

diagnosis and treatment of Autism Spectrum Disorders in minority and rural communities.

*Heritable Disorders Program.*—The agreement provides \$13,883,000 for the Heritable Disorders Program, of which \$2,000,000 is provided for a new grant competition to support the wider implementation, education and awareness of newborn screening for Severe Combined Immune Deficiency (SCID) and related disorders. The qualifying grantee must have at least five years of direct involvement in the effort to support implementation of SCID screening in State newborn screening protocols and offer a national network of medical centers to provide linkage to care for diagnosed newborns.

*Healthy Start.*—The Fetal Infant Mortality Review (FIMR) program is an important component of many Healthy Start Initiatives and that providing evidence-based interventions are crucial to improving infant health in high risk communities. HRSA is encouraged to continue to support the FIMR program with Healthy Start funding while educating Healthy Start Programs on the successes of the FIMR.

HRSA

HRSA is also encouraged to assist Healthy Start grantees that did not receive grants in fiscal year 2014 due to changes in the grant process, but were funded in previous years, with transitional funding to help alleviate their shortfalls.

HEALTH CARE SYSTEMS BUREAU

*340B Drug Program.*—HRSA is required to make 340B ceiling prices available to covered entities through a secure Web site. Funding was provided in fiscal year 2014 to implement such requirements, including the creation of a Web site. HRSA is directed to provide a briefing to update the House and Senate Appropriations Committees on implementation by March 3, 2015. There are concerns that HRSA

has been unable to demonstrate that the 340B program benefits the most vulnerable patients. In order to best serve the public need, the program should examine its ability to ensure patients' access to 340B savings for outpatient drugs. HRSA is directed to work with covered entities to better understand the way these entities support direct patient benefits from 340B discounted sales.

*Poison Control Centers.*—Increased education and outreach services provided by the poison control centers to Medicare and Medicaid beneficiaries could result in substantial savings by the Centers for Medicare and Medicaid Services. The Secretary is directed to continue the discussions with the Nation's poison control centers to develop an action plan to achieve these possible new Medicare and Medicaid cost savings.

#### RURAL HEALTH

The agreement includes sufficient funding to continue the five key program areas identified in the President's budget: outreach services grants, rural network development grants, network planning grants, small healthcare provider quality improvement grants, and the Delta States network grant program.

*Oral Health.*—There is a significant need for dental providers in rural communities who can provide oral healthcare and education to individuals on the importance of proper oral care and prevention, and ~~remains concerned~~ about the number of unnecessary hospital emergency room visits for oral health issues. The Office of Rural Health Policy is encouraged to support mobile dentistry programs led by properly licensed dental providers.

concerns remain

*Rural Access to Emergency Devices.*—The agreement provides \$4,500,000 for the Rural Access to Emergency Devices program. In past fiscal years, the funding was used to purchase automated external defibrillators for public locations and to