-level indicators of alcohol, tobacco, and drug use; targeting and implementing appropriate universal prevention strategies; building infrastructure and capacity; and preventing substance use and abuse.

The agreement does not approve of SAMHSA's proposal to use $1,500,000 from the SPFSIG to expand the focus of community coalitions to include mental health promotion and mental illness prevention. SAMHSA is directed not to use any SPFSIG funds for this initiative.

STOP Act.—SAMHSA is commended for delivering annual reports to Congress that include best practices standards and provide guidance to States regarding underage drinking prevention policies. In recognition of the increasingly strong evidence of a relationship between youth exposure to alcohol marketing and underage drinking, SAMHSA is urged to add to its data collection activities

monitoring and reporting of State laws and regulations that address alcohol marketing targeting young people, including but not limited to: sponsorships of family events, marketing on college campuses, and signage in locales where children are likely to be present. SAMHSA is also encouraged to initiate a dissemination program to alert community coalitions, policy makers, researchers, and other interested parties to the findings and resources found in the reports to Congress, working collaboratively with STOP Act Drug Free Community coalition grantees. All funds appropriated for STOP Act community based coalition enhancement grants shall be used for making grants to eligible communities and not for any other purposes or activities.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Within the total provided for health surveillance and program support, the ~~conference~~ agreement includes the following amounts:

Budget Activity	FY15 Agreement
Health Surveillance.....	16,830,000
PHS Evaluation Fund.....	*30,428,000*
Program Management.....	72,002,000
Behavioral Health Workforce.....	35,000,000
Public Awareness and Support.....	13,482,000
Performance and Quality Info. Systems.....	12,918,000

Budget Activity	FY15 Agreement
Behavioral Health Workforce Data.....	0
PHS Evaluation Fund.....	*1,000,000*

The agreement includes bill language requested by the administration to allow funds tapped for emergency response grants, as authorized by section 501(m) of the PHS Act, to be available for an additional year. SAMHSA shall provide a report within 90 days of enactment on its use of this authority for the past 5 years, which should include the amount of funds tapped from programs and the amount lapsing at the end of the year.

The agreement notes that SAMHSA is taking steps to change the platforms used to collect data describing outcomes associated with substance abuse grants and mental health grants. Any data collection effort must reflect the fact that mental illness and addiction are two separate and unique diseases requiring different data elements to accurately assess program performance. SAMHSA is directed to submit a report to the House and Senate Committees on Appropriations by March 31, 2015, describing any changes made to date; any plans for additional changes to data platforms; the reasons behind the changes; and the process by which input has been, or is being, sought regarding any proposed changes.

The agreement includes $1,000,000 for the Behavioral Health Minimum Data Set, which will develop consistent data collection methods to identify and track behavioral health workforce needs.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

The agreement provides $363,698,000 for the Agency for Healthcare Research and Quality (AHRQ).

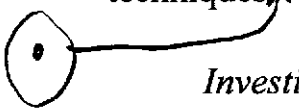
Within the total for Health Costs, Quality, and Outcomes, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Patient-Centered Health Research	$0
Prevention/Care Management	11,590,000
Value	0
Health Information Technology (IT)	28,170,000
Patient Safety Research	76,584,000
Healthcare Delivery Systems	*10,000,000*
Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research	112,207,000
Investigator-Initiated Research Grants	*45,882,000*
MEPS	65,447,000
Program Management	69,700,000

The agreement expects AHRQ to focus its research on its traditional mission, such as improving patient safety and preventing healthcare associated infections.

Health IT.—The agreement continues to fund research on safe health IT practices specifically related to the design, implementation, usability, and safe use of health IT systems.

Healthcare Delivery Systems.—The agreement includes a $5,000,000 increase for Healthcare Delivery Systems grants, or "patient safety learning labs." This funding supports a systems model approach to patient safety issues in order to identify interrelated threats, generate new ways of thinking about these threats, and establish new environments conducive to brainstorming and rapid prototyping techniques.



Investigator-Initiated Research.—The agreement provides support for investigator-initiated research at the same level provided in fiscal year 2014. Investigator-initiated research should not be targeted to any specific area of health services research so as to generate the best unsolicited ideas from the research community about a wide variety of topics. For this reason the agreement rejects the administration's request to target $15,000,000 of the investigator-initiated grants to health economics. No funds are included for this purpose.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

PROGRAM MANAGEMENT

The agreement includes $3,669,744,000 for the Program Management account to support a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors.

Access to Home Health Care.—The agreement requests that in the fiscal year 2016 budget request, CMS quantify and explain how the policy directing physicians to conduct face-to-face certifications for home health care has prevented fraud, increased access to health care, and impacted costs to the Medicare and Medicaid programs. The agreement requests that CMS include in the budget request how provider documentation for face- to-face encounters can be simplified. In addition, CMS should provide a public analysis related to rebasing Medicare home health agencies within 90 days of enactment of this act.

Budget Request.—The CMS is expected to provide the detailed plans for all of the agency's mandatory and discretionary resources. The CMS tables should include the prior year actual, current year request level, current year actual (based on the operating plan) and budget request year level. Further, include a description in the fiscal year 2016 budget request on the CMS fiscal management processes.

Congressional Notice.—CMS has not been providing congressional notification on issues of importance to the Committees, such as ACA innovation grants and Health Insurance Marketplace enrollment figures. These notifications often are provided to organizations and the media prior to notification to the House and Senate Committees on Appropriations, and in some cases without any notification provided to the House and Senate Committees on Appropriations. CMS is directed to notify the House and Senate Committees on Appropriations not less than one full business day before ACA-related data and grant opportunities are released by the Department.

CMS Test Environment for Testing Industry Solutions.—The agreement requests an update in the fiscal year 2016 budget request on how CMS is making users aware of this IT solution test space.

Critical Access Hospitals (CAH).—The agreement continues to be concerned about the proposal to eliminate CAH status from facilities located less than 10 miles from another hospital as this would require individuals to travel long distances to access proper care and would fail to consider whether nearby hospitals are capable of providing the services that would be lost if a CAH is closed as a result of losing its designation. It would also cause individuals to delay seeking medical treatment and preventive care. The agreement requests that CMS provide a report within 90 days of enactment of this act to the appropriate Committees of the House and Senate on how this proposal is expected to impact access to services in rural communities, including the analysis and criteria.

Demonstration of Part C and D Update.—The agreement requests CMS provide an update in the fiscal year 2016 budget request on demonstrations related to ~~part C, D, and Medicare Advantage~~. It should specifically include evaluations that examine the advantages and disadvantages of the service area of such plans that may impact senior housing options in a given geographical area.

Dialysis Facilities.—The agreement notes that dialysis facilities and manufacturers may be receiving contradictory guidance from State surveyors regarding conditions for coverage. CMS is directed to review this issue and take appropriate corrective actions as needed.

Emergency Preparedness Plans.—The agreement encourages CMS to partner with the Assistant Secretary for Preparedness and Response as the

Department moves forward on a rule to require emergency preparedness planning for all Medicare and Medicaid providers.

Enteral Nutrition.—In 2004, CMS concluded in a report to Congress that enteral nutrition formulas and supplies were not well suited for competitive acquisition. ~~The Committee directs~~ CMS is directed to submit a report within 90 days after enactment of this act that assesses the impact of the program on changes in treatment patterns of enteral nutrition patients residing in skilled nursing facilities, nursing facilities, and intermediate care facilities, including the impact on the patient's health, whether access has been reduced, and if costs have increased due to new suppliers unfamiliar with the clinical demands associated with such care.

Fraud, Waste, and Abuse.—The agreement requests an update in the fiscal year 2016 budget request on CMS' process, across all operations, to ensure CMS maintains a focus on preventing improper payments and paying claims right the first time. The update shall include a proposal to measure prevention as opposed to typical "pay and chase" measures reported by CMS. Further, CMS is directed to increase its collaboration with the HHS OIG on the oversight of ACA-related contracts to ensure all contract recipients meet their performance obligations and are held accountable for any actions not in accordance to the contract. The agreement requests a report no later than 90 days after enactment of this act describing the current oversight measures in place for contracts awarded by CMS, including the recourse available in the event that an organization fails to meet its contractual obligations.

Health Insurance Marketplace Transparency.—The agreement includes modified bill language in section 226 that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative

Costs; Marketplace related Information Technology (IT); Non IT Program Costs, including Health Plan Benefit and Rate Review, Marketplace Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Marketplace Quality Review; Small Business Health Options Program [illegible] and Employer Activities; and Other Marketplace Activities. Cost information should be provided for each fiscal year since the enactment of Public Law 111– 148. CMS is also required to include the estimated costs for fiscal year 2016.

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

Implantable Pain Pumps.—For 20 years, both pharmacies and providers have billed Medicare directly for patient-specific Part B drugs prescribed by providers and used for certain implantable pain pumps. The agreement encourages CMS to review their technical billing change made in 2013 whereby only providers could bill CMS for these Part B drugs, so that patient access to these medications will not be restricted in States where State law prohibits pharmacies from selling these medications to providers who directly bill CMS.

Indian Eligibility.—The agreement directs CMS to work with the Internal Revenue Service to review federal regulations under their respective jurisdictions to determine who is eligible as an Indian for the benefits and protections provided

to Indians. The agreement directs CMS to submit a report with the agency's findings to the Senate and House Appropriations Committees within 180 days of enactment of this act.

Medicaid Authority.—CMS is strongly urged to continue any hospital pool payment authorities granted under Sec. 1115 of the Social Security Act on the same terms and conditions as the authorities currently apply to the demonstration project for states not provided a disproportionate share hospital allotment by law.

Medicare Star Quality Rating System's (Stars).—The agreement requests CMS provide an update on the status of implementing the changes to the Stars methodology in the fiscal year 2016 budget request.

Physician Fee Schedule.—The agreement is concerned that CMS has not provided adequate opportunity for public comment on changes to surgical procedures described in the annual Medicare Physician Fee Schedule (MPFS) final rules, and is concerned appropriate methodology has not been tested to ensure no negative impact on patient care, patient access, and undue administrative burdens are not placed on providers and CMS. The agreement believes additional consideration should be given to these changes prior to implementation of changes outlined in the MPFS.

Provider Nondiscrimination.—The fiscal year 2014 omnibus directed HHS to correct the 2013 FAQ on Section 2706 of the ACA to reflect the law and congressional intent; CMS has not complied with this directive. CMS is directed to provide a corrected FAQ by March 3, 2016 or an explanation for ignoring congressional intent.

Ophthalmology.—The agreement directs CMS to review its current policy regarding awarding in-patient hospital status for the purpose of Medicare and

Medicaid reimbursement for specialty eye hospitals and report to the Senate and House Appropriations Committees on results of the review within 180 days of enactment of this act.

Outpatient Drug Dispensing.—The agreement directs the Administrator of CMS to develop additional proposals designed to encourage short-cycle dispensing of outpatient prescription drugs in long-term care facilities and investigate the effects of dispensing fee changes on cost savings in the short-cycle dispensing program. These proposals should be submitted to the Senate and House Appropriations Committee no later than 90 days after enactment of this act.

Recovery Audit Contractors (RACs).—Unintended consequences of RAC audits can reduce patient access to care and jeopardize the economic viability of critical health care providers. The Office of Medicare Hearings and Appeals (OMHA) has a backlog of nearly 750,000 appeals. The length of time to resolve an appeal, including OMHA's assignment of an Administrative Law Judge, can take over five years. CMS has an obligation to find a reasonable balance to eliminate true fraud and abuse while not slowing payment to the majority of honest providers that are negatively impacted by the RAC process. CMS is directed to educate providers on how to reduce errors, develop procedures to reduce the OMHA backlog; and establish a process that provides educational feedback from the OMHA to CMS and RAC contractors to reduce the identification of claims that are likely to be overturned once elevated to the OMHA. The fiscal year 2016 budget request shall include a timeline, milestones, and measurable goals to address these concerns with the RACs to reduce the appeals backlog. The budget request for fiscal year 2016, and subsequent years, shall include an actuarial estimate on the amount of improper payments, actual and estimated recoveries by year with percentage of recovered payments. CMS is directed to submit a report to

the appropriate committees of the House and Senate, within 180 days of enactment, on the cross-agency working group reviewing the Medicare appeals process and its recommendations. The report should include the agency's strategy to analyze and improve the entire appeals process, as well as areas related to Medicare audit contractors' quality of medical reviews; proposed statutory challenges; timeline and strategy to eliminate the backlog; steps to address the high overturn rates at OMHA; and steps to improve stakeholder confidence that Medicare policies are interpreted consistently and transparently throughout the system.

Rehabilitation Innovation Centers.—Comprehensive rehabilitation research centers in the United States serve a unique role in complex fields such as brain injury, strokes, multiple traumas, and wartime injuries. Given the high volume of Medicare and Medicaid patients served by these centers, HHS is urged to evaluate the current prospective payment rate with the goal of maintaining these centers of excellence and continuing the high quality of care provided by these centers.

Risk Corridor Program.—In 2014, HHS issued a regulation stating that the risk corridor program will be budget neutral, meaning that the federal government will never pay out more than it collects from issuers over the three year period risk corridors are in effect. The agreement includes new bill language to prevent the CMS Program Management appropriation account from being used to support risk corridors payments.

Ventricular Assist Devices.—The agreement is concerned with the Medicare National Coverage Analysis for Ventricular Assist Devices for Bridge-to-Transplant and Destination Therapy (CAG-00432R), Decision Memo dated October 30, 2013. CMS is encouraged to review the decision, and upon receipt of

appropriate new evidence, to consider whether to cover ventricular assist devices for 1) individuals who are undergoing an evaluation to determine candidacy for heart transplantation; and 2) individuals who would be potential heart transplant candidates, but are not eligible because of a contraindication that may be favorably modified by the use of a ventricular assist device.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

The agreement includes $672,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control activities. This includes a base amount of $311,000,000 and an additional $361,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

ADMINISTRATION FOR CHILDREN AND FAMILIES

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Technical assistance, training, and monitoring.—The director of the Office of Community Services should ensure that funds provided for training and technical assistance are provided to organizations with significant expertise working with State, tribal, and local home energy assistance programs.

REFUGEE AND ENTRANT ASSISTANCE

Refugee Social Services.—In allocating social services funding to States, the director of Office of Refugee Resettlement should account for secondary migration of refugees to ensure, to the greatest extent practicable, that funding is allocated based on the total need for such services in the State, and the total number of eligible refugees living in that State. The director should work with national

resettlement agencies, State refugee coordinators, and other organizations to determine ways to improve data collection on secondary migration, and the mental and physical health care and housing needs of refugees. Finally, the director should also provide guidance to national resettlement agencies and State refugee coordinators on how to best consult with local stakeholders in the refugee resettlement process.

BLOCK (SC)

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT GRANT

State plan requirements.—In submitting plans under section 658E of the Child Care and Development Block Grant (CCDBG) Act, States shall include an assurance that CCDBG Act funds received by the State will not be used to develop or implement an assessment for children that will be the primary or sole basis for a child care provider being determined to be ineligible to participate in the program.

CHILDREN AND ~~FAMILY~~ SERVICES

FAMILIES (SC)

Head Start Designation Renewal System.—The agreement continues to encourage HHS to consider the unique challenges faced by Head Start providers in remote and frontier areas when reviewing grantees as part of the Designation Renewal System.

Child Abuse Discretionary Activities.—The agreement includes funding to continue the Quality Improvement Center for Research-Based Infant-Toddler Court Teams program. These funds support efforts that bring together the court system, child welfare agencies, health professionals, and community leaders to improve current practices in the child welfare system and make better informed decision on behalf of the child.

Child Welfare Research, Training and Demonstration.—The agreement includes funding within this program to resume the National Survey of Child and Adolescent Well-Being.

The Administration for Children and Families is encouraged to continue to work with the Department of Housing and Urban Development to improve the availability and coordination of housing, child welfare, and foster care services for older youth in or aging out of the child welfare and foster care systems.

Community Services Block Grant (CSBG).—The Office of Community Services (OCS) is commended for developing additional assessment measures of the CSBG program and management performance at the State, federal and local levels in collaboration with grantees and community action agencies. In addition, the agreement encourages OCS to renew support for implementing a standard of excellence initiative for community action agencies.

The director of OCS should ensure CSBG funding is released to grantees in a timely manner, and instruct grantees to allocate funds to sub-grantees as quickly as reasonably possible. Delays in awarding and distributing these funds can cause unnecessary hardships on both State and local agencies administering these funds and the individuals they serve.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

The agreement includes a new general provision that supports implementation of section 491 of the WIOA and the transfer of the National Institute on Disability and Rehabilitation Research, independent living programs under chapter 1 of title VII of the Rehabilitation Act, and programs under the Assistive Technology Act

from the Department of Education to the Department of Health and Human Services.

Home- and Community-Based Supportive Services.—ACL is directed to work with States to prioritize innovative service models, like naturally occurring retirement communities, which help older Americans remain independent as they age.

Elder Rights Support Activities—The agreement includes $7,874,000 for Elder Rights Support Activities, of which $4,000,000 is included for a new Elder Justice Initiative to provide competitive grants to States to test and evaluate innovative approaches to preventing and responding to elder abuse.

Aging Network Support Activities.—The agreement provides $9,961,000 for Aging Network Support Activities. The agreement includes $2,500,000 to help provide supportive services for aging Holocaust survivors living in the United States.

