

HEALTH AND MEDICINE COUNSEL OF WASHINGTON

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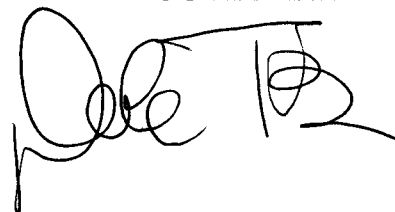
FEBRUARY 17, 2010

MEMORANDUM

TO: THE JOINT LEGISLATIVE TASKFORCE AND THE MLA GOVERNMENT RELATIONS COMMITTEE

FR: DALE DIRKS AND TERRELL BAPTISTE

RE: WASHINGTON UPDATE



Health Care Reform

The election of Republican Scott Brown to the Massachusetts Senate seat vacated by Ted Kennedy brings the total number of Republican Senators to 41, breaking the Democrats filibuster-proof majority; the repercussions include significant worry among Democrats from politically marginal districts and states. These developments, combined with an unemployment rate of over 10 percent, serious public concerns, and general issue fatigue, has forced health care reform to the back burner. While there is still talk, especially in the House, of the possibility of moving forward with a scaled down version of the Senate bill that was passed in December or possibly a new battery of legislation that would include some insurance reforms and other smaller provisions that were in the original House and Senate passed bills. For now, the focus of Congress and the Obama administration has shifted to job creation and economic recovery.

Section 215 of H.R. 3845 USA PATRIOT Amendments Act of 2009

HR. 3845 the USA PATRIOT Amendments Act of 2009 is a bill that originated in the House and contains Section 215, which places restrictions on how the government can collect information to from libraries to combat terrorism. H.R. 3845 was sent from the by the House Judiciary Committee on a bi-partisan vote of 16-10 to the Senate, where it was introduced by Senator Patrick Leahy (D-VT) and given a new bill number S. 1692. S. 1692 still includes Section 215 and was referred to the Senate Judiciary Committee. The Senate Judiciary Committee also filed a written report 111-92 that makes reference to Section 215.

- The Senate bill much like the House bill also includes stricter standards that the government must meet to wire tap or obtain library records.

- Feb. 28th is the deadline by which the bill must be reauthorized or the amendments, including Section 215, go away.

NIH Public Access policy:

As you already know the NIH Public Access Policy has two goals:

- The integration and accessibility of biomedical research will speed discoveries, resulting in the prevention of death and disability.
- Ensuring that the public has a right to have full access, without charge, to research findings supported by taxpayer dollars, after a reasonable period of embargo.

Last during the last session of congress the Fair Copyright in Research Works Act was introduced as a challenge to the policy.

- The bill would have prohibited any federal agency from imposing any condition, in connection with a funding agreement, that requires the transfer or license to or for a federal agency, or requires the absence or abandonment, of specified exclusive rights of a copyright owner in an extrinsic work.
- The legislation would have prohibited any federal agency from: (1) imposing, as a condition of a funding agreement, the waiver of, or assent to, any such prohibition; or (2) asserting any rights in material developed under any funding agreement that restrain or limit the acquisition or exercise of copyright rights in an extrinsic work.
- The bill did not move forward. We continue to monitor for similar legislation.

Health Information Technology:

On February 17, 2009, President Obama signed the Health Information Technology for Economic and Clinical Health (HITECH) Act, as part of the stimulus package (a.k.a. American Recovery and Reinvestment Act (ARRA)). The main goal of the HITECH Act is to encourage the adoption of electronic health records (EHRs) through incentive payments to physicians.

- Would require the government to take a leadership role to develop standards by 2010 that allow for the nationwide electronic exchange and use of health information to improve quality and coordination of care.
- The program invests \$20 billion in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors and hospitals to use HIT to electronically exchange patients' health information.
- Strengthens Federal privacy and security law to protect identifiable health information from misuse as the health care sector increases use of Health IT.
- As a result of this legislation, the Congressional Budget Office estimates that approximately 90 percent of doctors and 70 percent of hospitals will be using comprehensive electronic health records within the next 10 years.

