

Attachment 7A(1)

Explanatory Notes for Department of Health and Human Services (HHS) Report November 5, 2010

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 **46** 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 now a total of **236** 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 **33** new activities (contracts and purchase orders) for this reporting period. There are now a total of **99** 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. \$1,990,190,183 has been obligated through September 30, 2010.

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. \$3,149,923,981 has been obligated through September 30, 2010.

- **Head Start Program** (page 2, row 2) has issued an additional 1243 awards this reporting cycle for a total of 4,730 awards issued to date – this includes Head Start, Early Head Start and Head Start COLA/QI previously listed in Part 2 as separate line items. 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. Previously, each of the discrete awards were listed as a separate NEPA action but this was changed for this reporting period after consultation with CEQ resulting in a significantly reduced number of NEPA Actions. 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.
- **Community Services Block Grant Program** (page 2, row 3) **mandatory awards** remain unchanged from the previous reporting cycle, for a total 105. An additional 62 **discretionary awards** were issued since the previous reporting cycle, for a total of 211. (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, for 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, \$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:

During this reporting period (Q4), AHRQ has obligated the remaining AHRQ ARRA Funds in Grant and Contract opportunities which brings AHRQ’s CER total obligations to \$299,991,648 million. These obligations reflect salaries and benefits used to support this research. AHRQ will employ grants (~63), contracts (~4), task order contracts (~18), and salaries and benefits to undertake this research for a total of 85 activities (see page 2, row 1 of the spreadsheet). Total AHRQ CER Obligations are \$299,991,648 million.

Office of the Secretary – Comparative Effectiveness Research:

During this reporting period (Q4), OS CER has obligated the remaining OS ARRA Funds in Grant and Contract opportunities which brings the OS total obligations to \$399,858,590 million. These obligations reflect salaries and benefits used to support this research. The OS will employ grants (~196), contracts (~23), task order contracts (~47), and salaries and benefits to undertake this research for total of 266 activities (see page 2, row 2). Total OS CER Obligations are \$399,858,590 million.

**Please note that the OS CER Obligation does not tie to the HHS FAR because of the following reasons:*

- *Salary adjustments that were not captured in the 9/30/10 FAR Report*
- *\$2.4M CMS contract was mistakenly included in the OS TAF*

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. During the period, CDC obligated \$93,980,995 since the last report to Congress for a total of \$967,437,068 [CDC 1609 (c) Page 1, Lines 1&2]. The narrative information is derived from 430 grants and 140 contracts for a total of 570 ARRA Funded Projects / Activities [CDC 1609 (c) Page 1, Lines 1&2].

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 will obligate \$604.1 million (TAFS #75-0910-0942) and transfer \$45.9 million through IDDA as follows:

- Administration on Aging (AoA) \$32,500,000 (see AoA narrative and report)
- Centers for Medicare and Medicaid Services (CMS) \$2,500,000 (see CMS narrative and report)
- 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.

(See the OS section of this report for OPHA, 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, Line 3].

Centers for Medicaid and Medicare Services (CMS)

Prevention and Wellness: (Spreadsheet Page 1, Row 1 and Page 2, Row 1) CMS made 55 funding awards to 43 states. The total appropriation available is \$10,000,000. The total obligation as of September 30, 2010 is \$ 9,999,148 to a total of 43 states. 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 (Spreadsheet Page 1, Row2). 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 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): (Removed from the CMS spreadsheet after consultation with CEQ and reported on the OS spreadsheet) 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.

Comparative Effectiveness Research (CER): (Removed from the CMS spreadsheet after consultation with CEQ and reported on the AHRQ spreadsheet) CMS has awarded nine contracts under the Comparative Effectiveness Research sections of the ARRA for a total of \$62, 716,802. The total appropriation received is \$ 63,092,714. These activities are 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) and approved August 18, 2009. The CER activities described here are reported in the AHRQ section and the AHRQ 1609 c report under TAF 75-1701.

Health Resources and Services Administration (HRSA)

HRSA increased its obligation total by \$145,899,764 over last Quarter's report. **Ten new grant programs were awarded during the last quarter:**

Training in Primary Care Medicine and Dentistry: Administrative Academic Units

The Training in Primary Care Medicine and Dentistry: Administrative Academic Units grant provided 8 awards to establish, maintain, or improve Family Medicine, General Internal Medicine, and/or General Pediatrics academic administrative to provide clinical instruction in Family Medicine, General Internal Medicine, and/or General Pediatrics. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 19).

Training in Primary Care Medicine and Dentistry: Physician Faculty Development in Primary Care

The Training in Primary Care Medicine and Dentistry: Physician Faculty Development in Primary Care grant provided 13 awards to plan, develop, and operate programs for the training of physicians who teach or plan to teach in family medicine (including geriatrics), general internal medicine, and/or general pediatrics training programs(s). The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 20).