Limb Loss.— Funding and administrative responsibility for the Limb Loss Program is transferred from CDC to ACL in fiscal year 2015 because the program is better aligned with the ACL mission of increasing the independence and well-being of people with disabilities. ACL is directed to work with CDC on a smooth transition of the program, which ensures that support for current grantees is continued in fiscal year 2015.

University Centers for Excellence in Developmental Disabilities.—Within the amount appropriated for UCEDD, the agreement provides no less than the fiscal 2014 level for technical assistance for the UCEDD network.

Human Services Transportation.—The agreement includes $1,000,000 for a competitive grant or contract for the purpose of providing generally available technical assistance to local government and nonprofit transportation providers. This assistance should focus on the most cost-effective ways to provide transportation assistance to all persons of any age with disabilities.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Overhead Costs.—The Department is directed to include in its annual budget justification for fiscal year 2016, the amount of administrative and overhead costs spent by the Department for every major budget line. Beginning in fiscal year 2017, and each year thereafter, the agreement directs the Department to include the amount and percentage of administrative and overhead costs spent by the Department for every program, project and activity.

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

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

Lupus.—The agreement 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 agreement reflects strong support for 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.

Tribal Lease Agreements.—The agreement encourages the Secretary to work with tribal governments in recognizing the unique circumstances of Native Americans while maximizing their full participation in Federal programs. Specifically, the Secretary should review issues relating to real property lease agreements when such agreements are "less-than-arm's-length" as defined under the Office of Management and Budget's Circular A-87. The Secretary should work with tribes in resolving such issues in the future.

Transparency in Health Plans.—The agreement directs the Secretary to provide additional clarification to qualified health plans, based upon relevant and related GAO findings, to ensure greater consistency and full transparency of coverage options included in health insurance plans prior to plan purchase in the marketplace enrollment process. The agreement requests a timeline for such clarifying guidance to be submitted to the House and Senate Committees on Appropriations within 30 days after enactment of this act.

Seafood Sustainability.—The agreement prohibits the Department from using or recommending third party, nongovernmental certification for seafood sustainability.

Healthcare Provider Complaints.—Legislation appropriating funding for the Department of Health and Human Services has carried a general provision relating to health care providers since fiscal year 2005 (Division H, Section 507(d) of Public Law 113-76). Complaints regarding reported violations of these provisions

have been filed with the Office for Civil Rights at the Department of Health and Human Services. The Secretary is directed to respond to these complaints expeditiously in accordance with final rule 45 CFR Part 88 published in Federal Register Vol. 76 No. 36.

Evaluation Set-Aside.—The agreement expects that the Department's calculation of the PHS evaluation set-aside will be consistent with that of previous years.

OFFICE OF MEDICARE HEARING AND APPEALS

Appeals Backlog.—The agreement continues to be concerned over the substantial backlog in the number of cases pending before the administrative law judges at the Office of Medicare Hearing and Appeals (OMHA) and the two-year moratorium on assigning new cases. OMHA is directed to use the additional funds provided to address the current backlog and to increase its capacity to process the rising caseload. The agreement requests a report no later than 90 days after enactment of this act describing the plan to resolve the current and future backlog at OMHA.

OFFICE OF THE NATIONAL COORDINATOR FOR INFORMATION TECHNOLOGY

Information Blocking.— The Office of the National Coordinator for Information Technology (ONC) is urged to use its certification program judiciously in order to ensure certified electronic health record technology [CEHRT] provides value to eligible hospitals, eligible providers and taxpayers. ONC should use its authority to certify only those products that clearly meet current meaningful use program standards and that do not block health information exchange. ONC should take steps to decertify products that proactively block the sharing of information because those practices frustrate congressional intent, devalue taxpayer investments in CEHRT, and make CEHRT less valuable and more burdensome for

eligible hospitals and eligible providers to use. The ~~Committee~~ agreement requests a detailed report from ONC no later than 90 days after enactment of this act regarding the extent of the information blocking problem, including an estimate ~~or~~ of the number of vendors or eligible hospitals or providers who block information. This detailed report should also include a comprehensive strategy on how to address the information blocking issue.

OFFICE OF THE NATIONAL COORDINATOR FOR INFORMATION TECHNOLOGY

Interoperability.—The agreement directs the Health IT Policy Committee to submit a report to the House and Senate Committees on Appropriations and the appropriate authorizing committees no later than 12 months after enactment of this act regarding the challenges and barriers to interoperability. The report should cover the technical, operational and financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, as well as any other barriers identified by the Policy Committee.

OFFICE OF INSPECTOR GENERAL

The agreement includes $71,000,000 for the HHS Office of the Inspector General (OIG) account.

The agreement expects the OIG to improve its annual budget request and looks forward to a revised format with more details and performance measures related to discretionary oversight. Further, the agreement expects the OIG to ensure full oversight of ACA activities are included and described in the fiscal year 2015 work plan. The work plan should provide substantive activity for all HHS operating divisions including the ~~Federal~~ Food and Drug Administration.

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

Top-25 Unimplemented Recommendations.—The agreement again requests that within 90 days of enactment the OIG provide a revised top-25 unimplemented recommendations report under the same terms and condition as described in the explanatory statement accompanying the Consolidated Appropriations Act of 2014.

Office for Human Research Protections (OHRP).—Recent reviews by the OIG raise questions about the independence of the OHRP during the process to make determinations. The agreement requests the OIG conduct a formal review of OHRP procedures and make appropriate recommendations to ensure and strengthen human subjects protections in future research and ensure the independence of OHRP.

Health Reform Oversight.—The agreement provides support for oversight activities related to health reform. The OIG is expected to provide a plan of how it will conduct these oversight activities within 60 days after enactment to the appropriate House of Representative and Senate Committees.

Effectiveness of Subsidy Data.—No later than June 1, 2015, the HHS OIG, in consultation with the Treasury Inspector General, shall submit a report to Congress that assesses Internal Revenue Service procedures to reconcile Advance Premium Tax Credit (APTC) amounts paid to individual taxpayers for health care coverage in Federal and State Health Insurance Exchanges and how HHS uses IRS information to reduce fraud and overpayments.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The agreement reflects strong support for the Office of the Assistant Secretary for Preparedness and Response's (ASPR) International Influenza Vaccine Manufacturing program and includes $15,000,000 in annual pandemic influenza funding for this purpose. The funding level provided by the agreement reflects a recognition that balances from previous pandemic flu supplemental

appropriations remain unobligated and available for use by the Department. The agreement does not support the request to establish a strategic investor program.

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

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

Spend Plan.—ASPR has still not provided the 5-year spend plan for the MCM enterprise as referenced in Senate report 113–71, as well as the Explanatory Statement accompanying Public Law 113-76, and as required by Public Law 113–5, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013. ASPR is directed to brief the House and Senate Committees on Appropriations

within 90 days of enactment on the status of this report and the reasons for the delay in its receipt.

GENERAL PROVISIONS

PREVENTION AND PUBLIC HEALTH TRANSFER TABLE

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

Agency	Budget Activity	FY 2015 Agreement
ACL	Alzheimer's Disease Prevention Education and Outreach	$14,700,000
ACL	Chronic Disease Self Management	8,000,000
ACL	Falls Prevention	5,000,000
CDC	Breast Feeding Grants (Hospitals Promoting Breastfeeding)	8,000,000
CDC	Cancer Prevention & Control	104,000,000
CDC	Diabetes	73,000,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000

Agency	Budget Activity	FY 2015 Agreement
CDC	Heart Disease & Stroke Prevention Program.....	73,000,000
CDC	Million Hearts Program.....	4,000,000
CDC	Nutrition, Physical Activity, & Obesity Base Activities.....	35,000,000
CDC	Office of Smoking and Health.....	110,000,000
CDC	Preventive Health and Health Services Block Grants.....	160,000,000
CDC	Racial and Ethnic Approaches to Community Health (REACH).....	30,000,000
CDC	Section 317 Immunization Grants.....	210,300,000
CDC	Lead Poisoning Prevention.....	13,000,000
CDC	Workplace Wellness Grants.....	10,000,000
CDC	Early Care Collaboratives.....	4,000,000
SAMHSA	Suicide Prevention (Garrett Lee Smith).....	12,000,000

~~GENERAL PROVISIONS~~

The agreement modifies the qualifying recipients of National Research Service Awards funding for research in primary medical care.

The agreement includes a new provision renaming the National Center for Complementary and Alternative Medicine ~~Integrative Health~~ the National Center for Complementary and Integrative Health.

The agreement includes a new provision allowing NIH to retain reimbursements for research substances and credit them to NIH Institutes and Centers.

The agreement modifies the provision related to ACA exchange funding transparency.

The agreement includes new bill language to prevent the CMS Program Management appropriation account from being used to support risk corridors payments.

The agreement includes a reauthorization of the Temporary Assistance for Needy Families program.

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

The agreement includes a new provision requiring the NIH Director to prepare and submit an annual independent Alzheimer's budget request directly to Congress.

] TITLE III [(large caps)

~~TITLE III~~ DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

The Department shall continue to use its existing formula in allocating funds to ~~BIE~~ Bureau of Indian Education schools and to follow this practice in any relevant future emergency funding that provides it the same authority and discretion.

With regard to the School Improvement Grants (SIG) program, the Department's proposed implementation of bill language that allows local educational agencies (LEAs) to implement a State-determined school improvement strategy falls short of Congressional intent. Several new bill language provisions provide flexibility from the existing prescriptive SIG requirements, so that LEAs will have the opportunity to implement alternative strategies beyond those previously required by the Department. However, the Department's Notice of Proposed Requirements would require a State-determined intervention strategy to be aligned with turnaround principles, as well as impose seven additional requirements on the State-determined strategy. The Department shall ensure that any Final Requirements for the SIG program strictly adhere to bill language which stipulates that LEAs may implement an alternative State-determined school improvement strategy that has been established by a State educational agency (SEA) with the approval of the Secretary. In addition, not later than 15 days prior to the publication of a Notice Inviting Applications to submit State-determined school improvement strategies, the Department shall brief the House and Senate Committees on Appropriations, Committee on Education and the Workforce, and Committee on Health, Education, Labor and Pensions on the Final Notice Inviting Applications.

The Department should recognize that the roles and responsibilities of principals continue to expand, including the implementation of State-led teacher evaluation systems, college and career-ready standards and new on-line assessments, so they must be afforded specialized opportunities for professional learning and growth targeted to their role as instructional leaders. Therefore, the Department should provide guidance to SEAs on ensuring that sufficient professional development opportunities are provided to principals in order to help them improve instructional leadership capacity.

Civic Education.—The agreement includes funding within the SEED program for competitive grants to non-profit organizations with demonstrated effectiveness in the development and implementation of civic learning programs. Priority should be given to applicants that demonstrate innovation, scalability, and a focus on underserved populations, including rural schools and students.

The 21st Century Community Learning Center initiative is the only federal funding source authorized specifically for before-school, afterschool and summer learning programs for students attending high-poverty, low-performing schools. Data demonstrates that quality afterschool programs have a positive impact on a number of measures of student academic achievement, positively affecting behavior and discipline and helping relieve parents' worries about their children's safety during the hours when school is out.

The Department shall conduct a new grant competition in fiscal year 2015 for the Alaska Native Educational Equity Assistance program. Additionally, the Department should continue its efforts to ensure maximum participation of Alaska Native organizations in programs funded under the Alaska Native Education

Equity Act, implement statutory requirements that SEAs and LEAs apply in consortia with Alaska Native organizations, ensure that all grantees have meaningful plans for consultation with Alaska Native leaders, and strictly adhere to the programmatic priorities contained in the statute.

INNOVATION AND IMPROVEMENT

Within the funds for the Javits Gifted and Talented Students Education program, funds shall be used for projects that build the capacity of elementary and secondary schools to meet the educational needs of gifted and talented students, a group that includes high achieving students as well as those capable of high achievement. The Department also should continue support to a National Research Center on the Gifted and Talented.

Within the Fund for the Improvement of Education, the agreement includes funding for the following activities in the following amounts:

Budget Activity	Agreement (FY2015)
Arts in Education.....	$25,000,000
Non-cognitive Skills initiative.....	2,000,000
Full Service Community Schools.....	10,000,000
Educational Facilities Clearinghouse.....	1,000,000 ∧
Preschool development grants.....	250,000,000
Innovative Approaches to Literacy.....	25,000,000
Javits Gifted and Talented Students Education Program	10,000,000

Budget Activity	Agreement
Teacher Incentive Fund.....	230,000,000
TOTAL.....	553,000,000

The bill also modifies existing language related to charter school renewals.

In 2012, the Government Accountability Office recommended that an effective and inclusive Early Childhood Education coordinating group could help mitigate early care and education program fragmentation through simplifying children's access to these services, identifying and managing service gaps, meeting data requirements for the coordinated operation and evaluation of these programs, and identifying and minimizing any unwarranted overlap. This effort, along with the review required by section 13 of Public Law 113-186, could also provide a vehicle to conduct a coordinated analysis of child care tax expenditures and program spending. The Departments of Health and Human Services and Education are directed, in consultation with the heads of all federal agencies that administer federal early education and care programs, to provide to the Committees on Appropriations of the House of Representatives and the Senate and relevant authorizing Committees the report on the review of federal early learning and care programs required by section 13 of Public Law 113-186.

The Department is directed to establish an absolute priority in the investing in innovation notice inviting applications for funds available in this act for the implementation of comprehensive high school reform strategies that will increase the number and percentage of students who graduate from high school and enroll in postsecondary education without the need for remediation and with the ability to

think critically, solve complex problems, evaluate arguments on the basis of evidence, and communicate effectively. This competition should target schools where not less than 40 percent of the students to be served will be from low-income families as calculated under section 1113 of the Elementary and Secondary Education Act.

SPECIAL EDUCATION

The Department should continue to make progress in accessible images, graphics and math, including further research, development, and dissemination of new and emerging platforms and tools for students with disabilities to access images, graphics, math, and chemistry. The Department should also take note of the growing challenge of ensuring accessibility for interactive educational content for students with visual disabilities and the need for useful tools, standards or guidelines in this fast-emerging arena.

REHABILITATION SERVICES AND DISABILITY RESEARCH

The agreement continues language allowing excess funds above those requested during the reallotment process to support innovative activities aimed at improving outcomes for individuals with disabilities, including activities under the Promoting Readiness of Minors in Supplemental Security Income (PROMISE) program. After covering the continuation costs of PROMISE, the agreement includes VR funds remaining available at the end of fiscal year 2015 to support a new Transition Model System (TMS) that addresses the complex challenges facing youth with disabilities as they transition from school to adult life. The agreement expects that an estimated $15,000,000 will be needed to support the cost of the 5-year TMS projects. The Department shall notify the House and Senate Committees on Appropriations in advance of announcements related to the initiative.

Access to and knowledge of public transportation—especially in rural areas—is critical for transition-aged youth with disabilities to participate in employment programs and receive services. Given the challenges facing youth with disabilities in accessing reliable public transportation, the Secretary shall collaborate with transit experts on increasing transportation access for transition-aged youth with disabilities when designing and implementing the TMS. Partnerships with local transportation providers to develop transportation education and coordination strategies shall be a strong component of the initiative.

The agreement includes $1,000,000 in increased funding for Client Assistance State Grants to help transition-aged students with disabilities and persons with disabilities in subminimum wage positions obtain competitive, integrated employment through advocacy and the enforcement of their rights under the Rehabilitation Act.

The agreement includes not less than $985,000 to continue support for the Parent Information and Training Centers as well as the National Parent Technical Assistance Center.

The agreement includes $33,000,000 for the Assistive Technology programs. This includes $25,704,000 for State grant activities authorized under section 4 of the Rehabilitation Act of 1973; $4,300,000 for protection and advocacy systems authorized by section 5; and $996,000 for technical assistance activities authorized under section 6.

The agreement also includes $2,000,000 within the Assistive Technology program for competitive grants to support alternative financing programs that provide for the purchase of assistive technology devices. The goal in providing these funds is to allow greater access to affordable financing to help people with

disabilities purchase the specialized technologies needed to live independently, to succeed at school and work and to otherwise live active and productive lives. Applicants should incorporate credit building activities in their programs, including financial education and information about other possible funding sources. Successful applicants must emphasize consumer choice and control and build programs that will provide financing for the full array of assistive technology devices and services and ensure that all people, regardless of type of disability or health condition, age, level of income and residence have access to the program.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

The agreement includes $24,931,000 to support the American Printing House for the Blind, of which $475,000 is to support the Resources with Enhanced Accessibility for Learning (REAL) plan.

The agreement includes $67,016,000 for the National Technical Institute for the Deaf. Funding for construction will be considered in the future as needs may warrant.

CAREER, TECHNICAL, AND ADULT EDUCATION

The agreement includes $13,712,000 for adult education national leadership activities, including up to $3,000,000 for continued support for the reentry education model demonstration initiative.

STUDENT FINANCIAL ASSISTANCE

The agreement includes $8,390,000 for the Work Colleges program authorized under section 448 of the HEA from the Federal Work Study appropriation.

The Department is directed to submit a report to the House and Senate Appropriations Committees, no later than 120 days after the enactment of this Act, on enrollment and graduation information for Pell Grant recipients included in the National Student Loan Data System (NSLDS) Enrollment Reporting roster files for the 2013-2014 Pell Grant Award Year. The Department is also directed to continue to provide enrollment and graduation information to the House and Senate Appropriations Committees in the future as more robust and useful information becomes available.

