

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

<b>Health Resources and Services Administration</b>	<p><b>\$250 million</b> for grants to health centers  <b>\$1 billion</b> for renovation and repair of health centers  <b>\$88 million</b> for fit-out and other costs related to moving into a facility to be secured through a competitive lease procurement to replace or renovate a headquarter building for Public Health agencies  <b>\$600 million</b> for the training of nurses and primary care physicians and dentists; for the provision of health care personnel under the National Health Service Corps and the patient navigator program</p>	<p><b>\$1.87 billion</b> for construction, renovation, and equipment for community health centers  <b>\$88 million</b> for the replacement of HRSA headquarters</p>	<p><b>\$2 billion</b> for Community Health Centers/infrastructure  <b>\$500 million</b> for health care workforce</p>
<b>Centers for Disease Control and Prevention</b>	<p><b>\$462 million</b> for equipment, construction, and renovation of facilities to leased laboratories</p>	<p><b>\$412 million</b> for acquisition of property, construction, renovation, and equipment for CDC buildings</p>	<p><b>Zeroed out</b></p>
<b>National Institute of Health</b>	<p><b>\$1.5 billion</b> for grants to renovate or repair existing non-Federal research facilities</p>	<p><b>\$300 million</b> for the National Center for Research Resources for shared instrumentation and capital research equipment.</p>	<p><b>\$10 billion</b> to the Office of the Director</p>
Office of the Director:	<p><b>\$1.5 billion</b> for support for additional scientific research (funds cannot be transferred to the National Institutes of Health—Buildings and Facilities, the Center for Scientific Review, the Center for Information Technology, the Clinical Center, the Global Fund for HIV/AIDS, Tuberculosis and Malaria, or the Office of the Director</p>	<p><b>\$2.7 billion</b> for short-term grants, new research that expands ongoing projects and research on public health priorities  <b>\$500 million</b> for improving NIH buildings and facilities</p>	<ul style="list-style-type: none"> <li>➤ <b>\$8.2 billion</b> for NIH research to conduct biomedical research in areas such as cancer, Alzheimer’s, heart disease and stem cells</li> <li>➤ <b>\$500 million</b> for NIH buildings</li> <li>➤ <b>\$1.3 billion</b> for NIH to renovate university research facilities and to help them compete for biomedical research grants</li> </ul>
<b>Agency for Healthcare Research and Quality</b>	<p><b>\$700 million</b> for comparative effectiveness research and of that: <b>\$400 million</b> transferred to NIH to conduct or support comparative effectiveness research  <b>\$400 million</b> for comparative effectiveness research to be allocated by HHS  <b>\$1.5 million</b> for the HHS Secretary to contract with IOM to submit a report to Congress no later than June 30, 2009, which provides recommendations on the national priorities for comparative effectiveness research  <b>\$2 billion</b> to carry out the following (Sec. 9202 of this bill):</p> <ul style="list-style-type: none"> <li>▪ Establishes a Federal Coordinating Council for Comparative Effectiveness Research</li> <li>▪ The Council will assist HHS, VA, DOD, and other federal agencies to coordinate or support comparative effectiveness research</li> </ul>	<p><b>\$700 million;</b> for comparative effectiveness research --</p> <ul style="list-style-type: none"> <li>▪ Of which, \$400 million for NIH</li> <li>▪ Of which, \$400 million for HHS</li> <li>▪ Of which, \$1.5 million for the HHS Secretary to contract with IOM to submit a report to Congress no later than June 30, 2009, which provides recommendations on the national priorities for comparative effectiveness research</li> </ul>	<p><b>\$1.1 billion</b> for comparative effectiveness</p>