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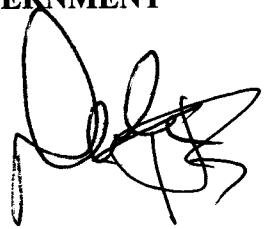
February 5, 2010

MEMORANDUM

TO: THE JOINT LEGISLATIVE TASKFORCE AND THE MLA GOVERNMENT RELATIONS COMMITTEE

FR: DALE DIRKS AND TERRELL BAPTISTE

RE: THE PRESIDENT'S FY 2011 BUDGET REQUEST



On February 1st, the Obama Administration submitted its fiscal year 2011 budget request to Congress. In an effort to address the nation's growing deficit, the budget recommends an overall freeze in non-defense discretionary spending. Within that category of spending however, the budget prioritizes programs at the Department of Health and Human Services, and the Department of Education. Other departments with discretionary programs experienced cuts.

While these funding recommendations represent the Administration's priorities, the President's budget is non-binding and serves primarily as a blueprint for Congress to consider as it crafts its own budget. Final FY11 funding levels will be determined by Congress through the annual appropriations bills.

Highlights of the president's FY11 budget request include:

- \$880.8 billion for the Department of Health and Human Services (HHS), an increase of \$80.5 billion over FY10.
- \$ 4 billion for the Food and Drug Administration (FDA), an increase of \$748 million over FY10 (this amount does not include user fees).
- \$7.5 billion for the Health Resources and Services Administration (HRSA), an increase of \$28 million from FY10.
- \$6.3 billion for the Centers for Disease Control and Prevention (CDC), a decrease of \$133 million below FY10.
- \$32.089 billion for the National Institutes of Health (NIH), an increase of \$1 billion over FY10.

- \$3.5 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA), an increase of \$110 million over FY10.
- \$611 million for the Agency for Healthcare Research and Quality (AHRQ), an increase of \$214 million over FY10.
- \$77.8 billion for the Department of Education (DOE), an increase of \$18.6 billion over FY10.

Of specific interest to MLA/AAHSL, the president's FY 2011 budget request includes:

Health Resources and Services Administration

- \$7.5 billion for the Health Resources and Services Administration (HRSA), an increase of \$28 million from FY10.
 - \$11.6 million for the Telehealth program at HRSA, an increase of \$3.6 million over FY10.

National Institutes of Health

- \$32.089 billion for the National Institutes of Health (NIH), an increase of \$1 billion over FY10.
- \$364.8 million for the National Library of Medicine, an increase of \$21million over FY10.
- \$1.22 billion for the Office of the NIH Director, an increase of \$43 million from FY10.
- \$561 million for the NIH Common Fund, an increase of \$12 million over FY10.

Intramural Buildings and Facilities: A total of \$125 million is requested for NIH Intramural Buildings and Facilities (B&F) in FY 2011, a decrease of million below FY 2010, to sustain and improve the physical infrastructure used to carry out quality biomedical research on the NIH campuses.

- \$78 million for the Office of the National Coordinator for Health Information Technology, an increase of 17 million FY10.

Interoperability:

Interoperability is the ability of two or more systems to exchange information and to use the information that has been exchanged. This concept is fundamental to ONC's mission and necessary to attaining meaningful use of EHRs because, by statute, hospitals and health care professionals must exchange information to be considered meaningful users.

Using Recovery Act funds, ONC is funding several major programs focused on interoperability:

- *Identifying existing or develop new standards for EHRs that enable those products to meet interoperability requirements under meaningful use;*
- *Developing certification criteria and a certification process to ensure that EHRs have incorporated the necessary standards and implementation specifications to support interoperability required under definitions of meaningful use;*
- *Providing the core set of needed publicly accessible specifications, tools and services for the NHIN; and*
- *Building the nationwide capability for health information exchange through the State Health Information Exchange grant program, a program specifically funded under the Recovery Act.*

Privacy and Security: *Privacy and security is the foundation upon which trust in electronic health information and participation in health information exchange will be built. If individuals and health care professionals do not believe that their health information will be protected and remain confidential, the Nation will not achieve the level of participation in health information exchange that is needed to improve individual and population health. Bolstering trust by ensuring privacy and security is fundamental to ONC's mission and a basic priority for ONC. ONC's FY 2011 budget request will enable ONC to:*

- *Aggressively implement and enforce, in coordination with the Office for Civil Rights (OCR), new authorities and program related to privacy and security under HITECH;*
- *Provide hospitals and health care professionals with best practices and guidance on developing, implementing and maintaining organizational privacy and security policies;*
- *Identify opportunities to improve the current privacy and security legislation framework;*
- *Continue the security initiative started with Recovery Act funds; and*
- *Study medical identity theft and risk mitigation.*

Institute of Museum and Library Services

- \$265.869 million for the Institute of Museum and Library Services, an increase of \$300 thousand over FY10.