Since Pell Grant recipient enrollment and graduation information was not included in the NSLDS Enrollment Reporting roster files as a separate category for an institution's Pell Grants-only recipients until the 2012-2013 Pell Grant Award Year, it is understood that six year graduation cohort rates will not be available for analysis until 2019. While understanding the limitation of the data, the report should continue to include enrollment and graduation information for Pell Grant recipients by each institution of higher education. The report should also include an updated plan to minimize the burden of recent changes to the NSLDS Enrollment Reporting roster files on institutions of higher education, an updated proposal to improve the tracking of enrollment and graduation rates for students that transfer and nontraditional students, and strategies to increase enrollment and improve graduation rates for Pell Grant recipients.

STUDENT AID ADMINISTRATION

The agreement directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities broken out by servicer and activity.

The agreement includes new bill language providing the Department with the authority to administer the Health Education Assistance Loan (HEAL) program, since Public Law 113-76 required HHS to transfer the HEAL program to the Department to improve administrative efficiencies.

The agreement commends the Department for the increased focus it has placed on preventing campus sexual violence. Within the amount for Student Aid Administration, the agreement expects the Department to continue its efforts to prevent sexual violence on campus.

The agreement requests an update on the progress of the interagency task force to ensure oversight of for-profit institutions of higher education in the fiscal year 2016 congressional justification.

The agreement requests that the fiscal year 2016 congressional budget justification include an update on the Department's implementation of the expanded student complaint system detailed in Senate Report 113-71.

In October 2013, the Department announced that the impact of the 7.3 percent reduction in funds for NFP servicers, pursuant to the mandatory sequester provisions in the Budget Control Act of 2011, prevented the Department from entering into contracts with new not-for-profit (NFP) servicers, including those that had signed memoranda of understanding. The agreement notes that the Department expects to begin the process of recompeting servicing contracts not later than fiscal year 2016. One of the evaluation factors will be the servicers' utilization of small business subcontractors, with the goal of broadening opportunities for new entities to participate in Federal student loan servicing. The agreement directs the Secretary to hold a full and open competition consistent with legal procurement

requirements that allows eligible NFP servicers to compete for servicing contracts, including those NFP servicers that were affected by the mandatory sequester.

HIGHER EDUCATION

The agreement requests that a report be submitted to the House and Senate Committees on Appropriations no later than March 2, 2015, providing the following information about the fiscal year 2014 First in the World competition: number of applicants; number of applicants and awardees that applied under the competitive priority, including how many applicants and awardees each submitted as supporting evidence correlational studies, randomized control trials, or quasi-experimental design studies; analysis of geographic distribution of applicants and awardees; and the number of applicants and awardees that partnered with public and private organizations and agencies as well as a description of the types of partner organizations and agencies.

The agreement includes $67,775,000 for the Fund for the Improvement of Postsecondary Education (FIPSE). Within the amounts for FIPSE, the agreement includes $60,000,000 for the First in the World Initiative (FITW). Of the amount recommended for FITW, the agreement includes $16,000,000 to continue the set-aside for minority-serving institutions, as defined in titles III and V of the HEA.

The agreement includes new bill language allowing up to 2.5 percent of the funds made available for FITW to be used for technical assistance and evaluation. Within the remaining funding for FIPSE, the agreement includes $2,500,000 for a National Center for Information and Technical Support for Postsecondary Students with Disabilities, as authorized by section 777(a) of the HEA. The agreement also includes $5,000,000 for the Centers of Excellence for Veteran Student Success

program, as authorized by section 873 of the HEA, and $275,000 for a database contract.

The agreement includes $11,800,000 for the Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID). Of that amount, the agreement includes no less than $2,000,000 to support a national coordinating center to conduct and disseminate research on strategies to promote positive academic, social, employment, and independent living outcomes for students with intellectual disabilities. The coordinating center will establish a comprehensive research and evaluation protocol for TPSID programs; administer a mentoring program matching current and new TPSID grantees based on areas of expertise; and coordinate longitudinal follow-up data collection and technical assistance to TPSID grantees on programmatic components and evidence-based practices. The coordinating center will also provide technical assistance to build the capacity of K–12 transition services as well as postsecondary education inclusive practices, among other activities.

The agreement recognizes the important role the Jacob K. Javits Fellowship has played in encouraging scholarship in the social sciences and humanities. As the Secretary consults with appropriate agencies and organizations to designate the fields that are considered "areas of national need," the Secretary is strongly encouraged to consider the humanities and social sciences as eligible fields and take into account the extent to which these areas fulfill a compelling national interest during the fiscal year 2015 Graduate Assistance in Areas of National Need grant competition.

The agreement supports the Department's effort in developing and testing competency-based education as an alternative method for delivering federal financial aid, including its most recent Experimental Sites Initiative that will provide institutions flexibility in how they provide financial aid to students

enrolled in self-paced competency-based education programs. The agreement encourages the Department to continue incentivizing institutions to develop and test this model.

INSTITUTE OF EDUCATION SCIENCES

Increased NAEP contract costs and the 2013 sequester led to decisions in 2013 to postpone indefinitely implementation of assessments for 4th and 12th grade students in United States History, Civics and Geography. Previous assessments conducted by the National Assessment Governing Board indicate that fewer than one in four 4th, 8th, and 12th grade students at all grade levels is proficient in United States History. Reducing the frequency of assessments in this area will limit the ability of Congress to track the progress of the American education system in addressing this important problem. At its next scheduled meeting, the National Assessment Governing Board should consider options for implementing assessments in 4^{th} and 12^{th} grade United States History, Civics and Geography and schedule them to be conducted as soon as is feasible.

DEPARTMENTAL MANAGEMENT

The GAO shall conduct a study on the use of State, local, Federal, and philanthropic funds to support year-round learning activities. The study should include (1) what is known about LEAs' and SEAs' use of funds to support year-round school calendars; (2) a discussion of barriers, if any, to the use of funds to implement year-round school calendars; and (3) a review of what is known about the effectiveness of summer learning in improving the achievement gap, addressing summer-slide, the propensity of involvement in criminal behavior, and other key challenges facing the Nation's school systems. To address the third objective, the study should include information about evaluations from schools and

school districts that have implemented year-round school calendars, to the extent such evaluations are available.

Vision and Educational Performance .—According to the NIH, one out of four children in the United States has a vision problem and at least two million schoolchildren start the school year not being able see clearly. As result, thousands of schoolchildren from economically disadvantaged families are unable to make the most of their education. Most of these cases of poor vision are due to refractive error and can be easily corrected. The Department of Education is encouraged to consider steps it could take to raise awareness of the need to identify children with poor vision and promote options for children from low-income families to acquire prescription eyeglasses. These steps could help such children achieve educational performance and future vocational success that otherwise may be hindered due to poor vision.

OFFICE FOR CIVIL RIGHTS

The agreement includes an increase in the Office for Civil Rights to help ensure that educational institutions are protecting students from sexual violence.

GENERAL PROVISIONS

The Secretary, in consultation with the ~~Direction~~ of the Institute of Education Sciences, is required to provide the House and Senate Committees on Appropriations, Committee on Education and the Workforce, and Committee on Health, Education, Labor and Pensions an operating plan describing the proposed uses of this evaluation authority as well as the source appropriation for such activities. In addition, not later than 45 days prior to the submission of the required operating plan, the Department shall brief the House and Senate Committees on Appropriations, Committee on Education and the Workforce, and Committee on

Health, Education, Labor and Pensions on the programs and activities being considered for inclusion in the plan, how ESEA programs will be regularly evaluated, and how finding of evaluations completed under this section will be widely disseminated. Further, the Secretary and Director shall include in future congressional budget justifications a discussion of the planned use of this authority.

The agreement includes a new provision reinstating student aid eligibility for students enrolled in career pathways programs.

The agreement includes a new provision allowing certain institutions to continue to use endowment funding for student scholarships.

The agreement includes a new provision to ensure that TRIO Support Services Grants are awarded in a timely manner.

TITLE IV

RELATED AGENCIES

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The agreement rejects the budget request's proposal to restructure the Senior Corps programs, and includes funding for each of the Senior Corps programs at no less than the fiscal year 2014 level.

The agreement includes new bill language to reinforce longstanding policy that a professional corps program may demonstrate an inadequate number of professionals in a community a number of ways, including a determination of need by the local community. Further, the Corporation for National and Community Service is directed to ensure that any changes in policies regarding professional corps programs operating expenses do not adversely impact the ability of

AmeriCorps programs to operate in certain communities. The Corporation should provide AmeriCorps programs the maximum amount of flexibility in demonstrating the importance of these operating costs as part of their grant application to ensure the viability of such programs in all communities.

Consistent with the authorization of the Social Innovation Fund (SIF) in section 198K(e) of the National and Community Service Act of 1990, the Corporation is directed to allow current high-performing SIF grantees to apply for renewal funding to continue implementation and evaluation of their current projects, and to compete for new SIF funding for projects not currently funded by the SIF.

The agreement includes an increase in funding for Innovation, Demonstration, and Other Activities to support national call to service activities, including the September 11th National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

Within the total for IMLS, the bill includes funds for the following activities in the following amounts:

Budget Activity	FY15 Agreement
Library Services Technology Act:	
Grants to States	$154,848,000
Native American Library Services	3,861,000
National Leadership: Libraries	12,200,000
Laura Bush 21st Century Librarian	10,000,000

Budget Activity	FY15 Agreement
Museum Services Act:	
Museums for America	20,200,000
Native American/Hawaiian Museum Services	924,000
National Leadership: Museums	7,600,000
African American History and Culture Act:	
Museum Grants for African American History & Culture	1,407,000
Program Administration	16,820,000
TOTAL	227,860,000

The agreement includes an increase of $1,000,000 to assist with relocation costs.

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SOCIAL SECURITY ADMINISTRATION

SUPPLEMENTAL SECURITY INCOME

Disability Early Intervention Initiative.—Within the total for research and demonstration, the agreement includes $35,000,000 for a disability early intervention initiative. This demonstration project will test innovative and evidence-based approaches to improve outcomes for individuals with disabilities who are not yet receiving Social Security disability benefits, but who are likely to be eligible for benefits in the future, focusing on helping them remain in the workforce. The Social Security Administration (SSA) is directed to work in close consultation with the Departments of Labor, Education, HHS, and other agencies

Medicare Payment Advisory Commission

Current law requires the Medicare Payment Advisory Commission [~~MedPAC~~] to be comprised of a mix of individuals with expertise in the financing and delivery of healthcare services and have a broad geographic representation, including, but not limited to, those with rural backgrounds and experience. The Government Accountability Office is directed to continue to follow the statute when making appointments to MedPAC.

as appropriate, in developing and administering this demonstration project, including determining the appropriate target population and the types of interventions or services to be tested. Prior to issuing a funding opportunity announcement (FOA) for this demonstration project, SSA should publish a detailed executive summary of a proposed FOA, or a draft FOA itself, and allow for public comment by outside organizations. SSA should also ensure that participation in any demonstration is voluntary and that individuals are not required to waive any of their rights under the Social Security Act.

LIMITATION ON ADMINISTRATIVE EXPENSES

Continuing disability reviews and SSI redeterminations of eligibility.—The agreement includes a total of $1,527,000,000 for SSA to conduct continuing disability reviews (CDRs) under the Disability Insurance and Supplemental Security Income (SSI) programs, and redeterminations of eligibility under the SSI program. This includes $1,396,000,000 specified to meet the terms of section 251(b)(2)(B)(ii)(III) of the Balanced Budget and Emergency Deficit Control Act, and $131,000,000 in additional funding provided under SSA's Limitation on Administrative Expenses (LAE) account. This allocation is consistent with the funding decisions of the agency in recent years but reprioritizes proposed funding to improve basic services to the public. The Commissioner may allocate more or less than $131,000,000 from SSA's regular LAE account for CDRs and redeterminations but only for reconciling estimated and actual unit costs for conducting such activities, and after notifying the Committees on Appropriations of the House of Representatives and the Senate at least 15 days prior to any such reallocation. If less funding is allocated for such activities, the funding will be available for regular activities within the LAE account. Finally, the Commissioner is directed to provide in its fiscal year 2016 budget justification a consolidated

accounting of total funding spent, or estimated to be spent, on CDRs and redeterminations in the prior year, current year, and budget year.

Field office closings and consolidations.—The Commissioner is directed to provide an opportunity for community input and public comment prior to making a decision to permanently close, consolidate, or significantly reduce service hours or services available at any field office. Before deciding to permanently close or consolidate an office, SSA should make detailed information widely-available to the public about any proposed closure, including demographic information of the service area affected; distance to other office locations; access to and the availability of public transportation to other office locations; availability of services for people with disabilities, seniors, non-English speakers, and other vulnerable populations living in the impacted area; and any specific plans for SSA to mitigate any burdens on the public from closing the office. Allowing public input in these decisions will help SSA consider even more information about the impact of closing an office on individual communities and improve the overall transparency of these critical decisions. Further, the Commissioner is directed to provide a widely-available public notice no later than 180 days prior to permanently closing, consolidating, or significantly reducing services available at any field office. SSA is directed to brief the Committee on Appropriations of the House of Representatives and the Senate within 120 days of enactment on how they plan to implement these changes.

Access and availability of Benefit Verification Letters and SSN printouts.—The Commissioner is directed, consistent with SSA's current guidance, to continue to make Benefit Verification Letters available upon request at field offices. Reducing the availability of this document at field offices could adversely impact individuals who are required to provide proof of this information for a variety of purposes.

SSA should continue to encourage third parties to use existing online tools to verify this same information, and eliminate the need for individuals to provide these documents altogether, but this ultimately relies on third parties to do so. Similarly, the Commissioner is directed to ensure the maximum amount of flexibility in helping individuals verify their SSN through a field office. Individuals need to verify their SSN for a variety of purposes, often for time-sensitive issues where waiting for a replacement SSN card is not possible or practical.

Annual Social Security Statements.—The agreement includes sufficient resources for SSA to resume mailing Social Security Statements, and to otherwise increase the number of individuals viewing and receiving their statement annually, in accordance with its plan submitted to Congress in March 2014.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The agreement includes $23,000,000 for WIPA and $7,000,000 for PABSS.

TITLE V
GENERAL PROVISIONS

The agreement modifies the general provision related to Performance Partnerships Pilot.

The agreement includes a new general provision that supports implementation of section 491 of the Workforce Innovation and Opportunity Act and the transfer of the National Institute on Disability and Rehabilitation Research, independent living programs under chapter 1 of title VII of the Rehabilitation Act, and

programs under the Assistive Technology Act from the Department of Education to the Department of Health and Human Services.

The agreement prohibits funding from going to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

TITLE VI

EBOLA RESPONSE AND PREPAREDNESS

The agreement provides $2,742,000,000 across the various accounts of the Department of Health and Human Services (HHS) to support Ebola activities.

Within the total for Ebola Response, the agreement includes the following amounts:

Budget Activity	FY 2015 Agreement
Centers for Disease Control and Prevention	
Domestic Ebola Response	
Public Health Emergency Preparedness	*$155,000,000*
State and Local	*255,000,000*

Worker Training	*10,000,000*
Migration/Quarantine	*114,000,000*
Other	*37,000,000*
International Response and Preparedness	1,200,000,000
Biomedical Advanced Research and Development Authority (BARDA)	157,000,000
Assistant Secretary for Preparedness and Response	576,000,000
National Institute of Allergy and Infectious Diseases	238,000,000

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

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

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

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

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

GENERAL PROVISIONS

The bill includes a provision relating to the use of funds by the Secretary.

The bill includes a provision relating to notification requirements to the Committees on Appropriations.

The bill includes a provision allowing the Secretary to condition grant funding ~~to~~ agreement by the awardee to follow Departmental guidance regarding the spread of Ebola.

The bill includes a provision allowing the Secretary to transfer funds between accounts.

