



Senate & House Health Reform Legislation: Summary of Key Prevention & Workforce Provisions

Senate HELP Post-Markup	House Bill - Post Energy & Commerce Markup 7/31	Senate Finance Committee Chairman's Mark 9/16
<p>Coverage of Preventive Health Services (Sec. 2708) – Stipulates that a group health plan and a health insurance issuer offering group or individual health insurance coverage shall provide coverage for and shall not impose any cost sharing requirements (other than minimal cost sharing in accordance with guidelines developed by the Secretary) for:</p> <p>(1) evidence based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the US Preventive Services Task Force;</p> <p>(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the CDC with respect to the individual involved; and</p> <p>(3) with respect to infants, children, and adolescents, evidence-informed preventive</p>	<p>Coverage of Preventive Health Services (Sec. 122) – Includes preventive services, including those services recommended with a grade of A or B by the Task Force on Clinical Preventive Services and those vaccines recommended for use by the Director of the Centers for Disease Control and Prevention, in the minimum services to be covered in the essential benefits package. Stipulates that there shall be no cost-sharing under the essential benefits package for preventive items and services (as specified under the benefit standards), including well baby and well child care.</p> <p>(Sec. 1305) - Waives all Medicare cost sharing (both co-insurance and deductibles) for preventive services.</p>	<p>Coverage of Preventive Services – Under Medicare, cost-sharing would be removed for preventive services covered by Medicare and recommended (rated “A” and “B”) by the U.S. Preventive Services Task Force (USPSTF).</p> <p>Evidence-Based Coverage of Preventive Services - The proposal would encourage evidence-based coverage of preventive services by giving the Secretary authority to modify coverage of existing preventive services consistent with USPSTF recommendations. The Mark would allow the Secretary to withdraw Medicare coverage for services rated “D” or harmful by USPSTF and would provide funding for CMS to improve provider education and patient awareness of covered preventive services. It would</p>

<p>care and screenings provided for in the comprehensive guidelines supported by HRSA.</p> <p>Coverage of Preventive Women’s Health Services (Sec. 2709) - A group health plan and a health insurance issuer offering group or individual health insurance coverage shall provide coverage for, and shall not impose any cost sharing requirements (other than minimal cost sharing in accordance with guidelines developed by the Secretary) for, with respect to women (including pregnant women and individuals of child bearing age), such additional preventive care and screenings not covered under section 2708 as provided for in guidelines supported by HRSA.</p>	<p>(Capps Amendment) – Specifies that for state Medicaid plans, there shall be no deduction, cost sharing or similar charge imposed under the plan with respect to clinical preventive services approved by the U.S. Preventive Services Task Force described in section 1905(z).</p>	<p>require a GAO study to determine if any barriers exist that prevent optimal utilization of covered preventive services.</p> <p>Annual Wellness Visit & Personalized Prevention Plan– Beginning in 2011, Medicare beneficiaries would have access to a comprehensive health risk assessment (HRA). Within six months of completing the comprehensive HRA, the Chairman’s Mark would authorize Medicare payment for a visit to a primary care provider to create a personalized prevention plan, which (among other things) may include referral to community-based interventions to address modifiable risk factors, such as weight, physical activity, smoking and nutrition.</p> <p>Improving Access to Preventive Services for Eligible Adults. States would be required to provide Medicaid coverage for comprehensive tobacco cessation services for pregnant women without cost-sharing for such services. A state that opts to provide Medicaid coverage for all recommended preventive services and immunizations recommended by the Advisory Committee on Immunization Practices and removes cost-sharing for these services would receive a one percentage point increase in the federal share of its Federal Medical</p>
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		<p>Assistance Percentage (FMAP) for those services, and for the required comprehensive tobacco cessation services for pregnant women.</p> <p>Removing Barriers to Preventive Services. States would be required to provide coverage Medicaid for tobacco cessation services for pregnant women without cost-sharing.</p> <p>Medical Home State Option for Beneficiaries with Chronic Conditions. This provision would create a new Medicaid state plan option under which Medicaid beneficiaries with chronic conditions could designate a provider as their medical home. Qualifying providers would have to demonstrate that they have the systems and infrastructure in place to provide comprehensive and timely high-quality care either in-house or by contracting with a team of health professionals. Designated providers would be required to report to the state on all applicable quality measures in the state Medicaid program.</p> <p>Employers - Employers must provide first dollar coverage for prevention services (except where value-based insurance design is used), however, and cannot have a maximum out-of-pocket</p>
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		limit greater than that provided by the standards established for Health Savings Accounts (HSAs).
National Prevention, Health Promotion & Public Health Council (Sec. 301) – Creates an interagency Council to provide coordination and leadership at the Federal level, and among Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system and integrative health care in the U.S. & to create the National Strategy.	National Prevention and Wellness Strategy (Sec. 3121) – In developing the Strategy described below, the Secretary shall consult with the appropriate heads of health agencies and offices in the Department and as appropriate, the heads of other Federal departments and agencies whose programs have a significant impact on health, as described by the Secretary.	
National Prevention and Health Promotion Strategy (Sec. 301) – Tasks the Council with creating a national strategy to: set goals and objectives for improving health through federally-supported prevention, health promotion and public health programs, establish measurable actions and timelines to carry out the strategy, and make recommendations to improve Federal prevention, health promotion, public health and integrative health care practices.	National Prevention and Wellness Strategy (Sec. 3121) – Directs the Secretary to submit to Congress a national strategy designed to improve the Nation’s health through evidence-based clinical and community-based prevention and wellness activities. The strategy shall include identification of specific national goals and objectives in prevention and wellness, establishment of national priorities for prevention and wellness, identification of health disparities in prevention and wellness, and a plan for addressing and implementing these issues.	
Prevention and Public Health Fund (Sec. 302) – Establishes a fund, to be administered through the Office of the Secretary at HHS, to provide for an expanded and sustained national investment in prevention and public health programs. The Fund will support	Public Health Investment Fund (Sec. 2002) – Establishes a Public Health Investment Fund (derived from general revenues of the Treasury), including \$4.6 billion for FY 2010, \$5.6 billion for FY 2011, \$6.9 billion for FY 2012, \$7.8	