EPA Library System

- \$105 million for IT/Data Management/Security, an increase of \$680 thousand more than the FY10 level.



FY 2011

EPA Budget in Brief



United States Environmental Protection Agency
www.epa.gov

Resources by Program Area

(Dollars in Thousands)

	FY 2009 Actuals	FY 2010 Enacted Budget	FY 2011 President's Budget	Change FY10 Enacted to FY11 PresBud
<i>(Methane to markets)</i>	(\$3,847.3)	(\$4,569.0)	(\$4,591.0)	(\$22.0)
<i>(Greenhouse Gas Reporting Registry)</i>	(\$5,163.1)	(\$16,685.0)	(\$20,750.0)	(\$4,065.0)
Compliance	\$132,163.1	\$134,582.0	\$110,467.0	-\$24,115.0
Enforcement	\$207,461.5	\$224,899.0	\$264,908.0	\$40,009.0
<i>(Environmental Justice)</i>	(\$5,460.3)	(\$7,090.0)	(\$7,317.0)	(\$227.0)
Environmental Protection / Congressional Priorities	\$4,983.5	\$16,950.0	\$0.0	-\$16,950.0
Geographic Programs	\$83,116.5	\$608,441.0	\$416,141.0	-\$192,300.0
Great Lakes Restoration	\$0.0	\$475,000.0	\$300,000.0	-\$175,000.0
Geographic Program: Chesapeake Bay	\$26,317.8	\$50,000.0	\$62,957.0	\$12,957.0
Geographic Program: Great Lakes	\$22,026.9	\$0.0	\$0.0	\$0.0
Geographic Program: San Francisco Bay	\$4,922.0	\$7,000.0	\$5,000.0	-\$2,000.0
Geographic Program: Puget Sound	\$11,256.6	\$50,000.0	\$20,000.0	-\$30,000.0
Geographic Program: South Florida	\$2,279.6	\$2,168.0	\$2,148.0	-\$20.0
Geographic Program: Mississippi River Basin	\$0.0	\$0.0	\$12,400.0	\$12,400.0
Geographic Program: Long Island Sound	\$3,072.9	\$7,000.0	\$3,000.0	-\$4,000.0
Geographic Program: Gulf of Mexico	\$4,837.5	\$6,000.0	\$4,515.0	-\$1,485.0
Geographic Program: Lake Champlain	\$3,147.5	\$4,000.0	\$1,434.0	-\$2,566.0
Lake Pontchartrain	\$970.0	\$1,500.0	\$978.0	-\$522.0
Community Action for a Renewed Environment (CARE)	\$2,842.1	\$2,448.0	\$2,448.0	\$0.0
Geographic Program: Other (other activities)	\$1,411.1	\$3,325.0	\$1,261.0	-\$2,064.0
Regional Geographic Initiatives	\$32.5	\$0.0	\$0.0	\$0.0
Homeland Security	\$23,523.1	\$23,554.0	\$15,142.0	-\$8,412.0
<i>(Decontamination)</i>	(\$1,316.7)	(\$3,522.0)	(\$2,012.0)	(\$-1,510.0)
Indoor Air	\$29,682.3	\$26,625.0	\$27,771.0	\$1,146.0
Information Exchange / Outreach	\$127,458.3	\$130,800.0	\$143,208.0	\$12,408.0
<i>(Children and Other Sensitive Populations: Agency Coordination)</i>	(\$6,832.4)	(\$7,100.0)	(\$10,159.0)	(\$3,059.0)
<i>(Environmental Education)</i>	(\$8,762.9)	(\$9,038.0)	(\$6,448.0)	(\$-2,590.0)
International Programs	\$19,805.6	\$19,824.0	\$19,940.0	\$116.0
<i>(US Mexico Border)</i>	(\$5,621.8)	(\$4,969.0)	(\$4,979.0)	(\$10.0)
IT / Data Management / Security	\$95,374.8	\$103,322.0	\$105,090.0	\$1,768.0
Legal / Science / Regulatory / Economic Review	\$121,785.5	\$123,597.0	\$130,478.0	\$6,881.0
Operations and Administration	\$493,948.7	\$498,410.0	\$521,112.0	\$22,702.0
<i>(Rent)</i>	(\$155,471.0)	(\$157,040.0)	(\$169,915.0)	(\$12,875.0)
<i>(Utilities)</i>	(\$6,585.1)	(\$13,514.0)	(\$13,409.0)	(\$-105.0)
<i>(Security)</i>	(\$24,545.2)	(\$27,997.0)	(\$30,901.0)	(\$2,904.0)
Pesticides Licensing	\$118,340.4	\$120,132.0	\$123,703.0	\$3,571.0
Resource Conservation and Recovery Act (RCRA)	\$119,330.3	\$123,250.0	\$122,736.0	-\$514.0