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
TITLE I - DEPARTMENT OF LABOR							
EMPLOYMENT AND TRAINING ADMINISTRATION							
Training and Employment Services							
Grants to States:							
Adult Training, current year	D	54,080	54,080	64,736	+10,656	+10,656	FF
Advance from prior year	NA	(712,000)	(712,000)	(712,000)	---	---	
FY 2016	D	712,000	712,000	712,000	---	---	
Subtotal		766,080	766,080	776,736	+10,656	+10,656	
Youth Training	D	820,430	820,430	831,842	+11,412	+11,412	FF
Dislocated Worker Assistance, current year	D	141,598	141,598	155,530	+13,932	+13,932	FF
Advance from prior year	NA	(860,000)	(860,000)	(860,000)	---	---	
FY 2016	D	860,000	860,000	860,000	---	---	
Subtotal		1,001,598	1,001,598	1,015,530	+13,932	+13,932	
Subtotal, Grants to States		2,588,108	2,588,108	2,624,108	+36,000	+36,000	UA
Current Year		(1,016,108)	(1,016,108)	(1,052,108)	(+36,000)	(+36,000)	
FY 2016		(1,572,000)	(1,572,000)	(1,572,000)	---	---	

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request		
Federally Administered Programs:								
Dislocated Worker Assistance National Reserve:								
Current year	D	20,859	20,859	20,859	---	---	FF	
Advance from prior year	NA	(200,000)	(200,000)	(200,000)	---	---		
FY 2016	D	200,000	200,000	200,000	---	---		
Subtotal		220,859	220,859	220,859	---	---		
Subtotal, Dislocated Worker Assistance		1,222,457	1,222,457	1,236,389	+13,932	+13,932		
Native American Programs	D	46,082	46,082	46,082	---	---	FF	UA
Migrant and Seasonal Farmworker programs	D	81,896	81,896	81,896	---	---	FF	UA
Women in Apprenticeship	D	994	---	994	---	+994	FF	
YouthBuild activities	D	77,534	77,534	79,689	+2,155	+2,155	FF	
Workforce Innovation Fund	D	47,304	60,000	---	-47,304	-60,000		
Sector Strategies	D	---	15,000	---	---	-15,000		
Subtotal, Federally Administered Programs (FAP)		474,669	501,371	429,520	-45,149	-71,851		
Current Year		(274,669)	(301,371)	(229,520)	(-45,149)	(-71,851)		
FY 2016		(200,000)	(200,000)	(200,000)	---	---		

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request		
National Activities:								
Reintegration of Ex-Offenders	D	80,078	80,078	82,078	+2,000	+2,000		
Workforce Data Quality Initiative	D	6,000	6,000	4,000	-2,000	-2,000		
WIA incentive grants	D	---	80,000	---	---	-80,000		
Subtotal		86,078	166,078	86,078	---	-80,000	FF	UA
Total, Training and Employment Services (TES)		3,148,855	3,255,557	3,139,706	-9,149	-115,851		
Current Year		(1,376,855)	(1,483,557)	(1,367,706)	(-9,149)	(-115,851)		
FY 2016		(1,772,000)	(1,772,000)	(1,772,000)	---	---		
Office of Job Corps								
Administration	D	30,147	32,330	32,330	+2,183	---		
Operations	D	1,578,008	1,580,825	1,580,825	+2,817	---	FF	
Construction, Rehabilitation and Acquisition	D	80,000	75,000	75,000	-5,000	---	FF	
Total, Office of Job Corps		1,688,155	1,688,155	1,688,155	---	---		UA
Current Year		(1,688,155)	(1,688,155)	(1,688,155)	---	---		UA
Community Service Employment For Older Americans 1/	D	434,371	380,000	434,371	---	+54,371	FF	
Federal Unemployment Benefits and Allowances	M	656,000	710,600	710,600	+54,600	---		

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS							
Unemployment Compensation (UI):							
State Operations	TF	2,881,575	2,855,443	2,777,793	-103,782	-77,650	
National Activities	TF	10,676	14,547	12,892	+2,216	-1,655	
Subtotal, Unemployment Compensation		2,892,251	2,869,990	2,790,685	-101,566	-79,305	
Employment Service (ES):							
Allotments to States:							
Federal Funds	D	21,413	21,413	21,413	---	---	
Trust Funds	TF	642,771	642,771	642,771	---	---	
Subtotal		664,184	664,184	664,184	---	---	FF
ES National Activities	TF	19,818	19,818	19,818	---	---	
Subtotal, Employment Service		684,002	684,002	684,002	---	---	
Federal Funds		(21,413)	(21,413)	(21,413)	---	---	
Trust Funds		(662,589)	(662,589)	(662,589)	---	---	
Foreign Labor Certification:							
Federal Administration	TF	47,691	48,028	48,028	+337	---	
Grants to States	TF	14,282	14,282	14,282	---	---	
Subtotal, Foreign Labor Certification		61,973	62,310	62,310	+337	---	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
One-Stop Career Centers/Labor Market Information.....	D	60,153	60,153	60,153	---	---	FF
Total, State UI and ES.....		3,698,379	3,676,455	3,597,150	-101,229	-79,305	
Federal Funds.....		(81,566)	(81,566)	(81,566)	---	---	
Trust Funds.....		(3,616,813)	(3,594,889)	(3,515,584)	(-101,229)	(-79,305)	
State Paid Leave Fund.....	D	---	5,000	---	---	-5,000	UA
Advances to the Unemployment Trust Fund and Other Funds 2/.....	M	600,000	---	---	-600,000	---	
Program Administration							
Training and Employment.....	D	60,074	60,853	60,074	---	-779	
Trust Funds.....	TF	8,639	8,727	8,639	---	-88	
Employment Security.....	D	3,469	3,512	3,469	---	-43	
Trust Funds.....	TF	39,264	39,845	39,264	---	-581	
Apprenticeship Services.....	D	30,000	33,384	34,000	+4,000	+616	
Executive Direction.....	D	7,034	7,140	7,034	---	-106	
Trust Funds.....	TF	2,079	2,102	2,079	---	-23	
Total, Program Administration.....		150,559	155,563	154,559	+4,000	-1,004	
Federal Funds.....		(100,577)	(104,889)	(104,577)	(+4,000)	(-312)	
Trust Funds.....		(49,982)	(50,674)	(49,982)	---	(-692)	
Total, Employment and Training Administration...		10,376,319	9,871,330	9,724,541	-651,778	-146,789	
Federal Funds.....		6,709,524	6,225,767	6,158,975	-550,549	-66,792	
Current Year.....		(4,937,524)	(4,453,767)	(4,386,975)	(-550,549)	(-66,792)	
FY 2016.....		(1,772,000)	(1,772,000)	(1,772,000)	---	---	
Trust Funds.....		3,666,795	3,645,563	3,565,566	-101,229	-79,997	

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)						
Salaries and Expenses						
Enforcement and Participant Assistance	D	145,000	154,520	147,400	+2,400	-7,120
Policy and Compliance Assistance	D	26,901	27,224	26,901	---	-323
Executive Leadership, Program Oversight and Administration	D	6,599	6,703	6,699	+100	-4
Total, EBSA		178,500	188,447	181,000	+2,500	-7,447
PENSION BENEFIT GUARANTY CORPORATION (PBGC)						
Pension Benefit Guaranty Corporation Fund						
Pension Insurance Activities	NA	(80,000)	(79,526)	(79,526)	(-474)	---
Pension Plan Termination	NA	(268,230)	(179,230)	(179,230)	(-89,000)	---
Operational Support	NA	(157,211)	(156,638)	(156,638)	(-573)	---
Total, PBGC (program level)		(505,441)	(415,394)	(415,394)	(-90,047)	---
WAGE AND HOUR DIVISION	D	224,330	265,766	227,500	+3,170	-38,266
OFFICE OF LABOR-MANAGEMENT STANDARDS	D	39,129	41,236	39,129	---	-2,107
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS	D	104,976	107,903	106,476	+1,500	-1,427

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
OFFICE OF WORKERS' COMPENSATION PROGRAMS	D					
Salaries and Expenses	D	109,641	112,938	110,823	+1,182	-2,115
Trust Funds	TF	2,142	2,177	2,177	+35	---
Total, Salaries and Expenses		111,783	115,115	113,000	+1,217	-2,115
Federal Funds		(109,641)	(112,938)	(110,823)	(+1,182)	(-2,115)
Trust Funds		(2,142)	(2,177)	(2,177)	(+35)	---
Special Benefits						
Federal Employees' Compensation Benefits	M	393,000	207,000	207,000	-186,000	---
Longshore and Harbor Workers' Benefits	M	3,000	3,000	3,000	---	---
Total, Special Benefits		396,000	210,000	210,000	-186,000	---
Special Benefits for Disabled Coal Miners						
Benefit Payments	M	128,000	96,000	96,000	-32,000	---
Administration	M	5,235	5,262	5,262	+27	---
Subtotal, FY 2016 program level		133,235	101,262	101,262	-31,973	---
Less funds advanced in prior year	M	-40,000	-24,000	-24,000	+16,000	---
Total, Current Year		93,235	77,262	77,262	-15,973	---
New advances, 1st quarter, FY 2016	M	24,000	21,000	21,000	-3,000	---
Total, Special Benefits for Disabled Coal Miners		117,235	98,262	98,262	-18,973	---

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Energy Employees Occupational Illness Compensation Fund						
Part B Administrative Expenses	M	55,176	56,406	56,406	+1,230	---
Black Lung Disability Trust Fund						
Benefit Payments and Interest on Advances	M	257,478	261,548	261,548	+4,070	---
Workers' Compensation Programs, Salaries and Expenses	M	33,033	33,321	33,321	+288	---
Departmental Management, Salaries and Expenses	M	25,365	25,543	30,403	+5,038	+4,860
Departmental Management, Inspector General	M	327	327	327	---	---
Subtotal, Black Lung Disability		316,203	320,739	325,599	+9,396	+4,860
Treasury Department Administrative Costs	M	356	356	356	---	---
Total, Black Lung Disability Trust Fund		316,559	321,095	325,955	+9,396	+4,860
Total, Workers' Compensation Programs		996,753	800,878	803,623	-193,130	+2,745
Federal Funds		994,611	798,701	801,446	-193,165	+2,745
Current year		(970,611)	(777,701)	(780,446)	(-190,165)	(+2,745)
FY 2016		(24,000)	(21,000)	(21,000)	(-3,000)	---
Trust Funds		2,142	2,177	2,177	+35	---

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)						
Salaries and Expenses						
Safety and Health Standards	D	20,000	20,292	20,000	---	-292
Federal Enforcement	D	207,785	210,838	208,000	+215	-2,838
Whistleblower enforcement	D	17,000	21,253	17,500	+500	-3,753
State Programs	D	100,000	103,987	100,850	+850	-3,137
Technical Support	D	24,344	24,224	24,469	+125	+245
Compliance Assistance:						
Federal Assistance	D	69,433	70,380	68,433	-1,000	-1,947
State Consultation Grants	D	57,775	57,775	57,775	---	---
Training Grants	D	10,687	10,687	10,537	-150	-150
Subtotal, Compliance Assistance	D	137,895	138,842	136,745	-1,150	-2,097
Safety and Health Statistics	D	34,250	34,488	34,250	---	-238
Executive Direction and Administration	D	10,973	11,086	10,973	---	-113
Total, OSHA		552,247	565,010	552,787	+540	-12,223

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
MINE SAFETY AND HEALTH ADMINISTRATION						
Salaries and Expenses						
Coal Enforcement	D	167,859	169,693	167,859	---	-1,834
Metal/Non-Metal Enforcement	D	91,697	92,634	91,697	---	-937
Standards Development	D	5,416	6,070	5,416	---	-654
Assessments	D	6,976	8,043	6,976	---	-1,067
Educational Policy and Development	D	36,320	30,923	36,320	---	+5,397
Technical Support	D	33,791	34,252	33,791	---	-461
Program Evaluation and Information Resources (PEIR)	D	17,990	19,593	17,990	---	-1,603
Program Administration	D	15,838	16,026	15,838	---	-188
Total, Mine Safety and Health Administration		375,887	377,234	375,887	---	-1,347
Total, Worker Protection Agencies		1,586,852	1,660,711	1,595,779	+8,927	-64,932
Federal Funds		(1,584,710)	(1,658,534)	(1,593,602)	(+8,892)	(-64,932)
Trust Funds		(2,142)	(2,177)	(2,177)	(+35)	---
BUREAU OF LABOR STATISTICS						
Salaries and Expenses						
Employment and Unemployment Statistics	D	204,788	208,728	204,788	---	-3,940
Labor Market Information	TF	65,000	65,000	65,000	---	---
Prices and Cost of Living	D	200,000	207,791	200,000	---	-7,791
Compensation and Working Conditions	D	78,000	83,032	78,000	---	-5,032

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Productivity and Technology	D	11,424	10,406	11,424	---	+1,018
Executive Direction and Staff Services	D	33,000	35,125	33,000	---	-2,125
Total, Bureau of Labor Statistics		592,212	610,082	592,212	---	-17,870
Federal Funds		527,212	545,082	527,212	---	-17,870
Trust Funds		65,000	65,000	65,000	---	---
OFFICE OF DISABILITY EMPLOYMENT POLICY	D					
Salaries and Expenses	D	37,745	37,833	38,500	+755	+667
DEPARTMENTAL MANAGEMENT						
Salaries and Expenses						
Executive Direction	D	31,482	31,187	31,010	-472	-177
Departmental Program Evaluation	D	8,040	9,000	8,040	---	-960
Legal Services	D	125,136	131,890	126,136	+1,000	-5,754
Trust Funds	TF	308	308	308	---	---
International Labor Affairs	D	91,125	91,319	91,125	---	-194
Administration and Management	D	28,698	28,563	28,413	-285	-150
Adjudication	D	29,113	31,996	29,420	+307	-2,576
Women's Bureau	D	11,536	9,047	11,536	---	+2,489
Civil Rights Activities	D	6,430	7,789	6,880	+450	-909
Chief Financial Officer	D	5,061	5,090	5,061	---	-29
Total, Departmental Management		336,929	346,189	337,929	+1,000	-8,260
Federal Funds		(336,621)	(345,881)	(337,621)	(+1,000)	(-8,260)
Trust Funds		(308)	(308)	(308)	---	---

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Veterans Employment and Training						
State Administration, Grants	TF	175,000	175,000	175,000	---	---
Transition Assistance Program	TF	14,000	14,000	14,000	---	---
Federal Administration	TF	39,000	39,458	39,458	+458	---
National Veterans Training Institute	TF	3,414	3,414	3,414	---	---
Homeless Veterans Program	D	38,109	38,109	38,109	---	---
Total, Veterans Employment and Training		269,523	269,981	269,981	+458	---
Federal Funds		38,109	38,109	38,109	---	---
Trust Funds		231,414	231,872	231,872	+458	---
Information Technology Modernization						
Departmental support systems	D	4,898	4,898	4,898	---	---
Infrastructure technology modernization	D	14,880	20,880	10,496	-4,384	-10,384
Digital Government Integrated Platform	D	---	4,800	---	---	-4,800
Total, IT Modernization		19,778	30,578	15,394	-4,384	-15,184

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Office of Inspector General						
Program Activities	D	74,721	78,403	76,000	+1,279	-2,403
Trust Funds	TF	5,590	5,590	5,590	---	---
Total, Office of Inspector General		80,311	83,993	81,590	+1,279	-2,403
Total, Departmental Management		706,541	730,741	704,894	-1,647	-25,847
Federal Funds		469,229	492,971	467,124	-2,105	-25,847
Current Year		(469,229)	(492,971)	(467,124)	(-2,105)	(-25,847)
Trust Funds		237,312	237,770	237,770	+458	---
Total, Workforce Investment Act Programs		4,836,016	4,943,712	4,826,867	-9,149	-116,845
Current Year		(3,064,016)	(3,171,712)	(3,054,867)	(-9,149)	(-116,845)
FY 2016		(1,772,000)	(1,772,000)	(1,772,000)	---	---
Total, Title I, Department of Labor		14,184,639	13,596,460	13,346,549	-838,090	-249,911
Federal Funds		10,213,390	9,645,950	9,476,036	-737,354	-169,914
Current Year		(8,417,390)	(7,852,950)	(7,683,036)	(-734,354)	(-169,914)
FY 2016		(1,796,000)	(1,793,000)	(1,793,000)	(-3,000)	---
Trust Funds		3,971,249	3,950,510	3,870,513	-100,736	-79,997

Title I Footnotes:
1/ Budget request includes funds under the Department of Health and Human Services, Administration for Community Living
2/ Two year availability

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES						
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)						
HEALTH RESOURCES AND SERVICES						
Primary Health Care						
Community Health Centers	D	1,495,236	1,000,000	1,491,422	-3,814	+491,422
Free Clinics Medical Malpractice	D	40	---	100	+60	+100
Total, Primary Health Care		1,495,276	1,000,000	1,491,522	-3,754	+491,522
Health Professions						
National Health Service Corps	D	---	100,000	---	---	-100,000
Training for Diversity:						
Centers of Excellence	D	21,711	21,711	21,711	---	---
Health Careers Opportunity Program	D	14,189	---	14,189	---	+14,189
Faculty Loan Repayment	D	1,190	1,190	1,190	---	---
Scholarships for Disadvantaged Students	D	44,970	44,970	45,970	+1,000	+1,000
Subtotal, Training for Diversity		82,060	67,871	83,060	+1,000	+15,189
Training in Primary Care Medicine	D	38,924	38,924	38,924	+2,000	+2,000
Oral Health Training	D	32,008	32,008	33,928	+1,920	+1,920
Subtotal, Oral Health programs		32,008	32,008	33,928	+1,920	+1,920

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Interdisciplinary Community-Based Linkages:						
Area Health Education Centers	D	30,326	---	30,250	-76	+30,250
Geriatric Programs	D	33,321	33,321	34,237	+916	+916
Clinical Training in Interprofessional Practice	D	---	10,000	---	---	-10,000
Mental and Behavorial Health	D	7,916	7,916	8,916	+1,000	+1,000
Total, Interdisciplinary Community Linkages		71,563	51,237	73,403	+1,840	+22,166
Rural Physician Training Grants	D	---	4,000	---	---	-4,000
Workforce Information and Analysis	D	4,663	4,663	4,663	---	---
Public Health and Preventive Medicine programs	D	18,177	18,177	21,000	+2,823	+2,823
Subtotal		18,177	18,177	21,000	+2,823	+2,823
Nursing Programs:						
Advanced Education Nursing	D	61,581	---	63,581	+2,000	+63,581
Evaluation Tap Funding	NA	---	(61,581)	---	---	(-61,581)
Nurse Education, Practice, and Retention	D	38,008	38,008	39,913	+1,905	+1,905
Nursing Workforce Diversity	D	15,343	15,343	15,343	---	---
Loan Repayment and Scholarship Program	D	79,986	79,986	81,785	+1,799	+1,799
Comprehensive Geriatric Education	D	4,361	4,361	4,500	+139	+139
Nursing Faculty Loan Program	D	24,562	24,562	26,500	+1,938	+1,938
Subtotal, Nursing programs		223,841	162,260	231,622	+7,781	+69,362
Subtotal, Evaluation Tap Funding		---	(61,581)	---	---	(-61,581)
Total, Nursing programs		223,841	223,841	231,622	+7,781	+7,781

