

Attachment 7A

Explanatory Note for Department of Health and Human Services (HHS) Report May 2, 2011

Office of the Secretary (OS)

The OS appropriations include:

- General Departmental Management; Office of the National Coordinator for Health Information Technology (ONC HIT); [OS 1609(c) Page 1, Line 1] and
- Public Health and Social Services Emergency Fund (IT Security) [OS 1609(c) Page 1, Line 2].

NEPA reviews for OS ARRA funding are completed. The spend plans for ONC HIT and the IT Security were reviewed in accordance with Health and Human Services (HHS) National Environmental Policy Act (NEPA) procedures and determined to be categorically excluded from further NEPA review.

Additionally, the Agency for Healthcare Research and Quality (AHRQ) transferred \$400 million of the appropriation for Comparative Effectiveness Research to the Office of the Secretary and categorically excluded the amount from further review. AHRQ will report on the NEPA work associated with those funds in its ARRA Section 1609(c) report.

ONC HIT: Obligated funds for this period are reported in the Section 1609(c) report and reflect **13** new activities (HITECH grants and contracts awarded by ONC, the HHS Office for Civil Rights, the HHS Office for Planning and Evaluation, CDC, NIH/NLM, SAMHSA, and AHRQ) for this reporting period. There are a total of **249** activities that are categorically excluded. Additionally, OS transferred \$20M of ONC's ARRA appropriation to National Institute of Standards and Technology in September 2009 and thus does not report this amount.

IT Security: Obligated funds for this period are reported in the Section 1609(c) report and reflect 0 new activities (contracts and purchase orders) for this reporting period. There are a total of 98 activities that are categorically excluded and are in support of the following initiatives:

- Security Incident Response & Coordination
- Operating Division (OPDIV) Security Engineering and Technical Staff Support
- Enterprise-wide Security Situational Awareness
- Endpoint (Desktop Computer) Protection, Internet Content Web Security Filtering, and Data Loss Prevention
- Enhanced OPDIV Security Architecture, Engineering, and Implementation

Through Interdepartmental Delegation of Authority (IDDA), OS received the following funds from the CDC Prevention and Wellness Funds:

- OS/Office of Public Health and Sciences (OPHS) \$10,000,000
- OS/Office of the Assistant Secretary for Planning and Evaluation (ASPE) \$1,500,000 :
- OS/Office of the Assistant Secretary for Public Affairs (ASPA) \$1,900,000 ;

The spend plan for these funds were included in the CDC NEPA review and are incorporated in the CDC 1609(c) report (see CDC narrative below and 1609(c) report attached).

Administration for Children & Families (ACF)

The Administration for Children & Families has two ARRA Programs: Child Care and Development Block Grants and the Children and Family Services Program.

Child Care and Development Block Grant (page 1, row 1 and page 2, row 1 of the ACF spreadsheet) total represents the 315 awards issued to date. This program has been reviewed and categorically excluded in accordance with HHS NEPA procedures. \$1,990,190,197 has been obligated through March 31, 2011.

Children and Family Services Program (page 1, row 2 of the spreadsheet) total represents 5,172 awards issued to date. NEPA actions on this program include 1 Environmental Assessment and two Programmatic Categorical Exclusions. **\$3,130,239,015** has been obligated through March 31, 2011..