NOTE: Items in parentheses are a subset of the program and will not add up to totals shown for the program.



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Fiscal Year

2011

Health Resources and
Services Administration

*Justification of
Estimates for
Appropriations Committees*

Telehealth

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/ FY 2010
BA	\$7,550,000	\$1,008,000	\$11,600,000	\$11,600,000	---
FTE	---	---	---	---	---

Authorizing Legislation: Section 330I of the Public Health Service Act; as amended by Public Law 107-251, and 330L of the Public Health Service Act; as amended by Public Law 108-163.

FY 2011 Authorization Expired

Allocation Method Competitive Grants/Cooperative Agreements and Contracts

Program Description and Accomplishments

As this nation moves to expand access to health care services, addressing the shortages of personnel and services in both urban underserved and rural communities is critical if such reform is to succeed. HRSA's Telehealth programs provide important tools for addressing these shortages. Telehealth is the use of electronic information and telecommunications technologies to support clinical healthcare, patient and professional health-related education, public health, and health administration. Telemedicine, a subset of telehealth technologies, is defined as the use of telecommunications and information technologies to provide or support long-distance clinical care. Telemedicine and other Telehealth technologies are not products or ends in themselves, but the means to provide services at a distance and to overcome geographic, economic, and other social barriers to obtaining health care services. These technologies provide a mechanism to share scarce resources by bringing expertise and information to people, wherever and whenever it is appropriate to do so. Information may be in various forms -- audio, video, data, or text. In the end, the use of these technologies is often transformative, altering the way we provide services into a more efficient and effective system.

These programs are also an integral component of the "Improve Rural Healthcare" Initiative to expand the use of telecommunications technologies that increase the access to and quality of healthcare provided to rural populations. The Telehealth programs strengthen partnerships among rural healthcare providers, recruit and retain rural healthcare professionals, and modernize the healthcare infrastructure in rural areas.

Moreover, these programs are increasingly important in this nation's strategy to address, not only the maldistribution of health care personnel that has resulted in long-standing rural health care personnel shortages, but the nationwide shortage of health professionals that is seriously affecting the provision of health services in urban as well as rural communities. Nationwide, if current trends continue, without considering the impact of health reform, the shortage of primary care physicians alone will reach 40,000 in little more than 10 years, according to the American

National Institutes of Health

Summary of the FY 2011 President's Budget



February 1, 2010

NATIONAL INSTITUTES OF HEALTH
FY 2011 President's Budget Request
(\$000s)

