

[COMMITTEE PRINT]

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**Calendar No. 000**

113TH CONGRESS } 2nd Session }	SENATE	{ REPORT 113-00
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2015

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JUNE 00, 2014.—Ordered to be printed

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

**REPORT**

[To accompany S. 0000]

The Committee on Appropriations reports the bill (S. 0000) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2015, and for other purposes, reports favorably thereon and recommends that the bill do pass.

*Amounts to new budget authority*

Total of bill as reported to the Senate .....	.....
Amount of 2014 appropriations .....	.....
Amount of 2015 budget estimate .....	.....
Bill as recommended to Senate compared to ...	.....
2014 appropriations .....	.....
2015 budget estimate .....	.....

*Influenza Vaccine for Healthcare Workers.*—The Committee continues to support the new requirement for acute care hospitals participating in the CMS Inpatient Prospective Payment System Hospital Inpatient Quality Reporting Program to submit summary data on influenza vaccination of healthcare personnel via CDC's NHSN. The Committee encourages CMS to expand required reporting to all hospitals, skilled nursing facilities, and nursing facilities.

*Outpatient Drug Dispensing.*—The Committee is strongly committed to eliminating waste in Medicare part D and believes that more should be done to reduce wasteful spending on outpatient prescription drugs in long-term care facilities. The Committee 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 Committee no later than 90 days after enactment of this act.

*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. The Committee notes that CMS has not complied with this directive. The Committee expects the corrected FAQ by November 3, 2014, or an explanation for ignoring congressional intent.

*Research.*—The Committee strongly supports the research activities that CMS undertakes to improve the efficiency of payment, delivery, access, and quality of Medicare, Medicaid, and ACA programs. The Committee recommendation includes sufficient funding to fulfill the President's request for the Medicare Current Beneficiaries Survey, the Research Data Assistance Center, public use data files, and Medicaid Analytic Data.

*Treatment of Hard-to-Heal Wounds.*—The Committee included funding in fiscal year 2014 for CMS to initiate a pilot study on the health outcomes of new medical technologies for treating hard-to-heal wounds. The Committee expects CMS to report on the progress of the pilot in the fiscal year 2016 CJ.

*Entrepreneur-In-Residence Initiative [EIR].*—The Committee is aware of various EIR programs at venture capital firms, universities, law firms, and other organizations. The Committee is pleased that NIH is employing this model to bridge the gap between biomedical research and capital markets. The program is meant to increase the ability of innovations to develop into commercial products and eventually have a measurable impact on human health. EIRs will support scientists, early stage start-ups, and licensed technologies. The Committee urges CMS to work in coordination with NIH to develop this program and establish the appropriate metrics to evaluate the effectiveness of this effort. The Committee requests an update in the fiscal year 2016 CJ on the progress this program has made across a wide domain of scientific disciplines and new potential medicines, therapies and technologies.

*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. Patients suffering with chronic pain often depend on