- **Head Start Program** (page 2, row 2) has issued a total of 4,730 awards to date – this includes Head Start, Early Head Start and Head Start COLA/QI awards. The Head Start Program allows for construction and major renovations; therefore, Categorical Exclusions (CEs) are not applicable. The NEPA completion date reflects the effective date of the Programmatic Environmental Assessment (PEA) and Finding of No Significant Impact (FONSI) for the Head Start Program. Under the PEA, Head Start applicants are required to prepare an Environmental Report. The reports received from applicants undergo a final evaluation and ACF completes the work necessary for NEPA compliance. (NOTE: Prior to the 3rd Quarter 2010 each of the discrete awards were listed as a separate NEPA action but this was changed for the 3rd Quarter reporting period after consultation with CEQ resulting in a significantly reduced number of NEPA Actions)
- **Community Services Block Grant Program** (page 2, row 3) **mandatory and discretionary awards** remain unchanged from the previous reporting cycle, for a total 105 mandatory awards and 211 discretionary awards. (Please note: **Mandatory** awards are formula-based entitlement grants that ACF issues as a result of legislative action [e.g., mandated by Congress, appropriations acts, authorizing legislation]. ACF provides **discretionary** awards as a result of a competitive review.) This program has been reviewed and categorically excluded in accordance with HHS NEPA procedures.

- **Strengthening Communities Fund Grant Program** (page 2, row 4) remains unchanged from the previous reporting cycle, with a total of 126 awards. This program has been reviewed and categorically excluded in accordance with HHS NEPA procedures.

Administration on Aging (AoA)

AoA is reporting no changes from the previous report with a total of 406 ARRA funded projects. AoA received \$100 million in funding for the Aging Services Programs for a total of 358 awards (see AoA spreadsheet page 1, row 1). All of this funding has been obligated for projects and activities for three types of ARRA projects:

- Congregate Nutrition Services (page 2, row 1) – includes 56 awards totaling \$65 million to provide meals and related nutrition services for seniors who are homebound;
- Home-Delivered Nutrition Services (page 2, row 2) - includes 56 awards totaling \$32 million; and
- Nutrition Services for Native Americans (page 2, row 3) - included 246 awards totaling \$3 million to provide meals and related nutrition services for American Indian, Alaskan Native and Native Hawaiian elders.

AoA received an additional \$32.5 million from the Centers for Disease Control and Prevention ARRA Prevention and Wellness funding for the Chronic Disease Self Management Program (CDSMP; see page 1, row 2 of the AoA spreadsheet). A total of \$2.5 million of this amount has been transferred to the Centers for Medicaid and Medicare Services (CMS) Quality Improvement Organization to evaluate the impact of chronic-disease self management on the health care utilization of Medicare beneficiaries (see CMS report). On March 31, 2010, \$30 million in CDSMP funding was awarded to 47 States and Territories, as well as for a Technical Assistance Resource Center, for a total of 48 grants (page 2, row 4).

All programs have undergone NEPA review and Categorical Exclusions (CE) have been determined to be the appropriate level of NEPA review.

Agency for Healthcare Research & Quality (AHRQ)

Under American Recovery and Reinvestment Act (Recovery Act) the Department of Health and Human Services (HHS) appropriated \$1.1 billion for comparative effectiveness research, of which:

- \$300 million is for AHRQ (see page 2, row 1 of the AHRQ spreadsheet)
- \$400 million is for allocation by the Office of the Secretary (OS) (page 2, row 2)
- \$400 million is for the National Institutes of Health (NIH) (see page 2, row 20 of the NIH spreadsheet, attachment 7J under the program “Office of the Director, Scientific Research.”)

Please note that the allocation to OS is distributed at the discretion of OS but is listed on AHRQ's spreadsheet. The allocation to NIH is likewise distributed at the discretion of NIH but is listed on NIH's spreadsheet. The AHRQ, OS-CER and NIH programs reported here have undergone NEPA review and categorical exclusions have been determined to be appropriate.

AHRQ – Comparative Effectiveness Research:

AHRQ CER obligations in ARRA Funds in Grant and Contract opportunities totaled \$299,819,133 million. These obligations reflect salaries and benefits used to support this research. AHRQ employed grants (63), contracts (19) and salaries and benefits to undertake this research for a total of 82 activities (see page 2, row 1 of the spreadsheet).

Office of the Secretary – Comparative Effectiveness Research:

OS CER obligations in ARRA Funds in Grant and Contract opportunities totaled \$399,768,046 million. These obligations reflect salaries and benefits used to support this research. The OS employed grants (87), contracts (25), task order contracts (23), and salaries and benefits to undertake this research for total of 135 activities (see page 2, row 2).