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Children's Hospitals Graduate Medical Education	D	265,000	---	265,000	---	+265,000	
National Practitioner Data Bank	D	27,456	18,814	18,814	-8,642	---	
User Fees	D	-27,456	-18,814	-18,814	+8,642	---	
Subtotal, Health Professions		734,236	477,140	751,600	+17,364	+274,460	
(Evaluation tap funding)		---	(61,581)	---	---	(-61,581)	
Total, Health Professions		734,236	538,721	751,600	+17,364	+212,879	
Maternal and Child Health							
Maternal and Child Health Block Grant	D	634,000	634,000	637,000	+3,000	+3,000	
Sickle Cell Anemia Demonstration Program	D	4,466	4,466	4,455	-11	-11	UA
Traumatic Brain Injury	D	9,344	9,344	9,321	-23	-23	UA
Autism and Other Developmental Disorders	D	47,218	47,218	47,099	-119	-119	
Heritable Disorders	D	11,913	11,913	13,883	+1,970	+1,970	
Healthy Start	D	101,000	101,000	102,000	+1,000	+1,000	
Universal Newborn Hearing Screening	D	17,863	17,863	17,818	-45	-45	UA
Emergency Medical Services for Children	D	20,213	20,213	20,162	-51	-51	UA
Total, Maternal and Child Health		846,017	846,017	851,738	+5,721	+5,721	

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Ryan White HIV/AIDS							
Ryan White HIV/AIDS:							
Emergency Assistance	D	655,876	655,876	655,876	---	---	
Comprehensive Care Programs	D	1,315,005	1,315,005	1,315,005	---	---	
AIDS Drug Assistance Program (ADAP) (NA)	NA	(900,313)	(900,313)	(900,313)	---	---	
Early Intervention Program	D	201,079	280,167	201,079	---	-79,088	
Children, Youth, Women, and Families	D	75,088	---	75,088	---	+75,088	
AIDS Dental Services	D	13,122	13,122	13,122	---	---	
Education and Training Centers	D	33,611	33,611	33,611	---	---	
Special Projects of National Significance	D	---	---	25,000	+25,000	+25,000	
Subtotal, Ryan White HIV/AIDS program		2,293,781	2,297,781	2,318,781	+25,000	+21,000	UA
(Evaluation Tap Funding)	NA	(25,000)	(25,000)	---	(-25,000)	(-25,000)	
Total, Ryan White HIV/AIDS program level		(2,318,781)	(2,322,781)	(2,318,781)	---	(-4,000)	
Health Care Systems							
Organ Transplantation	D	23,549	24,015	23,549	---	-466	UA
National Cord Blood Inventory	D	11,266	11,266	11,266	---	---	
Bone Marrow Program	D	22,109	22,109	22,109	---	---	
Office of Pharmacy Affairs	D	10,238	10,238	10,238	---	---	
340B Drug Pricing User Fees	D	---	7,000	---	---	-7,000	
User Fees	D	---	-7,000	---	---	+7,000	
Poison Control	D	18,846	18,846	18,846	---	---	
National Hansen's Disease Program	D	15,206	15,206	15,206	---	---	
Hansen's Disease Program Buildings and Facilities	D	122	122	122	---	---	
Payment to Hawaii, Treatment of Hansen's	D	1,857	1,857	1,857	---	---	
Subtotal, Health Care Systems		103,193	103,659	103,193	---	-466	

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Rural Health							
Rural Outreach Grants	D	57,000	57,000	59,000	+2,000	+2,000	UA
Rural Health Research/Policy Development	D	9,351	9,351	9,351	---	---	
Rural Hospital Flexibility Grants	D	40,609	26,200	41,609	+1,000	+15,409	UA
Rural and Community Access to Emergency Devices	D	3,364	---	4,500	+1,136	+4,500	UA
State Offices of Rural Health	D	9,511	9,511	9,511	---	---	UA
Black Lung Clinics	D	6,766	6,766	6,766	---	---	UA
Radiation Exposure Screening and Education Program	D	1,834	1,834	1,834	---	---	UA
Telehealth	D	13,900	13,900	14,900	+1,000	+1,000	UA
Total, Rural Health		142,335	124,562	147,471	+5,136	+22,909	
Family Planning	D	286,479	286,479	286,479	---	---	UA
Program Management	D	153,061	157,061	154,000	+939	-3,061	
HEAL Liquidating Account	NA	(1,000)	---	---	(-1,000)	---	
Health Education Assistance Loans Program Account	D	2,687	---	---	-2,687	---	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Vaccine Injury Compensation Program Trust Fund							
Post-FY 1988 Claims	M	235,000	235,000	235,000	---	---	
HRSA Administration	D	6,464	7,500	7,500	+1,036	---	
Total, Vaccine Injury Compensation Trust Fund		241,464	242,500	242,500	+1,036	---	
Total, Health Resources & Services Administration		6,298,529	5,535,199	6,347,284	+48,755	+812,085	
(Evaluation Tap Funding)		(25,000)	(86,581)	---	(-25,000)	(-86,581)	
Total, HRSA program level		(6,323,529)	(5,621,780)	(6,347,284)	(+23,755)	(+725,504)	
CENTERS FOR DISEASE CONTROL AND PREVENTION							
Immunization and Respiratory Diseases	D	571,536	607,942	573,105	+1,569	-34,837	UA
Evaluation Tap Funding	NA	(12,864)	(12,864)	---	(-12,864)	(-12,864)	
Pandemic Flu balances (Public Law 111-32)	NA	---	---	(15,000)	(+15,000)	(+15,000)	
Prevention and Public Health Fund 1/	NA	(160,300)	(127,260)	(210,300)	(+50,000)	(+83,040)	
Subtotal		(744,700)	(748,066)	(798,405)	(+53,705)	(+50,339)	
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	D	1,072,834	1,124,942	1,117,609	+44,775	-7,333	UA
Evaluation Tap Funding	NA	---	(3,000)	---	---	(-3,000)	
Subtotal		1,072,834	1,127,942	1,117,609	+44,775	-10,333	

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Emerging and Zoonotic Infectious Diseases	D	287,300	393,549	352,990	+65,690	-40,559	
Prevention and Public Health Fund 1/	NA	(52,000)	(51,750)	(52,000)	---	(+250)	
Subtotal		339,300	445,299	404,990	+65,690	-40,309	
Subtotal, Emerging and Zoonotic Infectious		287,300	393,549	352,990	+65,690	-40,559	UA
Subtotal, Prevention and Public Health Fund 1/		(52,000)	(51,750)	(52,000)	---	(+250)	
Total		339,300	445,299	404,990	+65,690	-40,309	
Chronic Disease Prevention and Health Promotion	D	711,650	608,253	747,220	+35,570	+138,967	UA
Prevention and Public Health Fund 1/	NA	(446,000)	(469,704)	(452,000)	(+6,000)	(-17,704)	
Subtotal		1,157,650	1,077,957	1,199,220	+41,570	+121,263	
Birth Defects, Developmental Disabilities, Disabilities, and Health	D	122,435	61,541	131,781	+9,346	+70,240	UA
Prevention and Public Health Fund 1/	NA	---	(70,796)	---	---	(-70,796)	
Subtotal	NA	122,435	132,337	131,781	+9,346	-556	
Public Health Scientific Services	D	347,179	377,723	481,061	+133,882	+103,338	
Evaluation Tap Funding	NA	(85,691)	(95,086)	---	(-85,691)	(-95,086)	
Prevention and Public Health Fund 1/	NA	---	(53,000)	---	---	(-53,000)	
Subtotal		(432,870)	(525,809)	(481,061)	(+48,191)	(-44,748)	
Environmental Health	D	147,555	131,811	166,404	+18,849	+34,593	UA
Prevention and Public Health Fund 1/	NA	(13,000)	(37,000)	(13,000)	---	(-24,000)	
Subtotal		160,555	168,811	179,404	+18,849	+10,593	

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Injury Prevention and Control	D	142,311	188,699	170,447	+28,136	-18,252	UA
Evaluation Tap Funding	NA	---	(5,605)	---	---	(-5,605)	
Subtotal		142,311	194,304	170,447	+28,136	-23,857	
National Institute for Occupational Safety & Health 1/	D	180,300	---	334,863	+154,563	+334,863	
Evaluation Tap Funding	NA	(112,000)	(280,590)	---	(-112,000)	(-280,590)	
Subtotal		(292,300)	(280,590)	(334,863)	(+42,563)	(+54,273)	
Energy Employees Occupational Illness Compensation Program	M	55,358	55,358	55,358	---	---	
Global Health	D	383,000	464,301	416,517	+33,517	-47,784	
Ebola funding (Public Law 113-164)	NA	---	---	(30,000)	(+30,000)	(+30,000)	
Subtotal		(383,000)	(464,301)	(446,517)	(+63,517)	(-17,784)	
Public Health Preparedness and Response	D	1,323,450	1,317,375	1,352,551	+29,101	+35,176	
Buildings and Facilities	D	24,000	10,000	10,000	-14,000	---	

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
CDC-wide Activities and Program Support						
Prevention and Public Health Fund 1/	NA	(160,000)	---	(160,000)	---	(+160,000)
Business Services	D	380,000	---	---	-380,000	---
Office of the Director	D	113,570	113,570	113,570	---	---
Title VI Ebola funding	NA	---	(1,830,000)	(1,771,000)	(+1,771,000)	(-59,000)
Subtotal, CDC-Wide (including Ebola funding)		(653,570)	(1,943,570)	(2,044,570)	(+1,391,000)	(+101,000)
Subtotal, CDC-Wide Activities		(653,570)	(113,570)	(273,570)	(-380,000)	(+160,000)
Total, Centers for Disease Control		5,862,478	5,455,064	6,023,476	+160,998	+568,412
Discretionary		5,807,120	5,399,706	5,968,118	+160,998	+568,412
Evaluation Tap Funding (NA)	NA	(210,555)	(397,145)	---	(-210,555)	(-397,145)
Pandemic Flu balances (Public Law 111-32)	NA	---	---	(15,000)	(+15,000)	(+15,000)
Prevention and Public Health Fund 1/	NA	(831,300)	(809,510)	(887,300)	(+56,000)	(+77,790)
Title VI Ebola funding	NA	---	(1,830,000)	(1,771,000)	(+1,771,000)	(-59,000)
Total, Centers for Disease Control Program Level (including Ebola funding)		(6,904,333)	(8,491,719)	(8,696,776)	(+1,792,443)	(+205,057)
Total, Centers for Disease Control Program Level		(6,904,333)	(6,661,719)	(6,925,776)	(+21,443)	(+264,057)
NATIONAL INSTITUTES OF HEALTH						
National Cancer Institute	D	4,923,238	4,930,715	4,950,396	+27,158	+19,681
National Heart, Lung, and Blood Institute	D	2,988,605	2,987,685	2,997,870	+9,265	+10,185
National Institute of Dental & Craniofacial Research	D	398,650	397,131	399,886	+1,236	+2,755
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	D	1,744,274	1,743,336	1,749,681	+5,407	+6,345
Juvenile Diabetes (mandatory)	NA	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK program level		1,894,274	1,893,336	1,899,681	+5,407	+6,345

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
National Institute of Neurological Disorders & Stroke.	D	1,587,982	1,608,461	1,605,205	+17,223	-3,256
National Institute of Allergy and Infectious Diseases.	D	4,358,841	4,423,357	4,358,841	---	-64,516
Title VI Ebola funding	NA	---	(238,000)	(238,000)	(+238,000)	---
National Institute of General Medical Sciences	D	2,364,147	2,368,877	1,656,476	-707,671	-712,401
Evaluation Tap Funding	NA	---	---	(715,000)	(+715,000)	(+715,000)
Subtotal, NGMS program level		2,364,147	2,368,877	2,371,476	+7,329	+2,599
National Institute of Child Health & Human Development	D	1,282,595	1,283,487	1,286,571	+3,976	+3,084
National Eye Institute	D	682,077	675,168	684,191	+2,114	+9,023
National Institute of Environmental Health Sciences	D	665,439	665,080	667,502	+2,063	+2,422
National Institute on Aging	D	1,171,038	1,170,880	1,199,468	+28,430	+28,588
National Institute of Arthritis and Musculoskeletal and Skin Diseases	D	520,053	520,189	521,665	+1,612	+1,476
National Institute on Deafness and Other Communication Disorders	D	404,049	403,933	405,302	+1,253	+1,369
National Institute of Nursing Research	D	140,517	140,452	140,953	+436	+501
National Institute on Alcohol Abuse and Alcoholism	D	446,025	446,017	447,408	+1,383	+1,391
National Institute on Drug Abuse	D	1,025,435	1,023,268	1,028,614	+3,179	+5,346
National Institute of Mental Health	D	1,446,172	1,440,076	1,463,036	+16,864	+22,960
National Human Genome Research Institute	D	497,813	498,451	499,356	+1,543	+905
National Institute of Biomedical Imaging and Bioengineering	D	329,172	328,532	330,192	+1,020	+1,660
National Center for Complementary and Integrative Health	D	124,296	124,509	124,681	+385	+172
National Institute on Minority Health and Health Disparities	D	268,322	267,953	269,154	+832	+1,201
John E. Fogarty International Center	D	67,577	67,776	67,786	+209	+10
National Center for Advancing Translation Sciences	D	633,267	657,471	635,230	+1,963	-22,241

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		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
National Library of Medicine (NLM)	D	327,723	372,851	336,939	+9,216	-35,912	
Evaluation Tap Funding	NA	(8,200)	(8,200)	---	(-8,200)	(-8,200)	
Subtotal		335,923	381,051	336,939	+1,016	-44,112	
Office of the Director	D	1,400,134	1,451,786	1,401,134	+1,000	-50,652	
Common Fund (non-add)	NA	(533,039)	(583,039)	(533,039)	---	(-50,000)	
Gabriella Miller Kids First Research Act (Common Fund non-add)		---	---	12,600	+12,600	+12,600	
Subtotal		1,400,134	1,451,786	1,413,734	+13,600	-38,052	
Buildings and Facilities	D	128,663	128,663	128,863	+200	+200	
Total, National Institutes of Health (NIH)		29,926,104	30,126,104	29,369,000	-557,104	-757,104	UA
(Evaluation Tap Funding)		(8,200)	(8,200)	(715,000)	(+706,800)	(+706,800)	
(Title VI Ebola funding)		---	(238,000)	(238,000)	(+238,000)	---	
Total, NIH Program Level (including Ebola funding)		(29,934,304)	(30,372,304)	(30,322,000)	(+387,696)	(-50,304)	
Total, NIH Program Level		(29,934,304)	(30,134,304)	(30,084,000)	(+149,696)	(-50,304)	
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)							
Mental Health							
Programs of Regional and National Significance	D	374,295	311,740	366,597	-7,698	+54,857	
Evaluation Tap Funding	NA	---	(5,000)	---	---	(-5,000)	
Prevention and Public Health Fund 1/	NA	(12,000)	(38,000)	(12,000)	---	(-26,000)	
Subtotal		386,295	354,740	378,597	-7,698	+23,857	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Mental Health block grant	D	462,705	462,705	461,532	-1,173	-1,173
Evaluation Tap Funding	NA	(21,039)	(21,039)	(21,039)	---	---
Subtotal		(483,744)	(483,744)	(482,571)	(-1,173)	(-1,173)
Children's Mental Health	D	117,315	117,315	117,026	-289	-289
Grants to States for the Homeless (PATH)	D	64,794	64,794	64,635	-159	-159
Protection and Advocacy	D	36,238	36,238	36,146	-92	-92
Subtotal, Mental Health		1,055,347	992,792	1,045,936	-9,411	+53,144
(Evaluation Tap Funding)		(21,039)	(26,039)	(21,039)	---	(-5,000)
Subtotal, Mental Health program level		(1,088,386)	(1,056,831)	(1,078,975)	(-9,411)	(+22,144)
Substance Abuse Treatment						
Programs of Regional and National Significance	D	312,005	267,400	362,002	+49,997	+94,602
Evaluation Tap Funding	NA	(2,000)	(30,000)	(2,000)	---	(-28,000)
Prevention and Public Health Fund 1/	NA	(50,000)	---	---	(-50,000)	---
Subtotal		(364,005)	(297,400)	(364,002)	(-3)	(+66,602)
Substance Abuse block grant	D	1,740,656	1,740,656	1,740,656	---	---
Evaluation Tap Funding	NA	(79,200)	(79,200)	(79,200)	---	---
Subtotal, block grant		(1,819,856)	(1,819,856)	(1,819,856)	---	---
Subtotal, Substance Abuse Treatment		2,052,661	2,008,056	2,102,658	+49,997	+94,602
(Evaluation Tap Funding)		(81,200)	(109,200)	(81,200)	---	(-28,000)
Subtotal, Program level		(2,183,861)	(2,117,256)	(2,183,858)	(-3)	(+66,602)