	<ul style="list-style-type: none"> <li>▪ The Council will advise the President and Congress on (1) the infrastructure needs of comparative effectiveness research within the Federal government; (2) appropriate expenditures for comparative effectiveness research by Federal agencies; and (3) opportunities to coordinate comparative effectiveness research.</li> <li>▪ The Council will be composed of a maximum of 15 members, who are all senior Federal officers or employees with responsibility for health-related programs, appointed by the President. Members will be appointed 30 days after the enactment of the legislation. At least half the members must be physicians or have clinical expertise.</li> <li>▪ The Council will submit a report to the President and Congress no later than June 30, 2009. The report will detail Federal activities on comparative effectiveness research and make recommendations for additional research.</li> </ul> <p>Secretary will consider recommendations of the Federal Coordinating Council for Comparative Effectiveness Research (established by Section 9201 of the bill)</p> <p>Secretary may make grants and contracts within HHS agencies and private sector entities to achieve the goals of comparative effectiveness research. The Secretary will publish information on grants and contracts awarded. Comparative effectiveness research findings will be disseminated to parties, including the general public, who will have an opportunity to provide public comment on the research</p>		
<p><b>Administration for Children and Families</b></p>	<p><b>\$1 billion</b>; for payments under section 2602(b) and section 2602(d) of the Low-Income Home Energy Assistance Act of 1981</p> <p>Payments to States for the Child Care and Development Block Grant:</p> <p><b>\$2 billion</b> to supplement, not supplant State general revenue funds for child care assistance for low-income families.</p> <p><b>\$1 billion</b> for carrying out activities under the Head Start Act</p>	<p><b>\$2 billion</b> for the Child Care and Development Block Grant</p> <p><b>\$400 million</b> for the Social Services Block Grant</p> <p><b>\$1.05 billion</b> for the Head Start program --</p> <ul style="list-style-type: none"> <li>▪ Of which, \$550 million for expansion of Early Head Start</li> <li>▪ \$200 million for the Community Services Block Grant (CSBG)</li> </ul>	<p><b>\$2 billion</b> for the Child Care and Development Block Grant</p> <p><b>\$1 billion</b> for Head Start</p> <p><b>1.1 billion</b> for Early Head Start</p> <p><b>\$50 million</b> to carry out activities under Section 1110 of</p>

	<b>\$1.1 billion</b> for expansion of Early Head Start programs; up to 10 percent shall be available for the provision of training and technical assistance; up to 3 percent shall be available for monitoring the operation of programs consistent with section 641A of this Act		the Social Security Act  <b>\$1 billion</b> for Community Services Block Grant (CSBG)
<b>Administration on Aging</b>	<b>\$200 million</b> ; for section 311, subparts 1 and 2 of part C of title III of the Older Americans Act	<b>\$100 million</b> ; for senior meals programs -- <ul style="list-style-type: none"> <li>▪ \$67 million is for congregate meals</li> <li>▪ \$33 million is for home delivered meals</li> </ul>	<b>\$100 million</b> for senior meals programs
<b>Office of the National Coordinator for Health Information Technology</b>	<b>\$20 billion</b> ; transferred to the Director of the National Institute of Standards and Technology in the Department of Commerce to continue health care information enterprise integration.  The Secretary of HHS shall make investments in at least the following areas: <ul style="list-style-type: none"> <li>▪ HIT infrastructure that would support nationwide electronic exchange and use of health information;</li> <li>▪ Integration of health information technology, including electronic medical records, into the training of health professionals;</li> <li>▪ Training on and dissemination of information on best practices to integrate HIT;</li> <li>▪ Infrastructure and tools for promotion of telemedicine;</li> <li>▪ Promotion of interoperability of clinical data registries.</li> </ul>	<b>\$3 billion</b> ; for health IT activities Authorizes the Health Information Technology for Economic and Clinical Health Act (HITECH) -- <ul style="list-style-type: none"> <li>▪ Provides assistance to health care providers to invest in HIT;</li> <li>▪ Defines the role of the National Coordinator for Health Information Technology as coordinating initiatives on HIT and establishing a Health Information Technology Standards Committee to recommend standards for HIT adoption by the Secretary;</li> <li>▪ Provides planning and implementation grants to States to facilitate and expand electronic exchange of health records</li> <li>▪ Providing grants to States and Indian tribes to establish low interest loan programs to facilitate the purchase of HIT</li> <li>▪ Establishes privacy protections for electronic health information and applies the privacy protections under HIPAA to business associates of covered entities</li> <li>▪ Establishes notification requirements if privacy of medical information has been breached</li> <li>▪ Prohibits the sale or marketing of patients' private health information without their consent</li> </ul>	<b>\$2 billion</b> for HIT grants, training, infrastructure, dissemination of best practices, telemedicine, HIT clinical education
<b>Office of the Inspector General (OIG)</b>		<b>\$4 million</b> ; to ensure appropriate oversight of funds available to HHS	<b>\$17 million</b>
<b>Public Health and</b>	<b>\$430 million</b> ; to support advanced research and development	<b>\$4.8 billion</b> ; for evidence-based prevention activities for	<b>Zeroed out</b>