All of the AHRQ and OS CER ARRA awards can be found on the AHRQ website at <http://www.ahrq.gov/fund/recoveryawards/>

CDC – Centers for Disease Control & Prevention

The CDC has three NEPA actions for the \$1,000,000,000 appropriations for Prevention and Wellness Fund: Section 317 Immunizations Program, Healthcare Associated Infections (HAI) and Communities Putting Prevention to Work (CPPW). The spending and implementation plans for these activities have been reviewed and the projects and activities have been found to be categorically excluded from further NEPA review in accordance with HHS NEPA procedures. As of September 30, 2010, CDC completed the obligations of the Prevention and Wellness Fund appropriations. To date, CDC obligated \$967,391,325 [CDC 1609 (c) Page 1, Lines 1&2]. The narrative information is derived from 482 grants and 143 contracts for a total of 625 ARRA Funded Projects (reduced from previous report due to corrections in the total number of HAI grants)./ Activities, including the National Institutes for Health (CPPW), Office of the Secretary (CPPW), and Centers for Medicare and Medicaid Services (HAI) IDDA [CDC 1609 (c) Page 1, Lines 1&2]. The narrative does not include information from the Administration on Aging (CPPW) and Centers for Medicare and Medicaid Services IDDA (CPPW).

The CDC appropriations cited above includes \$650 million, for a multi-facet approach to reducing chronic diseases entitled "Communities Putting Prevention to Work." With this funding, CDC obligated \$600.4 million (TAFS #75-0910-0942) and transferred \$49.6 million through IDDA as follows:

- Administration on Aging (AoA) \$30,000,000 (see AoA narrative and report);
- Centers for Medicare and Medicaid Services (CMS) \$2,500,000 (see CMS narrative and report);
- National Institutes for Health (NIH) \$4,000,000 (included in this CDC narrative/1609 (c) Page 2, Line 3);
- OS/Office of the Assistant Secretary for Health (OASH) \$10,000,000 (included in this CDC narrative/1609 (c) Page 2, Line 3);;
- OS/Office of the Assistant Secretary for Planning and Evaluation (ASPE) \$1,200,000 (included in this CDC narrative/1609 (c) Page 2, Line 3);and
- OS/Office of the Assistant Secretary for Public Affairs (ASPA) \$1,900,000 (included in this CDC narrative/1609 (c) Page 2, Line 3).
(See the OS section of this report for OASH, ASPE and ASPA activities)

The activities receiving Division A of the American Recovery and Reinvestment Act of 2009 funds include:

- 64 immunization programs that include all 50 states, Washington DC, 5 urban areas, the U.S. Territories, and selected Pacific Island nations [CDC 1609 (c) Page 2, Line 1];
- Programs to reduce preventable healthcare associated infections through State health department efforts, including leveraging the National Healthcare Safety Network to support the dissemination of HHS evidence-based practices within hospitals [CDC 1609 (c) Page 2, Line 2]; and
- Programs to expand the use of evidence-based strategies and programs, mobilize local resources at the community-level, and strengthen the capacity of states to reduce risk factors and prevent/delay chronic disease and promote wellness in both children and adults in large cities, urban areas, tribal communities, U.S. territories, state-coordinated small cities and rural areas [CDC 1609 (c) Page 2, Lines 3&4].

Centers for Medicaid and Medicare Services (CMS)

Prevention and Wellness: CMS made 55 funding awards to 43 states. The total appropriation available is \$10,000,000. The total obligation as of March 31, 2011 is \$9,999,148 to a total of 43 states (CMS 1609(c) Page 1, Row 1 & Page 2, Row 1). CMS has determined that these activities fall within a Categorical Exclusion for NEPA under the HHS General Accounting Manual (GAM). The NEPA determination has been written and approved as a Categorical Exclusion. See CMS ARRA Financial Reports for more information (TAF code 75-0144).