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Substance Abuse Prevention							
Programs of Regional and National Significance	D	175,631	169,092	175,219	-412	+6,127	
Evaluation Tap Funding	NA	---	(16,468)	---	---	(-16,468)	
Subtotal		175,631	169,092	175,219	-412	+6,127	
Health Surveillance and Program Support	D	151,296	127,729	150,232	-1,064	+22,503	
Evaluation Tap Funding (NA)	NA	(30,428)	(58,995)	(31,428)	(+1,000)	(-27,567)	
Prevention and Public Health Fund 1/	NA	---	(20,000)	---	---	(-20,000)	
Subtotal		181,724	206,724	181,660	-64	-25,064	
Total, SAMHSA		3,434,935	3,297,669	3,474,045	+39,110	+176,376	UA
(Evaluation Tap Funding)		(132,667)	(210,702)	(133,667)	(+1,000)	(-77,035)	
(Prevention and Public Health Fund 1/)		(62,000)	(58,000)	(12,000)	(-50,000)	(-46,000)	
Total, SAMHSA Program Level		(3,629,602)	(3,566,371)	(3,619,712)	(-9,890)	(+53,341)	

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)						
Healthcare Research and Quality						
Research on Health Costs, Quality, and Outcomes:						
Federal Funds	D	---	---	228,551	+228,551	+228,551
Patient-Centered Outcomes Research transfer	NA	---	(105,600)	---	---	(-105,600)
Patient Safety Research and Health (NA)	NA	(101,156)	(96,079)	---	(-101,156)	(-96,079)
Preventive/Care Management (NA)	NA	(124,060)	(212,979)	---	(-124,060)	(-212,979)
Evaluation Tap funding	NA	(15,904)	(11,300)	---	(-15,904)	(-11,300)
(Prevention and Public Health Fund) 1/	NA	(7,000)	---	---	(-7,000)	---
Value Research (NA)	NA	(3,252)	---	---	(-3,252)	---
Crosscutting (NA)	NA	(111,072)	(93,209)	---	(-111,072)	(-93,209)
Subtotal, Health Costs, Quality, and Outcomes		(238,384)	(306,188)	(228,551)	(-9,833)	(-77,637)
(Evaluation Tap Funding)		(231,384)	(200,588)	---	(-231,384)	(-200,588)
(Prevention and Public Health Fund 1/)		(7,000)	---	---	(-7,000)	---
Medical Expenditures Panel Surveys:						
Federal Funds	D	---	---	65,447	+65,447	+65,447
Evaluation Tap Funding (NA)	NA	(63,811)	(63,811)	---	(-63,811)	(-63,811)
Subtotal, Medical Expenditures Panel Surveys		(63,811)	(63,811)	(65,447)	(+1,636)	(+1,636)

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Program Support:						
Federal Funds	D	---	---	69,700	+69,700	+69,700
Evaluation Tap Funding (NA)	NA	(68,813)	(69,700)	---	(-68,813)	(-69,700)
Subtotal, Program Support		68,813	69,700	69,700	+887	---
Total, AHRQ Program Level		(371,008)	(334,099)	(363,698)	(-7,310)	(+29,599)
Federal funds		---	---	(363,698)	(+363,698)	(+363,698)
(Evaluation Tap Funding)		(364,008)	(334,099)	---	(-364,008)	(-334,099)
(Prevention and Public Health Fund 1/)		(7,000)	---	---	(-7,000)	---
Total, Public Health Service (PHS) appropriation		45,522,046	44,414,036	45,577,503	+55,457	+1,163,467
Total, Public Health Service Program Level		(47,163,776)	(46,423,873)	(47,340,470)	(+176,694)	(+916,597)
CENTERS FOR MEDICARE AND MEDICAID SERVICES						
Grants to States for Medicaid						
Medicaid Current Law Benefits	M	263,462,118	315,238,600	315,238,600	+51,776,482	---
State and Local Administration	M	16,453,115	18,766,022	18,766,022	+2,312,907	---
Vaccines for Children	M	4,293,383	4,076,617	4,076,617	-216,766	---
Subtotal, Medicaid Program Level		284,208,616	338,081,239	338,081,239	+53,872,623	---
Less funds advanced in prior year	M	-106,335,631	-103,472,323	-103,472,323	+2,863,308	---
Total, Grants to States for Medicaid		177,872,985	234,608,916	234,608,916	+56,735,931	---
New advance, 1st quarter, FY 2016	M	103,472,323	113,272,140	113,272,140	+9,799,817	---

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Payments to Health Care Trust Funds						
Supplemental Medical Insurance	M	194,565,000	194,343,000	194,343,000	-222,000	---
Federal Uninsured Payment	M	204,000	187,000	187,000	-17,000	---
Program Management	M	1,319,000	763,000	763,000	-556,000	---
General Revenue for Part D Benefit	M	58,596,000	63,342,000	63,342,000	+4,746,000	---
General Revenue for Part D Administration	M	373,000	418,000	418,000	+45,000	---
HCFAC Reimbursement	M	128,000	153,000	153,000	+25,000	---
State Low-Income Determination for Part D	M	---	6,000	6,000	+6,000	---
Total, Payments to Trust Funds, Program Level		255,185,000	259,212,000	259,212,000	+4,027,000	---
Program Management						
Research, Demonstration, Evaluation	TF	20,054	---	20,054	---	+20,054
Program Operations	TF	2,519,823	2,987,981	2,519,823	---	-468,158
State Survey and Certification	TF	375,330	424,353	397,334	+22,004	-27,019
High Risk Insurance Pools	TF	22,004	---	---	-22,004	---
Federal Administration	TF	732,533	787,500	732,533	---	-54,967
Total, Program management		3,669,744	4,199,834	3,669,744	---	-530,090
Health Care Fraud and Abuse Control Account						
Centers for Medicare and Medicaid Services	TF	207,636	262,344	477,120	+269,484	+214,776
HHS Office of Inspector General	TF	28,122	---	67,200	+39,078	+67,200
Medicaid/CHIP	TF	29,708	28,122	67,200	+37,492	+39,078
Department of Justice	TF	28,122	28,122	60,480	+32,358	+32,358
Total, Health Care Fraud and Abuse Control		293,588	318,588	672,000	+378,412	+353,412

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Total, Centers for Medicare and Medicaid Services		540,493,640	611,611,478	611,434,800	+70,941,160	-176,678
Federal funds		536,530,308	607,093,056	607,093,056	+70,562,748	---
Current year		(433,057,985)	(493,820,916)	(493,820,916)	(+60,762,931)	---
New advance, FY 2016		(103,472,323)	(113,272,140)	(113,272,140)	(+9,799,817)	---
Trust Funds		3,963,332	4,518,422	4,341,744	+378,412	-176,678
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)						
Payments to States for Child Support Enforcement and Family Support Programs						
Payments to Territories	M	33,000	33,000	33,000	---	---
Repatriation	M	1,000	1,000	1,000	---	---
Subtotal		34,000	34,000	34,000	---	---
Child Support Enforcement:						
State and Local Administration	M	3,480,340	3,117,555	3,117,555	-362,785	---
Federal Incentive Payments	M	540,905	526,968	526,968	-13,937	---
Access and Visitation	M	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement		4,031,245	3,654,523	3,654,523	-376,722	---
Total, Family Support Payments Program Level		4,065,245	3,688,523	3,688,523	-376,722	---
Less funds advanced in previous years	M	-1,100,000	-1,250,000	-1,250,000	-150,000	---
Total, Family Support Payments, current year		2,965,245	2,438,523	2,438,523	-526,722	---
New advance, 1st quarter, FY 2016	M	1,250,000	1,160,000	1,160,000	-90,000	---

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Low Income Home Energy Assistance (LIHEAP)							
Formula Grants	D	3,424,549	2,550,000	3,390,304	-34,245	+840,304	
Contingency Fund	D	---	200,000	---	---	-200,000	
Energy burden reduction grants	D	---	50,000	---	---	-50,000	
Total, LIHEAP, Program Level		3,424,549	2,800,000	3,390,304	-34,245	+590,304	
Refugee and Entrant Assistance							
Transitional and Medical Services	D	391,477	383,266	383,266	-8,211	---	UA
Victims of Trafficking	D	13,755	22,000	15,755	+2,000	-6,245	
Social Services	D	149,927	149,927	149,927	---	---	UA
Preventive Health	D	4,600	4,600	4,600	---	---	UA
Targeted Assistance	D	47,601	47,601	47,601	---	---	UA
Unaccompanied Minors	D	868,000	868,000	948,000	+80,000	+80,000	
Victims of Torture	D	10,735	10,735	10,735	---	---	UA
Total, Refugee and Entrant Assistance		1,486,095	1,486,129	1,559,884	+73,789	+73,755	
Child Care and Development Block Grant	D	2,360,000	2,417,000	2,435,000	+75,000	+18,000	UA
Social Services Block Grant (Title XX)	M	1,700,000	1,700,000	1,700,000	---	---	

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Children and Families Services Programs							
Programs for Children, Youth and Families:							
Head Start, current funded	D	8,598,095	8,868,389	8,598,095	---	-270,294	
Consolidated Runaway, Homeless Youth Program	D	97,000	99,000	97,000	---	-2,000	
Prevention Grants to Reduce Abuse of Runaway Youth	D	17,141	17,141	17,141	---	---	
Child Abuse State Grants	D	25,310	25,310	25,310	---	---	UA
Child Abuse Discretionary Activities	D	28,744	28,744	28,744	---	---	
Community Based Child Abuse Prevention	D	39,764	39,764	39,764	---	---	
Abandoned Infants Assistance	D	11,063	11,063	11,063	---	---	UA
Child Welfare Services	D	268,735	268,735	268,735	---	---	
Child Welfare Training/	D						
Innovative Approaches to Foster Care	D	24,984	24,984	15,984	-9,000	-9,000	
Adoption Opportunities	D	40,622	40,622	39,100	-1,522	-1,522	UA
Adoption Incentive	D	37,943	37,943	37,943	---	---	
Social Services and Income Maintenance Research	D	---	9,000	5,762	+5,762	-3,238	
Evaluation Tap Funding	NA	(5,762)	(5,762)	---	(-5,762)	(-5,762)	
Subtotal, Program Level		(5,762)	(14,762)	(5,762)	---	(-9,000)	

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Native American Programs	D	46,520	46,520	46,520	---	---	UA
Community Services:							
Community Services Block Grant Act programs:							
Grants to States for Community Services	D	674,000	350,000	674,000	---	+324,000	UA
Economic Development	D	29,883	---	29,883	---	+29,883	UA
Rural Community Facilities	D	5,971	---	6,500	+529	+6,500	UA
Subtotal		709,854	350,000	710,383	+529	+360,383	
Individual Development Account Initiative	D	19,026	19,026	18,950	-76	-76	UA
Subtotal, Community Services		728,880	369,026	729,333	+453	+360,307	
Domestic Violence Hotline	D	4,500	4,500	4,500	---	---	UA
Family Violence/Battered Women's Shelters	D	133,521	135,000	135,000	+1,479	---	UA
Independent Living Training Vouchers	D	43,257	43,257	43,257	---	---	
Faith-Based Center	D	1,299	1,368	1,299	---	-69	
Disaster Human Services Case Management	D	1,864	1,864	1,864	---	---	
Program Direction	D	197,701	204,832	199,701	+2,000	-5,131	
Total, Children and Families Services Programs		10,346,943	10,277,062	10,346,115	-828	+69,053	
Current Year		(10,346,943)	(10,277,062)	(10,346,115)	(-828)	(+69,053)	
(Evaluation Tap Funding)		(5,762)	(5,762)	---	(-5,762)	(-5,762)	
Total, Program Level		(10,352,705)	(10,282,824)	(10,346,115)	(-6,590)	(+63,291)	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Promoting Safe and Stable Families	M	345,000	345,000	345,000	---	---
Discretionary Funds	D	59,765	59,765	59,765	---	---
Total, Promoting Safe and Stable Families		404,765	404,765	404,765	---	---
Payments for Foster Care and Permanency						
Foster Care	M	4,279,000	4,289,000	4,289,000	+10,000	---
Adoption Assistance	M	2,463,000	2,504,000	2,504,000	+41,000	---
Kinship Guardianship	M	124,000	99,000	99,000	-25,000	---
Independent Living	M	140,000	140,000	140,000	---	---
Total, Payments to States		7,006,000	7,032,000	7,032,000	+26,000	---
Less Advances from Prior Year	M	-2,200,000	-2,200,000	-2,200,000	---	---
Total, payments, current year		4,806,000	4,832,000	4,832,000	+26,000	---
New Advance, 1st quarter, FY 2016	M	2,200,000	2,300,000	2,300,000	+100,000	---
Total, ACF		30,943,597	29,815,479	30,566,591	-377,006	+751,112
Current year		(27,493,597)	(26,355,479)	(27,106,591)	(-387,006)	(+751,112)
FY 2016		(3,450,000)	(3,460,000)	(3,460,000)	(+10,000)	---
(Evaluation Tap Funding)		(5,762)	(5,762)	---	(-5,762)	(-5,762)
Total, ACF Program Level		30,949,359	29,821,241	30,566,591	-382,768	+745,350

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING						
Aging and Disability Services Programs						
Grants to States:						
Home and Community-based Supportive Services	D	347,724	347,724	347,724	---	---
Preventive Health	D	19,848	19,848	19,848	---	---
Protection of Vulnerable Older Americans-Title VII	D	20,658	20,658	20,658	---	---
Subtotal		388,230	388,230	388,230	---	---
Family Caregivers	D	145,586	145,586	145,586	---	---
Native American Caregivers Support	D	6,031	6,031	6,031	---	---
Subtotal, Caregivers		151,617	151,617	151,617	---	---
Nutrition:						
Congregate Meals	D	438,191	438,191	438,191	---	---
Home Delivered Meals	D	216,397	216,397	216,397	---	---
Nutrition Services Incentive Program	D	160,069	160,069	160,069	---	---
Subtotal		814,657	814,657	814,657	---	---
Subtotal, Grants to States		1,354,504	1,354,504	1,354,504	---	---

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Grants for Native Americans	D	26,158	26,158	26,158	---	---	
Aging Network Support Activities	D	7,461	7,461	9,961	+2,500	+2,500	
Alzheimer's Disease Demonstrations	D	3,800	---	3,800	---	+3,800	UA
Evaluation Tap Funding	NA	---	(3,800)	---	---	(-3,800)	
Prevention and Public Health Fund 1/	NA	(14,700)	(10,500)	(14,700)	---	(+4,200)	
Lifespan Respite Care	D	2,360	---	2,360	---	+2,360	
Evaluation Tap Funding	NA	---	(2,360)	---	---	(-2,360)	
Chronic Disease Self-Management Program	D	---	---	---	---	---	
Prevention and Public Health Fund 1/	NA	(8,000)	(8,000)	(8,000)	---	---	
Elder Falls	D	---	---	---	---	---	
Prevention and Public Health Fund 1/	NA	(5,000)	(5,000)	(5,000)	---	---	
Senior Medicare Patrol Program	D	8,910	8,910	8,910	---	---	
Elder Rights Support Activities	D	3,874	3,874	7,874	+4,000	+4,000	
Aging and Disability Resources	D	6,119	---	6,119	---	+6,119	
State Health Insurance Program	TF	52,115	52,115	52,115	---	---	
National Clearinghouse for Long-Term Care Information	D	---	1,000	---	---	-1,000	
Paralysis Resource Center	D	6,700	---	6,700	---	+6,700	
Evaluation Tap Funding	NA	---	(6,700)	---	---	(-6,700)	
Limb loss	D	---	---	2,800	+2,800	+2,800	

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Developmental Disabilities Programs:							
State Councils	D	70,876	70,876	71,692	+816	+816	
Protection and Advocacy	D	38,734	38,734	38,734	---	---	
Voting Access for Individuals with Disabilities	D	4,963	4,963	4,963	---	---	
Prevention and Public Health Fund 1/	NA	---	(4,200)	---	---	(-4,200)	
Developmental Disabilities Projects of National Significance	D	8,880	8,880	8,857	-23	-23	
University Centers for Excellence in Developmental Disabilities	D	36,769	36,769	37,674	+905	+905	
Subtotal, Developmental Disabilities Programs		160,222	160,222	161,920	+1,698	+1,698	UA
Agency-wide Initiatives:							
Elder Justice	D	---	25,000	---	---	-25,000	
Youth transitions	D	---	5,000	---	---	-5,000	
Holocaust survivor assistance fund	D	---	5,000	---	---	-5,000	
White House Conference on Aging	D	---	3,000	---	---	-3,000	
Program Administration	D	30,035	30,035	30,035	---	---	
Total, Administration for Community Living (ACL)		1,662,258	1,682,279	1,673,256	+10,998	-9,023	
Federal funds		1,610,143	1,630,164	1,621,141	+10,998	-9,023	
Trust Funds		(52,115)	(52,115)	(52,115)	---	---	
(Evaluation Tap Funding)		---	(12,860)	---	---	(-12,860)	
(Prevention and Public Health Fund 1/)		(27,700)	(27,700)	(27,700)	---	---	
Total, ACL program level		1,689,958	1,722,839	1,700,956	+10,998	-21,883	