<p><b>Social Services Emergency Fund</b></p>	<p>pursuant to §319L of the Public Health Service Act  <b>\$420 million</b>; to prepare for and respond to an influenza pandemic, including the development and purchase of vaccine, antivirals, necessary medical supplies, diagnostics, and other surveillance tools</p> <ul style="list-style-type: none"> <li>▪ Funds may be used for the construction or renovation of privately owned facilities for the production of pandemic influenza vaccine and other biologics</li> </ul> <p><b>\$50 million</b>; to improve information technology security at the HHS; the Secretary must submit a report updating the status of actions taken and funds obligated in this and previous appropriations Acts for pandemic influenza preparedness and response activities, biomedical advanced research and development activities, Project BioShield and Cyber Security.</p>	<p>autoimmune diseases</p> <ul style="list-style-type: none"> <li>▪ No less than <b>\$1 billion</b> transferred to CDC for the Health Communities Program</li> <li>▪ <b>\$400 million</b> for testing and prevention of HIV and STDs</li> <li>▪ <b>\$750 million</b> to provide additional vaccinations</li> </ul> <p>Encourages the Secretary to initiate a Commission that would provide input from experts and stakeholders in the development and oversight of a national set of key indicators, as recommended by the Institute of Medicine.</p> <p>Funds for public service announcements for promoting healthy behaviors.</p> <p><b>\$15 million</b> for grants to State health departments for newborn screening  <b>\$60 million</b> for research of prevention activities          At least <b>\$1 billion</b> to expand screening and detection of chronic diseases.          At least <b>\$75 million</b> for smoking cessation activities          Up to <b>\$40 million</b> to convert vital statistics data collection from a paper system to an electronic system.  <b>\$600 million</b> to address health professions workforce shortages --</p> <ul style="list-style-type: none"> <li>▪ Of which, \$200 million is available until expended for the purpose of extending service contracts.</li> <li>▪ Of which, up to \$5 million used to foster cross-state licensing agreements that allow specialists to treat patients via telemedicine equipment.</li> </ul> <p><del><b>\$870 million</b> for pandemic influenza activities</del></p>	
<p><b>Prevention and Wellness Fund</b></p>	<p><b>\$2.35 billion</b>; transferred to CDC as follows --</p> <ul style="list-style-type: none"> <li>▪ \$954 million for immunization program</li> <li>▪ \$296 million to carry out Part A of Title XIX of the Public Health Service Act</li> <li>▪ \$545 million for chronic disease, health promotion, and genomics programs</li> </ul>		<p><b>\$1 billion</b> for the Prevention and Wellness Fund</p> <ul style="list-style-type: none"> <li>➤ <b>\$300 million</b> for CDC's immunization program</li> <li>➤ <b>\$650 million</b> for evidence-based clinical and community-based prevention and wellness strategies</li> <li>➤ <b>\$50 million</b> for States to implement healthcare-associated infections reduction strategies</li> </ul>

	<ul style="list-style-type: none"> <li>▪ \$335 million for domestic HIV/AIDS, viral hepatitis, STDs, and tuberculosis prevention programs</li> <li>▪ \$60 million for environmental health programs</li> <li>▪ \$50 million for injury prevention and controls programs</li> <li>▪ \$30 million for public health workforce development activities</li> <li>▪ \$40 million for research activities within the National Occupational Research Agenda</li> <li>▪ \$40 million for the National Center for Health Statistics</li> <li>▪ \$150 million to implement a national action plan to prevention healthcare-associated infections</li> <li>▪ \$50 million to be provided to States to implement healthcare-associated infection reduction strategies</li> <li>▪ \$500 million for evidence-based clinical and community-based prevention and wellness strategies and public health workforce development activities</li> </ul>		
<p><b>Indian Health Service</b></p>	<p><b>\$550 million</b> for Indian Health Facilities for construction projects and deferred maintenance and for the purchase of equipment and related services, including health information technology.</p>	<p><b>\$410 million</b> for Indian Health Facilities –</p> <ul style="list-style-type: none"> <li>▪ \$155 million for the maintenance and improvement program</li> <li>▪ \$100 million for the sanitation facilities construction program</li> <li>▪ \$20 million for the purchase of medical equipment</li> <li>▪ \$135 million for the construction of health care facilities.</li> </ul> <p><b>\$135 million</b> for Indian Health Services –</p> <ul style="list-style-type: none"> <li>▪ \$50 million for the Contract Health Services program</li> <li>▪ \$85 million for HIT activities, including \$55 million for Health IT applications and \$30 million for clinical applications, infrastructure, and national program support.</li> </ul>	<p><b>\$415 million</b> for Indian Health Facilities for construction projects</p> <p><b>\$85 million</b> for HIT activities</p>