CMS received \$2,500,000 from the Centers for Disease Control for the implementation of a project under the Communities Putting Prevention to Work program. CMS is working in cooperation with the Administration on Aging to evaluate the impact of chronic-disease self management on the health care utilization of Medicare beneficiaries (CMS 1609(c) Page 1, Row 2). CMS awarded a contract to Mitre on September 27, 2010 in the amount of \$ 2,409,940, to develop the criteria and

requirements for a new Health Program Registration System. This system will be used to register participants in the Diabetes and Self Management Program and create the basis for evaluation against claims data (for Medicare beneficiaries) for CMS. This work is covered by an existing NEPA finding of Categorical Exclusion made by the Administration on Aging and approved September 9, 2009. See CMS ARRA Financial Reports for more information (TAF code 75-0942).

Health Information Technology for Economic and Clinical Health (HITECH):

CMS made one modification in the amount of \$ 611,565 to an existing contract to add additional information security and FISMA requirements under the Health Information Technology for Economic and Clinical Health (HITECH) sections of the ARRA act of 2009. This work is covered by an existing NEPA finding of Categorical Exclusion made by the Office of the Secretary at the Department of Health and Human Services (HHS) approved September 30, 2009. CMS received a total of \$1,186,721 in funds under TAF code 75-0141. The remaining funds are being used to fund three additional FTEs and other administrative costs. The HITECH activities described here are reported in the OS section and the OS 1609 c report under TAF 75-0141.

Health Resources and Services Administration (HRSA)

There are no changes for the following programs:

1. Increased Demand for Services, Health Center Cluster Program (HRSA spreadsheet rows 1-2)
2. Health Center Cluster Program (HRSA spreadsheet rows 3-5)
3. National Health Service Corps Loan Repayment Program (HRSA spreadsheet row 6)
4. Nursing Education Loan Repayment Program (HRSA spreadsheet row 7)
5. State Loan Repayment Program (HRSA spreadsheet row 8)
6. Grants for Residency Training in Dental Public Health (HRSA spreadsheet row 9)
7. Public Health Traineeship (HRSA spreadsheet row 10)
8. Scholarships to Disadvantaged Students (HRSA spreadsheet row 11)
9. Nurse Faculty Loan Program (HRSA spreadsheet row 12)
10. Health Information Technology (HRSA spreadsheet row 13)
11. State Primary Care Offices (HRSA spreadsheet row 14)
12. Health Careers Opportunity Program (HRSA spreadsheet row 15)
13. Nursing Workforce Diversity Program (HRSA spreadsheet row 16)
14. Centers for Excellence (HRSA spreadsheet row 17)
15. The Licensure Portability Special Initiative (HRSA spreadsheet row 18)
16. Training in Primary Care Medicine and Dentistry: Administrative Academic Units (HRSA spreadsheet row 19)
17. Training in Primary Care Medicine and Dentistry: Physician Faculty Development in Primary Care (HRSA spreadsheet row 20)
18. Training in Primary Care Medicine and Dentistry: Pre-doctoral Training in Primary Care (HRSA spreadsheet row 21)

19. Training in Primary Care Medicine and Dentistry: Physician Assistant Training in Primary Care (HRSA spreadsheet row 22)
20. Training in Primary Care Medicine and Dentistry: Residency Training in Primary Care (HRSA spreadsheet row 23)
21. Training in Primary Care Medicine-Interdisciplinary and Interprofessional Graduate Joint Degree (HRSA spreadsheet row 24)
22. Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (HRSA spreadsheet row 25)
23. Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene (HRSA spreadsheet row 26)
24. Equipment to Enhance Training for Health Professionals (HRSA spreadsheet row 27)
25. Preventive Medicine Residency Program (HRSA spreadsheet row 28)

Federal Investment Program (FIP)

In December 2009, 108 Federal Investment Program projects were approved. One new FIP grant—representing two new projects—was awarded March 11, 2010, bringing the total number of projects to 110.