<p>programs authorized by the Public Health Service Act, for prevention wellness and public health activities. Funding levels: FY 2010 - \$2 billion; FY 2011 - \$4 billion; FY 2012 - \$6 billion; FY 2013 - \$8 billion; FY 2014 - \$10 billion; FY 2015 - \$10 billion; FY 2016 - \$10 billion; FY 2017 - \$10 billion; FY 2018 - \$10 billion: FY 2019 and each fiscal year thereafter - \$10 billion.</p>	<p>billion for FY 2013, and \$9 billion for FY 2014. Included in these amounts are funds for a Prevention and Wellness Trust, community health centers, and health workforce programs.</p> <p>Core Public Health Infrastructure and Activities (Sec. 3161 & 3162) – Directs the Secretary, acting through the CDC Director, to award grants to health departments to address core public health infrastructure needs, including those identified in an accreditation process.</p> <p>Directs the Secretary, acting through the CDC Director, to expand and improve the core public health infrastructure and activities of CDC and to meet unmet and emerging public health needs.</p>	
<p>Clinical and Community Preventive Services (Sec. 303) – Expands and improves, and provides better coordination between the U.S. Preventative Services Task Force and the Community Preventive Services Task Force and defines clear duties for the Task Forces.</p>	<p>Prevention Task Forces (Sec. 3131) – Authorizes and delineates responsibilities for the U.S. Task Force on Clinical Preventive Services and the U.S. Task Force on Community Preventive Services. As appropriate, it directs the Task Forces to consult with one another and to consider the National Strategy.</p>	
<p>Education & Outreach Campaign Regarding Preventive Benefits (Sec. 304)- Directs the Secretary to provide for the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and</p>		