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(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
OFFICE OF THE SECRETARY							
General Departmental Management							
General Departmental Management, Federal Funds	D	208,112	220,704	200,000	-8,112	-20,704	UA
Teen Pregnancy Prevention and Abstinence Education	D						
Community Grants	D	101,000	---	101,000	---	+101,000	
Prevention and Public Health Fund 1/	NA	---	(104,790)	---	---	(-104,790)	
Evaluation Tap Funding	NA	(8,455)	(6,800)	(6,800)	(-1,655)	---	
Subtotal, Grants		(109,455)	(111,590)	(107,800)	(-1,655)	(-3,790)	
Abstinence Education	D	5,000	---	5,000	---	+5,000	
Minority Health	D	56,670	36,000	56,670	---	+20,670	
Office of Women's Health	D	34,050	29,500	32,140	-1,910	+2,640	
Minority HIV/AIDS	D	52,224	---	52,224	---	+52,224	
Evaluation Tap Funding	NA	---	(53,900)	---	---	(-53,900)	
Embryo Adoption Awareness Campaign	D	1,000	---	1,000	---	+1,000	
Planning and Evaluation, Evaluation Tap Funding	NA	(60,756)	(58,028)	(58,028)	(-2,728)	---	
Total, General Departmental Management		458,056	286,204	448,034	-10,022	+161,830	
Federal Funds		(458,056)	(286,204)	(448,034)	(-10,022)	(+161,830)	
(Evaluation Tap Funding)		(69,211)	(118,728)	(64,828)	(-4,383)	(-53,900)	
(Prevention and Public Health Fund 1/)		---	(104,790)	---	---	(-104,790)	
Total, General Departmental Management Program		527,267	509,722	512,862	-14,405	+3,140	

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Office of Medicare Hearings and Appeals	TF	82,381	100,000	87,381	+5,000	-12,619
Office of the National Coordinator for Health Information Technology	D	15,556	---	60,367	+44,811	+60,367
Evaluation Tap Funding	D	(44,811)	(74,688)	---	(-44,811)	(-74,688)
Total, Program Level		(60,367)	(74,688)	(60,367)	---	(-14,321)
Office of Inspector General						
Inspector General Federal Funds	D	71,000	75,000	71,000	---	-4,000
HIPAA/HCFAC funding (NA)	NA	(186,269)	(285,129)	(240,455)	(+54,186)	(-44,674)
Total, Inspector General Program Level		(296,779)	(400,251)	(311,455)	(+14,676)	(-88,796)
Office for Civil Rights						
Federal Funds	D	38,798	41,205	38,798	---	-2,407
Retirement Pay and Medical Benefits for Commissioned Officers						
Retirement Payments	M	415,331	432,177	432,177	+16,846	---
Survivors Benefits	M	28,239	28,186	28,186	-53	---
Dependents' Medical Care	M	106,802	101,878	101,878	-4,924	---
Total,Medical Benefits for Commissioned Officers		550,372	562,241	562,241	+11,869	---

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Public Health and Social Services Emergency Fund (PHSSEF)						
Assistant Secretary for Preparedness and Response	D					
Operations	D	31,305	31,305	31,305	---	---
Preparedness and Emergency Operations	D	28,079	24,789	24,789	-3,290	---
National Disaster Medical System	D	50,054	50,054	50,054	---	---
Hospital Preparedness Cooperative Agreement Grants:	D					
Formula Grants	D	254,555	254,560	254,555	---	-5
Emergency Systems for Advanced Registration of	D					
Volunteer Health Professionals (ESAR-VHP)	D	505	500	---	-505	-500
Biomedical Advanced Research and Development	D					
Authority (BARDA)	D	415,000	395,000	415,000	---	+20,000
Ebola funding (Public Law 113-164)	NA	---	---	(58,000)	(+58,000)	(+58,000)
Title VI Ebola funding	NA	---	(1,084,000)	(733,000)	(+733,000)	(-351,000)
Medical Countermeasure Strategic Investment Corp		---	20,000	---	---	-20,000
Medical Countermeasure Dispensing	D	5,000	---	---	-5,000	---
Policy and Planning	D	14,877	---	14,877	---	+14,877
Evaluation tap funding	D	---	(14,877)	---	---	(-14,877)
Project BioShield	D	255,000	415,000	255,000	---	-160,000
Subtotal, Preparedness and Response (including Ebola funding)	D	1,054,375	2,275,208	1,778,580	+724,205	-496,628
Subtotal, Preparedness and Response	D	1,054,375	1,191,208	1,045,580	-8,795	-145,628

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Assistant Secretary for Administration	D					
Assistant Secretary for Administration, Cybersecurity.	D	41,125	45,270	41,125	---	-4,145
Office of Security and Strategic Information.....	D	6,118	7,470	7,470	+1,352	---
Public Health and Science	D					
Medical Reserve Corps.....	D	10,672	8,979	8,979	-1,693	---
Office of the Secretary	D					
HHS Lease Replacements.....	D	16,131	---	---	-16,131	---
Pandemic Influenza Preparedness	D					
Pandemic Influenza Preparedness.....	D	115,009	170,009	71,915	-43,094	-98,094
Subtotal, Non-pandemic flu/BioShield/Parklawn/Other construction.....	D	873,421	1,916,804	1,581,154	+707,733	-335,650
Total, PHSSEF (including Ebola funding).....		1,243,430	2,521,813	1,908,069	+664,639	-613,744
Total, PHSSEF.....		1,243,430	1,422,936	1,175,069	-68,361	-247,867

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

	FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Total, Office of the Secretary	2,459,593	2,487,586	2,442,890	-16,703	-44,696
Federal Funds	2,377,212	2,387,586	2,355,509	-21,703	-32,077
Trust Funds	82,381	100,000	87,381	+5,000	-12,619
(Evaluation Tap Funding)	(114,022)	(208,293)	(64,828)	(-49,194)	(-143,465)
(Title VI Ebola funding)	---	(1,084,000)	(733,000)	(+733,000)	(-351,000)
Total, Office of the Secretary Program Level	2,573,615	2,800,669	2,507,718	-65,897	-292,951
Total, Title II, Health and Human Services	621,081,134	690,010,858	691,695,040	+70,613,906	+1,684,182
Federal Funds	616,983,306	685,340,321	687,213,800	+70,230,494	+1,873,479
Current year	(510,060,983)	(568,608,181)	(570,481,660)	(+60,420,677)	(+1,873,479)
FY 2016	(106,922,323)	(116,732,140)	(116,732,140)	(+9,809,817)	---
Trust Funds	4,097,828	4,670,537	4,481,240	+383,412	-189,297
Pandemic Flu balances (Public Law 111-32)	---	---	(15,000)	(+15,000)	(+15,000)
Total, Prevention and Public Health Fund 1/	(928,000)	(1,000,000)	(927,000)	(-1,000)	(-73,000)

Title II Footnotes:
1/ Sec. 4002 of Public Law 111-148

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
TITLE III - DEPARTMENT OF EDUCATION							
EDUCATION FOR THE DISADVANTAGED							
Grants to Local Educational Agencies (LEAs)							
Basic Grants:							
Advance from prior year	NA	(3,313,597)	(2,915,776)	(2,915,776)	(-397,821)	---	
Forward funded	D	3,539,641	2,698,920	3,564,641	+25,000	+865,721	FF
Current funded	D	3,984	3,984	3,984	---	---	
Subtotal, Basic grants current year approp		3,543,625	2,702,904	3,568,625	+25,000	+865,721	
Subtotal, Basic grants total funds available		(6,857,222)	(5,618,680)	(6,484,401)	(-372,821)	(+865,721)	
Basic Grants FY 2016 Advance	D	2,915,776	3,756,497	2,890,776	-25,000	-865,721	
Subtotal, Basic grants, program level		6,459,401	6,459,401	6,459,401	---	---	
Concentration Grants:							
Advance from prior year	NA	(1,293,919)	(1,362,301)	(1,362,301)	(+68,382)	---	
FY 2016 Advance	D	1,362,301	1,362,301	1,362,301	---	---	
Targeted Grants:							
Advance from prior year	NA	(3,116,831)	(3,281,550)	(3,281,550)	(+164,719)	---	
FY 2016 Advance	D	3,281,550	3,281,550	3,294,050	+12,500	+12,500	
Subtotal		3,281,550	3,281,550	3,294,050	+12,500	+12,500	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Education Finance Incentive Grants:							
Advance from prior year	NA	(3,116,831)	(3,281,550)	(3,281,550)	(+164,719)	---	
FY 2016 Advance	D	3,281,550	3,281,550	3,294,050	+12,500	+12,500	
Subtotal		3,281,550	3,281,550	3,294,050	+12,500	+12,500	
Subtotal, Grants to LEAs, program level		14,384,802	14,384,802	14,409,802	+25,000	+25,000	
School Improvement Grants	D	505,756	505,756	505,756	---	---	FF
Striving Readers	D	158,000	---	160,000	+2,000	+160,000	FF
State Agency Programs:							
Migrant	D	374,751	374,751	374,751	---	---	FF
Neglected and Delinquent/High Risk Youth	D	47,614	47,614	47,614	---	---	FF
Subtotal, State Agency programs		422,365	422,365	422,365	---	---	
Evaluation	D	880	---	710	-170	+710	
High School Graduation Initiative	D	46,267	---	---	-46,267	---	
Migrant Education:							
High School Equivalency Program	D	34,623	34,623	37,474	+2,851	+2,851	UA
Total, Education for the disadvantaged		15,552,693	15,347,546	15,536,107	-16,586	+188,561	
Current Year		(4,711,516)	(3,665,648)	(4,694,930)	(-16,586)	(+1,029,282)	
FY 2016		(10,841,177)	(11,681,898)	(10,841,177)	---	(-840,721)	
Subtotal, Forward Funded		(4,625,762)	(3,627,041)	(4,652,762)	(+27,000)	(+1,025,721)	
PRESCHOOL DEVELOPMENT GRANTS	D	---	500,000	---	---	-500,000	

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
IMPACT AID							
Basic Support Payments	D	1,151,233	1,151,233	1,151,233	---	---	
Payments for Children with Disabilities	D	48,316	48,316	48,316	---	---	
Facilities Maintenance (Sec. 8008)	D	4,835	4,835	4,835	---	---	
Construction (Sec. 8007)	D	17,406	17,406	17,406	---	---	
Payments for Federal Property (Sec. 8002)	D	66,813	---	66,813	---	+66,813	
Total, Impact aid		1,288,603	1,221,790	1,288,603	---	+66,813	
SCHOOL IMPROVEMENT PROGRAMS							
Effective Teaching and Learning: Literacy	D	---	183,741	---	---	-183,741	
Effective Teaching and Learning: STEM	D	---	319,717	---	---	-319,717	
Effective Teaching and Learning for Well-Rounded Educ.	D	---	25,000	---	---	-25,000	
College Pathways	D	---	74,750	---	---	-74,750	
State Grants for Improving Teacher Quality	D	668,389	---	668,389	---	+668,389	FF
Current funded	D	---	2,000,000	---	---	-2,000,000	FF
Advance from prior year	NA	(1,681,441)	(1,681,441)	(1,681,441)	---	---	
FY 2016	D	1,681,441	---	1,681,441	---	+1,681,441	
Subtotal, State Grants for Improving Teacher Quality, program level		2,349,830	2,000,000	2,349,830	---	+349,830	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Mathematics and Science Partnerships	D	149,717	---	152,717	+3,000	+152,717	FF
Supplemental Education Grants	D	16,699	16,699	16,699	---	---	
21st Century Community Learning Centers	D	1,149,370	1,149,370	1,151,673	+2,303	+2,303	FF
State Assessments/Enhanced Assessment Instruments	D	378,000	378,000	378,000	---	---	FF
Consolidated Runaway and Homeless Youth programs	D	65,042	65,042	65,042	---	---	FF
Training and Advisory Services (Civil Rights)	D	6,598	6,598	6,575	-23	-23	
Education for Native Hawaiians	D	32,397	32,397	32,397	---	---	
Alaska Native Education Equity	D	31,453	31,453	31,453	---	---	
Rural Education	D	169,840	169,840	169,840	---	---	FF
Comprehensive Centers	D	48,445	48,445	48,445	---	---	
Total, School Improvement Programs		4,397,391	4,501,052	4,402,671	+5,280	-98,381	
Current Year		(2,715,950)	(4,501,052)	(2,721,230)	(+5,280)	(-1,779,822)	
FY 2016		(1,681,441)	---	(1,681,441)	---	(+1,681,441)	
Subtotal, Forward Funded		(2,580,358)	(1,762,252)	(2,585,661)	(+5,303)	(+823,409)	
INDIAN EDUCATION							
Grants to Local Educational Agencies	D	100,381	100,381	100,381	---	---	
Federal Programs:							
Special Programs for Indian Children	D	17,993	17,993	17,993	---	---	
National Activities	D	5,565	5,565	5,565	---	---	
Subtotal, Federal Programs		23,558	23,558	23,558	---	---	
Total, Indian Education		123,939	123,939	123,939	---	---	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
INNOVATION AND IMPROVEMENT						
Race to the Top	D	250,000	300,000	---	-250,000	-300,000
Investing in Innovation Fund	D	141,602	165,000	120,000	-21,602	-45,000
High School redesign	D	---	150,000	---	---	-150,000
Teacher and Leader Innovation Fund	D	---	320,000	---	---	-320,000
Expanding Educational Options	D	---	248,172	---	---	-248,172
Troops-to-Teachers	D	---	200,000	---	---	-200,000
Transition to Teaching	D	13,762	---	13,700	-62	+13,700
Teaching of Traditional American History	D	---	---	---	---	---
School Leadership	D	25,763	35,000	16,368	-9,395	-18,632
Charter Schools Grants	D	248,172	---	253,172	+5,000	+253,172
Magnet Schools Assistance	D	91,647	91,647	91,647	---	---
Fund for the Improvement of Education (FIE)	D	67,376	24,276	323,000	+255,624	+298,724
Teacher Incentive Fund	D	288,771	---	230,000	-58,771	+230,000
Ready-to-Learn television	D	25,741	---	25,741	---	+25,741
Advanced Placement	D	28,483	---	28,483	---	+28,483
Total, Innovation and Improvement		1,181,317	1,534,095	1,102,111	-79,206	-431,984
Current Year		(1,181,317)	(1,534,095)	(1,102,111)	(-79,206)	(-431,984)

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
SAFE SCHOOLS AND CITIZENSHIP EDUCATION							
Successful, Safe and Healthy Students	D	---	214,000	---	---	-214,000	
Promise Neighborhoods	D	56,754	100,000	56,754	---	-43,246	
National Programs	D	90,000	---	70,000	-20,000	+70,000	
Elementary and Secondary School Counseling	D	49,561	---	49,561	---	+49,561	
Carol M. White Physical Education Program	D	74,577	---	47,000	-27,577	+47,000	
Total, Safe Schools and Citizenship Education		270,892	314,000	223,315	-47,577	-90,685	
ENGLISH LANGUAGE ACQUISITION							
Current funded	D	47,021	47,021	61,021	+14,000	+14,000	
Forward funded	D	676,379	676,379	676,379	---	---	FF
Total, English Language Acquisition		723,400	723,400	737,400	+14,000	+14,000	

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
SPECIAL EDUCATION							
State Grants:							
Grants to States Part B current year	D	2,189,465	1,448,745	2,214,465	+25,000	+765,720	FF
Part B advance from prior year	NA	(9,283,383)	(9,283,383)	(9,283,383)	---	---	
Grants to States Part B (FY 2016)	D	9,283,383	10,124,103	9,283,383	---	-840,720	
Subtotal, program level		11,472,848	11,572,848	11,497,848	+25,000	-75,000	
Preschool Grants	D	353,238	353,238	353,238	---	---	FF
Grants for Infants and Families	D	438,498	441,825	438,556	+58	-3,269	FF
Subtotal, program level		12,264,584	12,367,911	12,289,642	+25,058	-78,269	
IDEA National Activities (current funded):							
State Personnel Development	D	41,630	41,630	41,630	---	---	
Technical Assistance and Dissemination	D	51,928	51,928	51,928	---	---	
Personnel Preparation	D	83,700	83,700	83,700	---	---	
Parent Information Centers	D	27,411	27,411	27,411	---	---	
Technology and Media Services	D	28,047	28,047	28,047	---	---	
Subtotal, IDEA special programs		232,716	232,716	232,716	---	---	
Total, Special education		12,497,300	12,600,627	12,522,358	+25,058	-78,269	
Current Year		(3,213,917)	(2,476,524)	(3,238,975)	(+25,058)	(+762,451)	
FY 2016		(9,283,383)	(10,124,103)	(9,283,383)	---	(-840,720)	
Subtotal, Forward Funded		(2,981,201)	(2,243,808)	(3,006,259)	(+25,058)	(+762,451)	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
REHABILITATION SERVICES AND DISABILITY RESEARCH						
Vocational Rehabilitation State Grants	M	3,302,053	3,335,074	3,335,074	+33,021	---
Client Assistance State grants	D	12,000	12,000	13,000	+1,000	+1,000
Training	D	33,657	30,188	30,188	-3,469	---
Demonstration and Training programs	D	5,796	5,796	5,796	---	---
Migrant and Seasonal Farmworkers	D	1,196	---	---	-1,196	---
Protection and Advocacy of Individual Rights (PAIR)	D	17,650	17,650	17,650	---	---
Supported Employment State grants	D	27,548	---	27,548	---	+27,548
Independent Living:						
State Grants	D	22,878	22,878	22,878	---	---
Centers	D	78,305	78,305	78,305	---	---
Services for Older Blind Individuals	D	33,317	33,317	33,317	---	---
Subtotal		134,500	134,500	134,500	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults	D	9,127	9,127	9,127	---	---
National Inst. Disability and Rehab. Research (NIDRR)	D	103,970	108,000	103,970	---	-4,030
Assistive Technology	D	33,000	31,000	33,000	---	+2,000
Subtotal, Discretionary programs		378,444	348,261	374,779	-3,665	+26,518
Total, Rehabilitation services		3,680,497	3,683,335	3,709,853	+29,356	+26,518