Thirty-four projects were listed under a Programmatic Environmental Assessment (HRSA spreadsheet row 29). Reviews for these projects have been completed. The total number of projects listed under the Programmatic Environmental Assessment increased from 31 to 34 due to recent changes in several grantees' project scope, which then fell under a Programmatic Environmental Assessment.

Seventy-six projects required Environmental Assessments (EA). In addition to the 54 previously completed EAs, an additional eight EAs for individual FIP projects were completed during the reporting period (HRSA spreadsheet rows 92-99), bringing the total number of completed reviews to 61. Seven Environmental Assessments are under development and are pending, as explained below.

In total, seven projects for which Environmental Assessments are required are still pending (HRSA spreadsheet row 30). These were pending in the last CEQ report as well:

- Six draft Environmental Assessments are under review. Of those projects, four are completed pending additional documentation and coordination with other Federal and State Agencies due to issues with National Landmarks, Historic Buildings, floodplains, wetlands, Brownfields and related hazardous materials abatement.
- One grantee is still working on preparation of draft Environmental Assessment's and Section 106 consultations.

Capital Improvement Program (CIP)

Equipment Projects

A total of 1,112 equipment projects to support health center medical, administrative, and information technology were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 100).

Alteration/Renovation/Repair Projects

A total of 1,140 alteration/renovation/repair projects have been completed under a Programmatic Environmental Assessment (HRSA spreadsheet row 103). Eleven projects may fall under one Programmatic Environmental Assessment (HRSA spreadsheet row 104). These were reported as pending in the last CEQ report:

- One grantee is still working on preparation of Section 106 consultations.
- Ten grantees are making revisions to their project scope of work, which delay preparation and completion of environmental and historic preservation reviews.

A total of 24 Environmental Assessment's have been completed for individual alteration/renovation/repair projects (HRSA spreadsheet rows 105-128).

Construction

A total of 372 projects were classified as construction.

A total of 174 construction projects have been completed under a Programmatic Environmental Assessment (HRSA spreadsheet row 101).

One-hundred and ninety-four Environmental Assessments have been completed (HRSA spreadsheet rows 129-322) with three projects being completed over the past quarter (HRSA spreadsheet rows 320-322). Four projects are still pending (HRSA spreadsheet row 104), due to grantees making revisions to their project scope of work, which will delay preparation and completion of environmental and historic preservation reviews.

The following are examples of a benefit afforded by the NEPA process to HRSA projects:

Seattle-King County Public Health Department EA

The project proposed placing a homeless respite care center within a Section 8 apartment building. Comments submitted by the residents of the buildings during the NEPA public comment period resulted in changes to the project in terms of safety and access, as well as a more positive perception of the project.

Providence Community Health Center EA

In considering an important Brownfield redevelopment project in South Providence, Rhode Island, the NEPA process for the Providence Community Health Center helped to uncover the existence of potential residual contaminants from lithography chemicals and underground tanks at the historic site. Working with EPA Region I and the Rhode Island Department of Environmental Quality, HHS ensured that the necessary measures were incorporated as part of redevelopment of the site to protect human health and minimize

the potential for future liability. Upon receiving the appropriate findings that remediation standards have been met to ensure that the future health of workers and patients is protected, HRSA moved forward with funding the project.

Indian Health Service (IHS)

The 'Indian Health Facilities' report includes the number of funded projects that were obligated by contracts, Memorandum of Agreements (MOA), Indian Sanitation Facilities Act (Public Law 86-121) arrangements, or other authorized obligating agreements through March 31, 2011.

During the last reporting period (ending March 31), 47 new Indian Health Facilities projects were identified for a total of 877 completed NEPA actions and 35 pending NEPA actions.