<p>education campaign to raise public awareness of health improvement across the lifespan.</p>		
<p>Right Choices (Sec. 311) - Establishes a temporary Right Choices Program that would provide low-income, uninsured adults with access to preventive services. The Program would provide to these individuals a chronic disease health risk assessment, a care plan, and referrals to community-based resources until universal coverage is made available through the health benefits Gateway.</p>		
<p>School-Based Health Clinics (Sec. 312) – Authorizes the Secretary to award grants for the costs of the operation of school-based health clinics, which must provide comprehensive primary health services during school hours to children and adolescents.</p>	<p>School-Based Health Clinics (Sec. 2511) Requires the Secretary to establish a school-based health clinic program consisting of awarding grants to eligible entities to support the operation of school-based health clinics, which must provide comprehensive primary health services during school hours to children and adolescents.</p>	
<p>Oral Health (Sec. 313 & 314) – Directs the Secretary to establish a 5-year national public health education campaign focused on oral healthcare prevention and education and to award demonstration grants to demonstrate the effectiveness of research-based dental caries disease management. Includes various oral health improvement provisions.</p>	<p>Training for General, Pediatric & Public Health Dentists & Dental Hygienists (Sec. 2215) – Directs the Secretary to establish a training program for oral professionals. Funds from the Public Health Investment Fund are authorized to support this program.</p>	

<p>Community Transformation Grants (Sec. 321) – Authorizes CDC to award competitive grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of proven evidence-based community preventive health activities in order to reduce chronic disease rates, address health disparities, and develop a stronger evidence-base of effective prevention programming.</p>	<p>Delivery of Community-Based Prevention and Wellness Services (Sec. 3151) – Directs the Secretary, acting through the CDC Director, to establish a program to award grants to provide evidence-based community prevention and wellness services in priority areas identified by the Secretary in the national strategy; or to plan such services. Eligible entities include health departments, public or private entities, a consortium of the entities described above, and community partnerships representing a Health Empowerment Zone.</p>	
<p>Healthy Aging, Living Well (Sec. 322) - Authorizes CDC to award competitive grants to health departments and Indian tribes to carry out five-year pilot programs to provide public health community interventions, screenings, and when necessary, clinical referrals for individuals who are between 55-64 years old. Grantees must design a strategy to improve the health status of this population through community based public health interventions.</p>		<p>Incentives for Healthy Lifestyles. The Chairman’s Mark would authorize and appropriate \$100 million over five years for the Secretary to establish an initiative to provide incentives to Medicare beneficiaries who successfully complete healthy lifestyle programs. The programs would target specific risk factors, including high blood pressure, high cholesterol, tobacco use, overweight or obesity, diabetes, and falls prevention. Prior to establishing the initiative, the Secretary would review the evidence concerning healthy lifestyle programs and providing incentives for participation. The initiative would be implemented on January 1, 2011.</p>

		<p>Incentives for Healthy Lifestyles. The Secretary would develop criteria for healthy lifestyle programs using evidence-based resources. Programs must have demonstrated success in helping individuals lower or control cholesterol and/or blood pressure, lose weight, quit smoking, and /or manage or prevent diabetes, and may address co-morbidities associated with these decisions. States could then design a proposal and apply for funds to provide incentives to Medicaid enrollees who successfully complete healthy lifestyle programs. States are permitted to collaborate with community-based programs, non-profits, providers, and faith based groups, among others and are required to monitor beneficiary participation and validate health outcomes. The Mark authorizes \$100 million in funding for these programs during a five-year period beginning on January 1, 2011.</p> <p>Appropriations for Childhood Obesity Demonstration Project – CHIPRA established a Childhood Obesity Demonstration Project and authorized \$25 million for FY 2009-2013. The Chairman’s Mark would appropriate \$25 million for the Secretary to carry out the demonstration project.</p>
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<p>Wellness for Individuals with Disabilities (Sec. 323) – Requires the establishment of standards for accessible medical diagnostic equipment.</p>		
<p>Immunizations (Sec. 324) – Authorizes states to obtain additional quantities of adult vaccines through the purchase of vaccines from manufacturers at the applicable price negotiated by the Secretary and authorizes a demonstration program to improve immunization coverage.</p>	<p>Expanding Access to Vaccines (Sec. 1310) – Defines federally recommended vaccines and expands Medicare Part B coverage for any recommended vaccine.</p> <p>No Child Left Unimmunized Against Influenza (Pallone en bloc Amendment) Creates a demonstration program to test the feasibility of using elementary and secondary schools as influenza vaccination centers.</p>	<p>Study on Beneficiary Access to Immunizations – The Chairman’s Mark would require a GAO study and report to Congress on the impact of the coverage of adult immunizations under Part D on access to those immunizations by Medicare beneficiaries.</p>
<p>Menu Labeling (Sec. 325) – Establishes nutrition labeling of standard menu items at chain restaurants and of articles of food sold from vending machines.</p>	<p>Menu Labeling (Pallone en bloc amendment) – Establishes nutrition labeling of standard menu items at chain restaurants and of articles of food sold from vending machines.</p>	
<p>Encouraging Employer-Sponsored Wellness Programs (Sec. 326) – Clarifies that nothing in this Act shall be construed to limit the ability of a group health plan or health insurance issuer to offer participants variations in employee contributions towards the cost of coverage for participation in wellness programs.</p>		
<p>Demonstration Project Concerning Individualized Wellness Plan (Sec. 327) – Directs the Secretary to establish a pilot program to test the impact of providing at-risk populations who utilize community</p>		