Appropriation	FY 2009 Omnibus	FY 2009 Recovery Act 1/	FY 2010 Enacted	FY 2011 President's Budget	2011 PB. +/- 2010 Enacted
NCI	4,967,714	\$1,256,517	5,101,666 2/	5,264,643	\$162,977
NHLBI	3,014,873	762,584	3,095,812	3,187,516	91,704
NIDCR	402,531	101,819	413,076	423,511	10,435
NIDDK 3/	1,910,151	445,393	1,957,364	2,007,589	50,225
NINDS	1,592,851	402,912	1,635,721	1,681,333	45,612
NIAID 4/	4,701,456	1,113,288	4,816,726	4,977,070	160,344
NIGMS	1,997,172	505,188	2,050,972	2,125,090	74,118
NICHD	1,294,519	327,443	1,329,027	1,368,894	39,867
NEI	688,276	174,097	706,765	724,360	17,595
NIEHS	662,667	168,057	689,565	707,339	17,774
NIA	1,080,472	273,303	1,109,800	1,142,337	32,537
NIAMS	524,696	132,726	538,854	555,715	16,861
NIDCD	407,125	102,984	418,657	429,007	10,350
NIMH	1,451,053	366,789	1,489,792	1,540,345	50,553
NIDA	1,032,457	261,156	1,059,446	1,094,078	34,632
NIAAA	450,095	113,851	462,167	474,649	12,482
NINR	141,834	35,877	145,600	150,198	4,598
NHGRI	502,261	127,035	515,876	533,959	18,083
NIBIB	308,108	77,937	316,452	325,925	9,473
NCCR	1,226,000	1,610,088	1,268,519	1,308,741	40,222
NCCAM	125,431	31,728	128,791	132,004	3,213
NCMHD	205,912	52,081	211,506	219,046	7,540
FIC	68,655	17,370	70,007	73,027	3,020
NLM	338,842	83,643	350,607	364,802	14,195
OD	1,247,292	1,336,837	1,177,020	1,220,478	43,458
B&F	125,581	500,000	100,000	125,581	25,581
Type 1 Diabetes 3/	-150,000	0	-150,000	-150,000	0
Subtotal, Labor/HHS	30,318,024	10,380,703	31,009,788	32,007,237	997,449
Interior/Superfund Research Program	78,074	19,297	79,212	81,763	2,551
Total, NIH Discretionary B.A.	30,396,098	10,400,000	31,089,000	32,089,000	1,000,000
Type 1 Diabetes	150,000	0	150,000	150,000	0
Total, NIH Budget Authority	30,546,098	10,400,000	31,239,000	32,239,000	1,000,000
NLM Program Evaluation	8,200	0	8,200	8,200	0
Total, Prog. Level	30,554,298	10,400,000	31,247,200	32,247,200	1,000,000

1/ Funds are appropriated from the American Recovery and Reinvestment Act, 2009 (P.L. 111-5) and are available until September 30, 2010.

2/ Includes \$8,000,000 for facilities repairs and improvements at the NCI Frederick Federally Funded Research and Development Center in Frederick, MD.

3/ Type 1 Diabetes Initiative mandatory funds provided through P.L. 110-173 and P.L. 110-275 in FY 2009 and FY 2010, respectively, are included in NIDDK and subtracted in Type 1 Diabetes to ensure non-duplicative counting.

4/ Includes funds for transfer to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis (FY 2008 - \$294,759,000; FY 2009 - \$300,000,000; and FY 2010 - \$300,000,000).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Common Fund

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NATIONAL INSTITUTES OF HEALTH

Common Fund

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2009 Actual		FY 2009 Recovery Act Actual		FY 2010 Recovery Act Estimated		FY 2010 Enacted		FY 2011 PB		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:												
Research Projects:												
Noncompeting	157	\$81,671	0	\$0	26	\$32,788	214	\$114,233	257	\$145,110	43	\$30,877
Administrative supplements	(58)	6,007	(6)	1,756	(1)	25	(29)	3,000	(29)	3,000	0	0
Competing:												
Renewal	4	4,097	0	0	0	0	0	0	0	0	0	0
New	221	173,407	47	60,865	14	30,978	222	178,946	224	184,449	2	5,503
Supplements	0	0	1	201	0	0	0	0	0	0	0	0
Subtotal, competing	225	177,504	48	61,066	14	30,978	222	178,946	224	184,449	2	5,503
Subtotal, RPGs	382	265,182	48	62,822	40	63,791	436	296,179	481	332,559	45	36,380
SBIR/STTR	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, RPGs	382	265,182	48	62,822	40	63,791	436	296,179	481	332,559	45	36,380
Research Centers:												
Specialized/comprehensive	38	129,884	3	5,471	2	4,753	36	115,822	37	119,297	1	3,475
Clinical research	9	6,786	0	0	0	0	9	6,603	9	6,801	0	198
Biotechnology	18	6,667	0	0	0	0	21	7,556	22	7,783	1	227
Comparative medicine	0	0	0	0	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, Centers	65	143,337	3	5,471	2	4,753	66	129,981	68	133,881	2	3,900
Other Research:												
Research careers	48	49,580	0	0	0	0	28	25,382	11	10,191	(17)	-15,191
Cancer education	0	0	0	0	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Other	19	26,066	0	0	0	0	11	20,703	14	26,182	3	5,479
Subtotal, Other Research	67	75,646	0	0	0	0	39	46,085	25	36,373	(14)	-9,712
Total Research Grants	514	484,165	51	68,293	42	68,544	541	472,245	574	502,813	33	30,568
Research Training:												
Individual awards	0	0	0	0	0	0	0	0	0	0	0	0
Institutional awards	405	14,046	0	0	0	0	328	13,224	236	9,907	(92)	-3,317
Total, Training	405	14,046	0	0	0	0	328	13,224	236	9,907	(92)	-3,317
Research & development contracts (SBIR/STTR)	0	10,219	0	0	0	0	0	25,419	0	14,419	0	-11,000
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Intramural research	0	21,478	0	0	0	0	0	21,800	0	22,498	0	698
Research management and support	0	11,225	0	0	0	0	0	11,421	0	11,992	0	571
Construction	0	0	0	0	0	0	0	0	0	0	0	0
Buildings and Facilities	0	0	0	0	0	0	0	0	0	0	0	0
Total, Common Fund	0	541,133	0	68,293	0	68,544	0	544,109	0	561,629	0	17,520