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES							
American Printing House for the Blind	D	24,456	24,456	24,931	+475	+475	
National Technical Institute for the Deaf (NTID):							
Operations	D	66,291	66,291	67,016	+725	+725	
Gallaudet University:							
Operations	D	119,000	119,000	120,275	+1,275	+1,275	
Total, Special Institutions for Persons with Disabilities		209,747	209,747	212,222	+2,475	+2,475	
CAREER, TECHNICAL, AND ADULT EDUCATION							
Career Education:							
Basic State Grants/Secondary & Technical Education							
State Grants, current funded	D	326,598	326,598	326,598	---	---	FF
Advance from prior year	NA	(791,000)	(791,000)	(791,000)	---	---	
FY 2016	D	791,000	791,000	791,000	---	---	
Subtotal, Basic State Grants, program level		1,117,598	1,117,598	1,117,598	---	---	
National Programs	D	7,421	7,421	7,421	---	---	FF
Subtotal, Career Education		1,125,019	1,125,019	1,125,019	---	---	

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Adult Education:							
State Grants/Adult Basic and Literacy Education:	D						
State Grants, current funded	D	563,955	563,955	568,955	+5,000	+5,000	FF
National Leadership Activities	D	13,712	33,712	13,712	---	-20,000	FF
Subtotal, Adult education		577,667	597,667	582,667	+5,000	-15,000	
Total, Career, Technical, and Adult Education		1,702,686	1,722,686	1,707,686	+5,000	-15,000	
Current Year		(911,686)	(931,686)	(916,686)	(+5,000)	(-15,000)	
FY 2016		(791,000)	(791,000)	(791,000)	---	---	
Subtotal, Forward Funded		(911,686)	(931,686)	(916,686)	(+5,000)	(-15,000)	
STUDENT FINANCIAL ASSISTANCE							
Pell Grants -- maximum grant (NA)	NA	(4,860)	(4,860)	(4,860)	---	---	
Pell Grants	D	22,778,352	22,778,352	22,475,352	-303,000	-303,000	
Federal Supplemental Educational Opportunity Grants	D	733,130	733,130	733,130	---	---	
Federal Work Study	D	974,728	974,728	989,728	+15,000	+15,000	
Total, Student Financial Assistance (SFA)		24,486,210	24,486,210	24,198,210	-288,000	-288,000	
STUDENT AID ADMINISTRATION							
Salaries and Expenses	D	663,251	675,224	675,224	+11,973	---	
Servicing Activities	D	502,749	771,700	721,700	+218,951	-50,000	
Total, Student Aid Administration		1,166,000	1,446,924	1,396,924	+230,924	-50,000	

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
HIGHER EDUCATION						
Aid for Institutional Development:						
Strengthening Institutions	D	79,139	79,139	80,462	+1,323	+1,323
Hispanic Serving Institutions	D	98,583	98,583	100,231	+1,648	+1,648
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	D	8,845	8,845	8,992	+147	+147
Strengthening Historically Black Colleges (HBCUs)	D	223,783	223,783	227,524	+3,741	+3,741
Strengthening Historically Black Graduate Institutions	D	57,872	57,872	58,840	+968	+968
Strengthening Predominantly Black Institutions	D	9,092	9,092	9,244	+152	+152
Asian American Pacific Islander	D	3,062	3,062	3,113	+51	+51
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	D	12,622	12,622	12,833	+211	+211
Strengthening Native American-Serving Nontribal Institutions	D	3,062	3,062	3,113	+51	+51
Strengthening Tribal Colleges	D	25,239	25,239	25,662	+423	+423
Subtotal, Aid for Institutional development		521,299	521,299	530,014	+8,715	+8,715
International Education and Foreign Language:						
Domestic Programs	D	65,103	69,103	65,103	---	-4,000
Overseas Programs	D	7,061	7,061	7,061	---	---
Subtotal, International Education & Foreign Lang		72,164	76,164	72,164	---	-4,000

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
Fund for the Improvement of Postsec. Ed. (FIPSE)	D	79,400	175,000	67,775	-11,625	-107,225	
Postsecondary Program for Students with Intellectual Disabilities	D	10,384	---	11,800	+1,416	+11,800	
Minority Science and Engineering Improvement	D	8,971	8,971	8,971	---	---	
Tribally Controlled Postsec Voc/Tech Institutions	D	7,705	7,705	7,705	---	---	
Federal TRIO Programs	D	838,252	838,252	839,752	+1,500	+1,500	
GEAR UP	D	301,639	301,639	301,639	---	---	
Graduate Assistance in Areas of National Need	D	29,293	29,293	29,293	---	---	
Teacher Quality Partnerships	D	40,592	---	40,592	---	+40,592	
Child Care Access Means Parents in School	D	15,134	15,134	15,134	---	---	
GPRA Data/HEA Program Evaluation	D	575	52,000	---	-575	-52,000	UA
Total, Higher Education		1,925,408	2,025,457	1,924,839	-569	-100,618	
HOWARD UNIVERSITY							
Academic Program	D	191,091	191,091	191,091	---	---	
Endowment Program	D	3,405	3,405	3,405	---	---	UA
Howard University Hospital	D	27,325	27,325	27,325	---	---	
Total, Howard University		221,821	221,821	221,821	---	---	
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS	D	435	435	435	---	---	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM	D					
HBCU Federal Administration	D	334	334	334	---	---
HBCU Loan Subsidies	D	19,096	19,096	19,096	---	---
Total, HBCU Capital Financing Program		19,430	19,430	19,430	---	---
INSTITUTE OF EDUCATION SCIENCES (IES)						
Research, Development and Dissemination	D	179,860	190,273	179,860	---	-10,413
Statistics	D	103,060	122,748	103,060	---	-19,688
Regional Educational Laboratories	D	54,423	54,423	54,423	---	---
Research in Special Education	D	54,000	54,000	54,000	---	---
Special Education Studies and Evaluations	D	10,818	13,415	10,818	---	-2,597
Statewide Data Systems	D	34,539	70,000	34,539	---	-35,461
Assessment:						
National Assessment	D	132,000	124,616	129,000	-3,000	+4,384
National Assessment Governing Board	D	8,235	7,705	8,235	---	+530
Subtotal, Assessment		140,235	132,321	137,235	-3,000	+4,914
Total, IES		576,935	637,180	573,935	-3,000	-63,245

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
DEPARTMENTAL MANAGEMENT						
Program Administration:						
Salaries and Expenses	D	421,917	440,487	410,000	-11,917	-30,487
Building Modernization	D	1,000	1,513	1,000	---	-513
Total, Program administration		422,917	442,000	411,000	-11,917	-31,000
Office for Civil Rights	D	98,356	102,000	100,000	+1,644	-2,000
Office of the Inspector General	D	57,791	59,181	57,791	---	-1,390
Total, Departmental management		579,064	603,181	568,791	-10,273	-34,390
Total, Title III, Department of Education		70,603,768	71,922,855	70,470,650	-133,118	-1,452,205
Current Year		(48,006,767)	(49,325,854)	(47,873,649)	(-133,118)	(-1,452,205)
FY 2016		(22,597,001)	(22,597,001)	(22,597,001)	---	---

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
TITLE IV - RELATED AGENCIES						
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	D	5,257	5,441	5,362	+105	-79
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE						
Operating Expenses						
Domestic Volunteer Service Programs:						
Volunteers in Service to America (VISTA)	D	92,364	92,364	92,364	---	---
National Senior Volunteer Corps:						
Foster Grandparents Program	D	107,702	92,806	107,702	---	+14,896
Senior Companion Program	D	45,512	38,330	45,512	---	+7,182
Retired Senior Volunteer Program	D	48,903	---	48,903	---	+48,903
Subtotal, Senior Volunteers		202,117	131,136	202,117	---	+70,981
Subtotal, Domestic Volunteer Service		294,481	223,500	294,481	---	+70,981
National and Community Service Programs:						
AmeriCorps State and National Grants	D	335,430	335,430	335,430	---	---
Training and Technical Assistance	D	---	1,000	---	---	-1,000
Innovation, Assistance, and Other Activities	D	76,900	92,125	77,400	+500	-14,725
Evaluation	D	5,000	5,000	5,000	---	---
National Civilian Community Corps	D	30,000	30,000	30,000	---	---
State Commissions Support Grants	D	15,038	16,038	16,038	+1,000	---
Subtotal, National and Community Service		462,368	479,593	463,868	+1,500	-15,725
Total, Operating expenses		756,849	703,093	758,349	+1,500	+55,256

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request	
National Service Trust	D	207,368	253,885	209,618	+2,250	-44,267	
Salaries and Expenses	D	80,737	87,257	81,737	+1,000	-5,520	
Office of Inspector General	D	5,000	6,000	5,250	+250	-750	
Total, Corp. for National and Community Service.		1,049,954	1,050,235	1,054,954	+5,000	+4,719	
CORPORATION FOR PUBLIC BROADCASTING:							
FY 2017 (current) with FY 2016 comparable	D	445,000	445,000	445,000	---	---	
FY 2016 advance with FY 2015 comparable (NA)	NA	(445,000)	(445,000)	(445,000)	---	---	
FY 2015 advance with FY 2014 comparable (NA)	NA	(445,000)	(445,000)	(445,000)	---	---	
FEDERAL MEDIATION AND CONCILIATION SERVICE	D	45,149	45,666	45,666	+517	---	
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	D	16,423	17,061	16,751	+328	-310	
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	D	226,860	226,448	227,860	+1,000	+1,412	UA
MEDICARE PAYMENT ADVISORY COMMISSION	TF	11,519	12,300	11,749	+230	-551	
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION		7,500	8,700	7,650	+150	-1,050	
NATIONAL COUNCIL ON DISABILITY	D	3,186	3,264	3,250	+64	-14	UA
NATIONAL LABOR RELATIONS BOARD	D	274,224	277,840	274,224	---	-3,616	
NATIONAL MEDIATION BOARD	D	13,116	13,227	13,227	+111	---	
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	D	11,411	12,651	11,639	+228	-1,012	

(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
RAILROAD RETIREMENT BOARD						
Dual Benefits Payments Account	D	39,000	34,000	34,000	-5,000	---
Less Income Tax Receipts on Dual Benefits	D	-3,000	-3,000	-3,000	---	---
Subtotal, Dual Benefits		36,000	31,000	31,000	-5,000	---
Federal Payment to the RR Retirement Accounts	M	150	150	150	---	---
Limitation on Administration	TF	110,300	112,150	111,225	+925	-925
Limitation on the Office of Inspector General	TF	8,272	8,750	8,437	+165	-313
SOCIAL SECURITY ADMINISTRATION						
Payments to Social Security Trust Funds	M	16,400	16,400	16,400	---	---
Supplemental Security Income Program						
Federal Benefit Payments	M	55,579,000	56,201,000	56,201,000	+622,000	---
Beneficiary Services	M	3,000	70,000	70,000	+67,000	---
Research and Demonstration	M	47,000	53,000	83,000	+36,000	+30,000
Administration	D	4,920,064	4,302,029	4,578,978	-341,086	+276,949
Subtotal, SSI program level		60,549,064	60,626,029	60,932,978	+383,914	+306,949
Less funds advanced in prior year	M	-19,300,000	-19,700,000	-19,700,000	-400,000	---
Subtotal, regular SSI current year		41,249,064	40,926,029	41,232,978	-16,086	+306,949
New advance, 1st quarter, FY 2016	M	19,700,000	19,200,000	19,200,000	-500,000	---
Total, SSI program		60,949,064	60,126,029	60,432,978	-516,086	+306,949

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Limitation on Administrative Expenses						
OASI/DI Trust Funds	TF	4,225,519	4,987,833	4,913,260	+687,741	-74,573
HI/SMI Trust Funds	TF	1,807,407	1,837,623	1,755,376	-52,031	-82,247
Social Security Advisory Board	TF	2,300	2,300	2,300	---	---
SSI	D	4,292,814	3,675,245	3,614,009	-678,805	-61,236
Subtotal, regular LAE		10,328,040	10,503,001	10,284,945	-43,095	-218,056
User Fees:						
SSI User Fee activities	D	171,000	124,000	124,000	-47,000	---
SSPA User Fee Activities	D	1,000	1,000	1,000	---	---
Subtotal, User fees		172,000	125,000	125,000	-47,000	---
Subtotal, Limitation on administrative expenses		10,500,040	10,628,001	10,409,945	-90,095	-218,056
Program Integrity:						
OASDI Trust Funds	TF	569,750	769,216	431,031	-138,719	-338,185
SSI	TF	627,250	626,784	964,969	+337,719	+338,185
Subtotal, Program integrity funding		1,197,000	1,396,000	1,396,000	+199,000	---
Total, Limitation on Administrative Expenses		11,697,040	12,024,001	11,805,945	+108,905	-218,056

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

		FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
Office of Inspector General						
Federal Funds	D	28,829	29,000	28,829	---	-171
Trust Funds	TF	73,249	75,622	74,521	+1,272	-1,101
Total, Office of Inspector General		102,078	104,622	103,350	+1,272	-1,272
Adjustment: Trust fund transfers from general revenues	TF	-4,920,064	-4,302,029	-4,578,978	+341,086	-276,949
Total, Social Security Administration		67,844,518	67,969,023	67,779,695	-64,823	-189,328
Federal funds		61,166,293	60,296,429	60,603,207	-563,086	+306,778
Current year		(41,466,293)	(41,096,429)	(41,403,207)	(-63,086)	(+306,778)
New advances, 1st quarter, FY 2016		(19,700,000)	(19,200,000)	(19,200,000)	(-500,000)	---
Trust funds		6,678,225	7,672,594	7,176,488	+498,263	-496,106
Total, Title IV, Related Agencies		70,108,839	70,238,906	70,047,839	-61,000	-191,067
Federal Funds		63,300,523	62,433,112	62,739,940	-560,583	+306,828
Current Year		(43,155,523)	(42,788,112)	(43,094,940)	(-60,583)	(+306,828)
FY 2016 Advance		(19,700,000)	(19,200,000)	(19,200,000)	(-500,000)	---
FY 2017 Advance		(445,000)	(445,000)	(445,000)	---	---
Trust Funds		6,808,316	7,805,794	7,307,899	+499,583	-497,895
TITLE VI - EBOLA RESPONSE AND PREPAREDNESS (total)		---	(3,152,000)	(2,742,000)	(+2,742,000)	(-410,000)

DIVISION G- DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2015
(Amounts in Thousands)

	FY 2014 Enacted	FY 2015 Request	Final Bill	Final Bill vs. FY 2014	Final Bill vs. Request
RECAP					
Mandatory, total in bill	612,125,856	681,293,165	681,328,025	+69,202,169	+34,860
Less advances for subsequent years	-126,646,323	-135,953,140	-135,953,140	-9,306,817	---
Plus advances provided in prior years	128,975,631	126,646,323	126,646,323	-2,329,308	---
Total, mandatory, current year	614,455,164	671,986,348	672,021,208	+57,566,044	+34,860
Discretionary, total in bill	163,852,524	164,475,914	164,232,053	+379,529	-243,861
Less advances for subsequent years	-24,814,001	-24,814,001	-24,814,001	---	---
Plus advances provided in prior years	24,814,001	24,814,001	24,814,001	---	---
Subtotal, discretionary, current year	163,852,524	164,475,914	164,232,053	+379,529	-243,861
Discretionary Scorekeeping adjustments:					
MSHA spending of receipts (CHIMP)	2,000	---	---	-2,000	---
SSI/SSPA User Fee Collection	-172,000	-123,000	-123,000	+49,000	---
Ebola funding (Public Law 113-164)	---	---	88,000	+88,000	+88,000
Average Weekly Insured Unemployment (AWIU) Conting	10,000	20,000	20,000	+10,000	---
Medicare Eligible Accruals (permanent,indefinite)	26,476	27,947	27,947	+1,471	---
Childrens Health Insurance Program (rescission)	-6,317,000	-1,751,000	-1,745,000	+4,572,000	+6,000
Childrens Health Insurance Program one-time payment (rescission)(Public Law 113-164)	---	-1,384,000	-4,549,000	-4,549,000	-3,165,000
Child Enrollment contingency fund (rescission)	---	-2,099,000	---	---	+2,099,000
Independent Payment Advisory Board (rescission)	-10,000	---	-10,000	---	-10,000
Career pathways included in Pell grant benefit	---	---	1,000	+1,000	+1,000
Traditional Medicare program	305,000	---	305,000	---	+305,000
Total, discretionary	157,697,000	159,168,861	158,247,000	+550,000	-919,861
Grand Total, current year	772,152,164	831,153,209	830,268,208	+58,116,044	-885,001