<p>health centers funded under this section an individualized wellness plan designed to reduce risk factors for preventable conditions identified by a comprehensive risk-factor assessment.</p>		
<p>Reasonable Break Time for Nursing Mothers (Sec. 328) – Requires employers to provide reasonable break times for nursing mothers and a place, other than a bathroom, which may be used to express breast milk. Employers with less than 50 employees shall not be subject to this requirement if it would impose an undue hardship.</p>		
<p>Research on Optimizing the Delivery of Public Health Services (Sec. 331) – Directs the Secretary, acting through the CDC Director, to fund research in the area of public health services and systems. Research shall include examining best practices relating to prevention, with a particular focus on high priority areas identified by the Secretary in the National Prevention Strategy or Healthy People 2020; analyzing the translation of interventions to real-world settings; and identifying effective strategies for organizing, financing or delivering public health services in real world community settings, including comparing State and local health department structures and systems in terms of effectiveness and cost.</p>	<p>Prevention and Wellness Research Activity Coordination (Sec. 3141) – In conducting or supporting research on prevention or wellness, the Director of the CDC, the Director of the NIH, and the heads of other agencies within HHS shall take into consideration the National Strategy and the recommendations of the Prevention Task Forces.</p> <p>Community Prevention and Wellness Research Grants (Sec. 3142) – Directs the Secretary, acting through the CDC Director, to conduct or award grants to eligible entities to conduct research in priority areas identified in the National Strategy or by the Community Preventive Services Task Force.</p>	

<p>Understanding Health Disparities: Data Collection and Analysis – Requires the Secretary to ensure that any ongoing or federally conducted or support health care or public health program, activity, or survey collects and report data on race, ethnicity, gender, geographic location, socioeconomic status, language and disability status, in addition to data at the smallest geographic level, and if practicable, data by racial and ethnic subgroups.</p>		
<p>Health Impact Assessments (Sec. 333) – Establishes a program at the National Center for Environmental Health at CDC to foster advances and provide technical support in the field of health impact assessments. Through the program, the Secretary shall collect and disseminate evidence-based practices relating to health impact assessments; manage capacity building grants, TA and training; and provide guidance on health impact assessment.</p>		
<p>Employer-Based Wellness Programs (Sec. 334) – Authorizes CDC to conduct targeted educational campaigns to make employers aware of the benefits of employer-based wellness programs. Directs CDC to provide employers with TA, consultation and tools in evaluating wellness programs and build evaluation capacity among workplace staff. Directs CDC to conduct a national worksite health policies and programs survey and to report to Congress on the survey. Directs</p>		