Training in Primary Care Medicine and Dentistry: Pre-doctoral Training in Primary Care

The Training in Primary Care Medicine and Dentistry: Pre-doctoral Training in Primary Care grant provided 7 awards to plan, develop, and operate or participate (including provisions of financial assistance to students in such programs) in pre-doctoral programs in Family Medicine, General Internal Medicine, and/or General Pediatrics. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 21).

Training in Primary Care Medicine and Dentistry: Physician Assistant Training in Primary Care

The Physician Assistant Training in Primary Care grant provided 9 awards to plan, develop, and operate or maintain programs for the training of physicians' assistants and for the training of individuals who will teach in programs to provide training to physician's assistants. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 22).

Training in Primary Care Medicine and Dentistry: Residency Training in Primary Care

The Residency Training in Primary Care provided 8 awards to plan, develop, and operate or participate (including provisions of financial assistance to residents in such programs) in approved residency programs in Family Medicine, General Internal Medicine, and/or General Pediatrics. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 23).

Training in Primary Care Medicine-Interdisciplinary and Interprofessional Graduate Joint Degree

The Training in Primary Care Medicine-Interdisciplinary and Interprofessional Graduate Joint Degree provided 3 awards to plan, develop, and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health pro-motion, epidemiological studies and injury control. The allowable

activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 24).

Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene

The Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene provided 1 award to establish, maintain, or improve predoctoral and post doctoral training in primary care programs. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 25).

Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene

The Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene provided 4 awards to establish, maintain, or improve dental faculty development programs in primary care which may be departments, divisions or other units. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 26).

Equipment to Enhance Training for Health Professionals

The Equipment to Enhance Training for Health Professionals provided 209 awards to support for the enhancement of the infrastructure supporting health professions training programs. The EETHP program provides funding to purchase equipment that shall be integrated into existing academic health professions programs. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 27).

Preventive Medicine Residency Program

The Preventive Medicine Residency Program grant provided 8 awards to plan and develop new residency training programs and to maintain and improve existing residency training programs, and provide financial support to residency trainees in these programs. The allowable activities under the award were determined to be Categorically Excluded from further review under NEPA (HRSA spreadsheet row 28).

Additional awards were made under five existing programs:

Health Information Technology

In the last quarter 2 additional awards under the existing Health Information Technology Initiative program were awarded, bringing the total number of awards to 100. This program was Categorically Excluded from further review under NEPA (HRSA spreadsheet row 13).

State Loan Repayment Program

In the last quarter 14 grants additional awards under the existing State Loan Repayment Program were awarded, bringing the total number of awards to 32 (This program was Categorically Excluded from further review under NEPA (HRSA spreadsheet row 8).

Scholarships to Disadvantaged Students

In the last quarter 273 grants additional awards under the existing Scholarships to Disadvantaged Students were awarded, bringing the total number of awards to 554 (This program was Categorically Excluded from further review under NEPA (HRSA spreadsheet row 11).

Nurse Faculty Loan Program

In the last quarter 51 additional awards under the existing Health Information Technology Initiative program were awarded, bringing the total number of awards to 116. This program was Categorically Excluded from further review under NEPA (HRSA spreadsheet row 12).

State Primary Care Offices

In the last quarter 44 additional awards under the existing Health Information Technology Initiative program were awarded, bringing the total number of awards to 89. This program was Categorically Excluded from further review under NEPA (HRSA spreadsheet row 14).

There are no changes from July 2010 for the following programs:

- Increased Demand for Services, Health Center Cluster Program
- The Licensure Portability Special Initiative
- National Health Service Corps
- Loan Repayment Program
- Nursing Education Loan Repayment Program
- Health Careers Opportunity Program
- Nursing Workforce Diversity Program
- Centers for Excellence

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-one projects were listed under a Programmatic Environmental Assessment (HRSA spreadsheet row 29). Based on the scope of work, many Federal Investment Program Projects are listed under one Programmatic Environmental Assessment. Any pending projects have restricted funding pending Section 106 clearances.

Reviews for these projects have been completed. The total number of projects listed under the Programmatic Environmental Assessment dropped from 32 to 31 due to a recent change in a grantee's project scope, necessitating preparation of a standard EA.

Seventy-nine projects required Environmental Assessments (EA). This increased by one due to a grantee change in a project scope. In addition to the thirty two previously completed EAs, an additional twenty-two EAs for individual FIP projects were completed during the reporting period (HRSA spreadsheet rows 63-84), bringing the total number of completed reviews to 54. Twenty-five Environmental Assessments are under development and are pending, as explained below.

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

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

- Four grantees are making revisions to their project scope of work, which delay preparation and completion of environmental and historic preservation reviews.