FY 2011 Proposed Appropriation Language

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

For the study of, construction of, renovation of, and acquisition of equipment for, facilities of or used by the National Institutes of Health, including the acquisition of real property, [\$100,000,000] *\$125,581,000*, to remain available until expended.

(Public Law 111-117, Consolidated Appropriations Act, 2010)

In summary, by balancing a broad range of investment criteria, the Office of Research Facilities manages its real property assets in a fashion that optimizes the support of NIH's dynamic research mission.

Overall Budget Policy

Table 1 is a summary of the funding for B&F from FY 2002 through FY 2011.

Table 1 - Summary of B&F Funding by Program Activity FY 2002 through FY 2011:

Year	Construction	Essential Safety and Regulatory Compliance	Physical Security	Repairs and Improvements	Renovations	Equipment/ Systems/ Enabling	Total
FY 2002	127,000,000 ^{1/}	61,579,000	25,000,000 ^{1/}	64,600,000	14,100,000	3,600,000	295,879,000
FY 2003	470,618,000	6,200,000	80,000,000	55,800,000 ^{2/}	24,069,000	2,000,000	638,687,000
FY 2004	9,500,000	13,472,000	0	70,500,000 ^{2/}	5,500,000	0	98,972,000
FY 2005	28,059,000	6,000,000	0	58,429,000	10,800,000	7,000,000	110,288,000
FY 2006	5,180,000	13,944,300	0	66,381,000	0	0	85,505,300
FY 2007	3,200,000	14,500,000	0	65,881,000	0	0	83,581,000
FY 2008	30,500,000	15,500,000	0	72,966,000	0	0	118,966,000
FY 2009	61,500,000	17,500,000	0	46,581,000	0	0	125,581,000
FY 2009 ARRA	428,000,000	0	0	72,000,000	0	0	500,000,000
FY 2010	16,000,000	16,000,000	0	68,000,000	0	0	100,000,000
FY 2011	0	17,500,000	0	108,081,000	0	0	125,581,000

^{1/} Includes funding provided through the HHS supplemental emergency appropriation for Physical Security Improvements (\$25,000,000) and for construction of a BSL-4 facility at the NIH Rocky Mountain Laboratories (\$66,500,000)

^{2/} Amount includes \$10,000,000 comparable adjustments for IC R&I projects.

Overall Budget Policy: The FY 2011 budget request for Buildings and Facilities is \$125.581 million, an increase of \$25.581 million or 25.6 percent over the FY 2010 enacted level. This request provides funds for specific projects in two program areas: Essential Safety and Regulatory Compliance and Repairs and Improvements. These programs and projects will help the NIH to fulfill its continuing commitment to sustain its facilities and improve the overall Condition Index (CI).