<p>CDC to conduct workplace demonstration projects.</p>		
<p>Epidemiology-Laboratory Capacity Grants (Sec. 335) – Authorizes the Secretary to establish an Epidemiology and Laboratory Capacity Grant Program to award grants to eligible entities to assist public health agencies in improving surveillance for and response to infectious diseases and other conditions of public health importance.</p>		
<p>Federal Messaging on Health Promotion and Disease Prevention (Sec. 336) – Requires the Secretary to establish and implement a national science-based media campaign on health promotion and disease prevention.</p>		
<p>Pain Management (Sec. 341-344) – Calls for an IOM Conference on Pain and includes various provisions relating to pain research, pain care education and training, and a public awareness campaign on pain management.</p>	<p>Pain Care and Management (Pallone en bloc Amendment) - Calls for an IOM Conference on Pain and includes various provisions relating to pain research, pain care education and training, and a public awareness campaign on pain management.</p>	
<p>Coordinated Environmental Public Health Network (Sec. 351) – Requires the establishment and operation of a Coordinated Environmental Public Health Network and State Environmental Public Health Networks. Authorizes training and placement in State and local health departments, of applied epidemiology fellows. Requires the Secretary to enter into cooperative agreements with States or</p>		

<p>consortia of states to expand biomonitoring data capabilities and data collection.</p>		
<p>Sense of the Senate Concerning CBO Scoring (Sec. 361) – Expresses the sense of the Senate that Congress should work with CBO to develop better methodologies for scoring progress to be made in prevention and wellness programs.</p>		
<p>Effectiveness of Federal Health and Wellness Initiatives (Sec. 362) - Requires the Secretary of HHS to evaluate all existing Federal health and wellness initiatives and report to Congress concerning the evaluation, including conclusions concerning the reasons that such existing programs have proven successful or not successful and what factors contributed to such conclusions.</p>	<p>Termination of Duplicative Grant Programs (Sullivan Amendment) – Requires the Secretary of the Department of Health and Human Services to conduct a study to determine if any grant program established by this division is duplicative of existing Federal programs, and if there is duplication, the Secretary shall terminate such other Federal grant programs</p>	
<p>National Health Care Workforce Commission (Sec. 411) – Establishes a commission to disseminate information on: current and projected health care workforce supply and demand, healthcare workforce education and training capacity, retention practices for health care professionals, and recommendations on the development of a fiscally sustainable integrated workforce. The Commission shall communicate and coordinate with HHS, DOL, VA, Homeland Security and DOE. The Commission shall make recommendations regarding national health care workforce priorities, goals and policies, including recommendations</p>	<p>Advisory Committee on Health Workforce Evaluation and Assessment (Sec. 2261) – Directs the Secretary to establish the Advisory Committee on Health Workforce Evaluation and Assessment to make recommendations on the classification of the health workforce (which is defined as including public health) and procedures to enumerate the health workforce, the supply, diversity and geographic distribution of the workforce, the retention of the health workforce, and policies to carry out the recommendations made. The Secretary shall submit to Congress an annual report</p>	

<p>concerning related policies. Specific topics to be reviewed include health care workforce supply and distribution, health care workforce education and training capacity; existing education loan and grant programs, the implications of federal policies; the healthcare workforce needs of specific populations, and recommendations creating or revising loan repayment and scholarship programs. Public health professionals are included in the definition of health care workforce and the definition of health professionals. Public health workforce capacity is also included in the high priority areas list.</p>	<p>on the activities of the Advisory Committee. Sec. 2281 authorizes appropriations from the Public Health Investment Fund to support the assessment.</p>	
<p>State Health Care Workforce Development Grants (Sec. 412) – Establishes a competitive health workforce development grant program to enable State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels. Authorizes \$8 million for planning grants and \$150 million for implementation grants for FY 2010 and such sums for each subsequent year.</p>		
<p>Health Care Workforce Program Assessment (Sec. 413) – Establishes the National Center for Health Care Workforce Analysis to provide for the development of information describing the health care workforce and the analysis of related issues</p>	<p>Health Workforce Assessment (Sec. 2271) – Directs the Secretary to collect, data on the health workforce with respect to the supply of health professionals and their diversity and geographic distribution, based upon the classifications and</p>	