Indian Health Facilities

The 'Indian Health Facilities' appropriations include maintenance and improvement projects, repair and renovation projects, acquisition of medical equipment and CT scanners, and sanitation projects. See spreadsheet page 1, row 1 and page 2, rows 1-323 and 329-633. This line item also shows an increase of \$90 Million due to a transfer under an interagency agreement with the US Environmental Protection Agency (EPA) for drinking water and clean water act tribal set asides.

No pending NEPA actions remain.

A total of 14 projects were withdrawn as of this report; rows 62, 103, 120, 121, 173, 200, 231, 254, 270, 289, 308, 310.

There are four types of Indian Health Facilities program projects:

* Maintenance and Improvement Projects (page 2, rows 1- 301, 395-398, 437-439, 442, 494-496, 498): A total of 333 CEs, 4 EAs are completed, and 10 withdrawn.

* Equipment (page 2, rows 302-321, 394, 397, 440-441, 493, 497, 499): There are 218 CEs completed and 4 withdrawn.

* Health Facilities Construction (page 2, rows 322 and 323): Both projects have completed their NEPA and other environmental requirements and are not expected to change.

* Sanitation Projects (page 2, rows 329 – 393, 399-492, 500-605): There are 249 CEs and 4 EAs are completed, 35 CEs are pending—the agency expects to finalize its determinations in the next six months; the delays are due to administrative considerations (signatures, filing, and data entry). Of these projects 30 sanitation projects

are jointly funded with EPA ARRA funds and 138 sanitation projects are funded with EPA ARRA funds only; however, IHS is reporting on all these projects.

Indian Health Services

The 'Indian Health Services' (spreadsheet page 1, row 2 and page 2, rows 324-328) appropriations includes 63 categorically excluded activities, mostly acquisition, related to Health information technology (HIT) Electronic Health Record Development & Deployment, Telehealth and Network Infrastructure and Project Management, Transparency.

* Health Information Technology (page 2, rows 324-328): All CEs are complete.

National Institutes of Health (NIH)

The NIH has the following ARRA funded programs:

- "Building and Facilities"; [NIH 1609(c) Page 1. Lines 1] (TAFS 75-0839)
 - "NCRR Extramural construction/Shared Instrumentation" (National Center for Research Resources); [NIH 1609(c) Page 1. Line 2] (TAFS 75-0847) and
 - "Office of the Director, Scientific Research" [NIH 1609(c) Page 1. Line 3] (TAFS 75-0845) (also includes 75-08xx and 75-09xx sub-series for Institutes and Division obligations and activities).
 - \$400 million of the appropriation for "Comparative Effectiveness Research" from AHRQ has been transferred to NIH and used the Office of the Director Treasury Appropriation Fund Symbol, 75-0845.
1. "Building and Facilities" [NIH 1609(c) Page 2. Lines 1-16] currently has 16 projects/activities with 13 categorical exclusions (CE), one completed environmental assessment (EA) and one Master Plan completed Environmental Impact Statements (EISs) which covers two projects.
 2. The NCRR [NIH 1609(c) Page 2. Lines 17-20] specializes in extramural grants and grantees are authorized to conduct initial environmental reviews which have resulted in 157 CEs and 18 EAs. The pending [NIH 1609(c) Page 2. Line 19] are waiting on final confirmation from the grantees and NCRR. After confirmation of acceptance the EAs will be coordinated with the NIH and completed prior to construction grants being dispersed. Three Environmental Assessments have been completed resulting in Findings of No Significant Impact. 15 are still in progress.
 3. The OD [NIH 1609(c) Page 2. Lines 21-46] appropriations are made available to the various Institutes and Centers through grants which may be intramural or extramural research and are usually determined to be CE. Appropriations to OD for Comparative

Effectiveness Research include 23 projects which have been incorporated into the OD line item. Those projects/activities with approved spend plans have completed NEPA reviews. Extraordinary circumstances, such as, major construction or a high containment laboratory, or controversial issues would require additional environmental review under an EA or EIS. Currently, there have been 1,560 activities under the OD resulting in CEs.

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