Table 2 - Summary of FY 2011 Request

Year	Construction	Essential Safety and Regulatory Compliance	Repairs and Improvements	Renovations	Equipment/ Systems/ Enabling	Total
FY 2011	0	17,500,000	108,081,000	0	0	125,581,000



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Office of the National Coordinator
for Health Information Technology

FY 2011 Online Performance Appendix

Full Cost Table

ONC estimates allocated budgetary resources by HHS strategic objective by attributing funds based on programmatic focus. Overhead costs such as administrative management, personnel, and other infrastructure and related expenses are estimated across programs based on the number of staff supporting the programs.

ONC's entire budget is related to HIT and the overarching goal is to increase adoption of HIT among physicians. Therefore, the entire budget is attributed to this performance measure.

*Full Cost Table for ONC
(Budgetary Resources in Millions)*

HHS Strategic Goals and Objectives	FY 2009	FY 2010	FY 2011
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	\$46.260	\$46.342	\$59.179
1.2. Increase health care service availability and accessibility.	\$16.970	\$17.000	\$21.709
1.3. Improve health care quality, safety and cost/value	\$29.290	\$29.342	\$37.470
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.	\$13.975	\$14.000	\$17.878
2.1. Prevent the spread of infectious diseases.	\$5.989	\$6.000	\$7.662
2.3. Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	\$2.995	\$3.000	\$3.831
2.4. Prepare for and respond to natural and man-made disasters.	\$4.991	\$5.000	\$6.385
4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services	\$0.996	\$1.000	\$1.277
4.4. Communicate and transfer research results into clinical, public health and human service practice.	\$0.996	\$1.000	\$1.277
Total	\$61.231	\$61.342	\$78.334

Table 1: IMLS Appropriations History, 2001-2011 (Budget Authority in 000s)

STATUTORY AUTHORITY	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011 Request
Museum and Library Services Act (MLSA) General Provisions Sec. 9108											
Policy, Research, Program Evaluation, and Statistics											2,081
Library Services Technology Act (LSTA)											
Grants to States	148,939	149,014	150,435	157,628	160,704	163,746	163,746	160,885	171,500	172,561	172,561
Native American Libraries	2,940	2,941	3,055	3,206	3,472	3,638	3,638	3,574	3,717	4,000	4,000
Nat. Leadership / Libraries	11,299	11,081	11,009	11,263	12,301	12,375	12,375	12,159	12,437	12,437	14,000
Laura Bush 21 st Century			9,935	19,882	22,816	23,760	23,760	23,345	24,525	24,525	22,962
SUBTOTAL, LSTA	163,178	163,036	174,434	191,979	199,293	203,519	203,519	199,963	212,179	213,523	213,523
Museum Services Act (MSA)											
Museums for America	15,483	15,482	15,381	16,342	16,864	17,152	17,152	16,852	19,176	19,176	19,176
Museum Assessment Program	449	450	447	447	446	442	442	434	460	460	460
Museum Prof. 21 st Century					992	982	982	965	1,280	1,280	2,280
Conservation Proj. Support	2,305	2,310	2,792	2,782	2,788	2,772	2,772	2,724	3,052	3,052	3,052
Conserv. Assmt Program	818	820	815	815	813	807	807	793	803	803	803
Native Am/Haw. Museums					843	911	911	895	945	975	975
Nat. Leadership /Museums	3,542	5,167	5,663	6,891	7,539	7,920	7,920	7,782	7,981	7,981	6,981
SUBTOTAL, MSA	22,597	24,229	25,098	27,277	30,285	30,986	30,986	30,445	33,697	33,727	33,727
African American History Culture Act (AAHCA)											
Museum Grants for Afr. Am Hist. & Culture						842	842	827	1,310	1,485	1,485
Agency Wide											
Administration	7,295	7,712	9,202	10,389	11,097	11,797	11,858	13,987	16,917	17,134	15,053 ¹
TOTAL, IMLS PROGRAMS/ADMIN	193,070	194,977	208,734	229,645	240,675	247,144	247,205	245,222	264,103	265,869	265,869
Earmarks	39,251	29,524	35,156	32,595	39,889	0	0	18,285	10,737	16,382	0
TOTAL	232,321	224,501	243,890	262,240	280,564	247,144	247,205	263,507	274,840	282,251	265,869

¹ In FY2008-2010 the Administration line included funding for activities now listed in the Policy, Research, Program Evaluation, and Statistics line.