Capital Improvement Program (CIP)

Equipment Projects

The overall number of equipment projects to support health center medical, administrative, and information technology increased by 9 to a total of 1106 projects, due to grantee revising projects scopes (HRSA spreadsheet row 85). These projects were determined to be Categorically Excluded from further review under NEPA.

Alteration/Renovation/Repair Projects

Due to grantee determined scope revisions, the overall number of projects classified under alteration/renovation/repair projects decreased by 13 projects to 1,159.

Based on the scope of work, many Capital Improvement Grant Projects for alteration/repair/renovation are listed under one Programmatic Environmental Assessment. Any pending projects have restricted funding pending Section 106 clearances. A total of 1,113 alteration/renovation/repair projects have been completed under a Programmatic Environmental Assessment (HRSA spreadsheet row 89). Twenty-two projects may fall under one Programmatic Environmental Assessment (HRSA spreadsheet row 90). These were reported as pending in the last CEQ report:

- Thirteen grantees are still working on preparation of Section 106 consultations.
- Nine 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 92-114). Of the three projects pending a draft Environmental Assessment from the prior report:

- One project has been completed (HRSA spreadsheet row 115).
- One alteration/renovation/repair projects is pending grantee preparation and submission of a draft Environmental Assessment (HRSA spreadsheet row 91).
- One project underwent grantee revisions to the scope of work, and now falls under a Programmatic Environmental Assessment.

Construction

Due to grantee determined project scope revisions, the overall number of projects classified under construction has increased by 18 to a total of 380 projects.

Based on the scope of work, many Capital Improvement Grant Projects for construction and expansion are listed under one Programmatic Environmental Assessment. Any pending projects have restricted funding pending Section 106 clearances. A total of 177 construction projects have been completed under a Programmatic Environmental Assessment (HRSA spreadsheet row 86). Five projects may fall under one Programmatic Environmental Assessment (HRSA spreadsheet row 87). Of these projects, 3 grantees are initiating Section 106 consultation, and 2 are revising their project scope of work, which will delay completion of environmental and historic preservation reviews.

One-hundred and seventy-seven Environmental Assessments have been completed (HRSA spreadsheet rows 92-292) with 12 projects being completed over the past quarter (HRSA

spreadsheet rows 281-292). Twenty-one projects are still pending (HRSA spreadsheet row 88). Of those:

- 5 grantees are making revisions to their project scope of work, which delay preparation and completion of environmental and historic preservation reviews.
- 9 are preparing draft Environmental Assessments, and Section 106 consultations.
- 7 EA's are under review, 5 require additional documentation and coordination with other Federal Agencies due to issues with Brownfields, historic buildings, and floodplains.

The following example of a benefit afforded by the NEPA process to HRSA projects was listed in the previous report.

Providence Community Health Center EA (HRSA Spreadsheet, page 2, row 281)

This is an important Brownfield redevelopment (formerly Federated Lithographers site) project for the community in South Providence in terms of services and job creation. The NEPA process uncovered the existence of potential residual contaminants from lithography chemicals and historic underground historic tanks that were on this EPA Brownfield's Site. Contacts have been made with the EPA Region 1 and State DEQ who are providing additional oversight to enable confirmation that the cleanup goals are being met and that they are protective of human health

The EA findings have lead to higher scrutiny from regulatory agencies to aid in ensuring that the redevelopment is protective of human health and the potential for future liability is minimal. Upon receipt of appropriate findings that remediation standards have been met to ensure that the future health of workers and patients is protected, HRSA can move 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 June 30, 2010.

During the last reporting period (ending September 30), 69 new Indian Health Facilities projects were identified, for a total of 834 completed NEPA actions. The number of pending NEPA actions was reduced from five to one. The project with pending NEPA actions is currently under review for equipment procurement. Completion is expected by next reporting cycle. Unless there are extraordinary or exceptional circumstances, most of these 'pending' projects are being processed as CEs.

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 329-561. 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.

The one IHS pending NEPA action is an Indian Health Facilities project and is the only remaining project pending from the previous cycle. It remains pending due to the tribal agreements and the tribal consultation process.

A total of thirteen projects were withdrawn as of this report; rows 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 9 withdrawn.
- * Equipment (page 2, rows 302-321, 394, 397, 440-441, 493, 497, 499): There are 217 CEs completed. There is one CE that remains pending from the previous report 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, 500-561): All 206 CEs and 4 EAs are complete. Of these projects 22 sanitation projects are jointly funded with EPA ARRA funds and 87 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 17-19] 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 18] 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. A difference of 91 grants was due to grants being dropped by either the potential grantee or NCCR due to lack of information from the grantees, this resulted in a drop in 2 EAs (from 20 to 18) for this reporting period.

3. The OD [NIH 1609(c) Page 2. Lines 20-45] 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. Those pending spend plan approvals will be reviewed for extraordinary circumstances. 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 1,549 activities under the OD resulting in CEs.

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