<p>and collect, analyze and report data related to programs under this title.</p>	<p>standardized methodologies and procedures developed by the Advisory Committee. The Secretary may award grants to carry out these activities and shall collaborate with Federal departments and agencies, health professions organizations and professional medical societies. The Secretary shall report to Congress on the data collected. Sec. 2281 authorizes appropriations from the Public Health Investment Fund to support the assessment.</p>	
<p>Public Health Workforce Recruitment and Retention Programs (Sec. 424-426) – Establishes a public health workforce loan repayment program to eliminate critical public health workforce shortages in Federal, State, local and tribal public health agencies. In FY 2010, \$195 million is authorized to be appropriated for this program, and such sums as necessary for FY 2011-2015. Sec. 425 creates allied health workforce recruitment and retention programs. Sec. 426 creates grants for state and local programs, and training for mid-career public health and allied health professionals and authorizes \$60 million for these programs in FY 2010 and such sums as necessary for FY 2011-2015.</p>	<p>Public Health Workforce Corps. (Sec. 2231) – Establishes a Public Health Workforce Corps to ensure an adequate supply of public health professionals to eliminate critical public health workforce shortages. The Secretary shall develop a methodology for placing and assigning Corps participants, and the methodology may allow for placing and assigning participants in State, local and tribal health departments and Federally qualified health centers. Establishes the Public Health Workforce Scholarship Program & Public Health Workforce Loan Repayment Program. Sec. 2235 authorizes to be appropriated money from the Public Health Investment Fund for the Corps.</p>	
<p>Elimination of cap on Commissioned Corps (Sec. 429) – This section strikes the required cap of 2,800 for members of the</p>		

Regular Corps.		
<p>Establishing a Ready Reserve Corps (Sec. 430) - Assimilates active duty Ready Reserve Officers into the Regular Corps & establishes a Ready Reserve to participate in training exercises, be available and ready for involuntary calls to active duty during national emergencies and public health crises, be available for deployment and for backfilling positions left vacant during deployment of active duty Corps members, and be available for service in isolated, hardship & medically underserved communities. This section authorizes \$5 million for carrying out the duties and responsibilities of the Commissioned Corps under this section and for recruitment and training; and \$12.5 million for the Ready Reserve Corps.</p>		
<p>Grants to Promote the Community Health Workforce (Sec. 443) – Directs the Director of CDC to award grants to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.</p>	<p>Grants to Promote Positive Health Behaviors and Outcomes (Sutton/Christensen Amendment) – Authorizes the Secretary to award grants to promote positive health behaviors for populations in medically underserved communities through the use of community health workers.</p>	
<p>Youth Public Health Program (Sec. 444) - Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.</p>		

<p>Fellowship Training in Public Health (Sec. 445) – Authorizes funding for fellowship training in applied public health epidemiology, public health laboratory science, public health informatics, and expansion of the epidemic intelligence service in order to address documented workforce shortages in State and local health departments. Authorizes \$5 million to be available in each fiscal year for epidemiology fellowship training programs, \$5 million for laboratory fellowship training programs; \$5 million for the Public Health Informatics Fellowship Program; and \$24,500,000 for expanding the Epidemic Intelligence Service.</p>	<p>Enhancing the Public Health Workforce (Sec. 2232) – Establishes a public health workforce training and enhancement program consisting of awarding grants and contracts for public health training programs and fellowships and traineeships for students who participate in these programs and who plan to specialize or work in the field of public health</p> <p>Preventive Medicine & Public Health Training Grant Program (Sec. 2234) – Directs the Secretary to award grants to or enter into contracts with eligible entities to provide training to graduate medical residents in preventive medicine specialties. Sec. 2235 authorizes to be appropriated money from the Public Health Investment Fund for the both of these sections.</p>	
<p>United States Public Health Sciences Track (Sec. 446) – Authorizes the establishment of a United States Public Health Sciences Track with authority to grant appropriate advanced degrees in a manner that uniquely emphasizes team based service, public health, epidemiology, and emergency preparedness and response. Included among the graduates shall be 100 public health students annually. Includes a provision that would develop elite federal disaster teams.</p>		

	<p>Establishment of a public health accreditation program (Sec. 3161) – Directs the Secretary to develop and periodically review and update standards for voluntary accreditation of State, local or tribal health departments and public health laboratories for the purpose of advancing the quality and performance of such health departments and laboratories; and to implement a program to accredit health departments and laboratories.</p>	
	<p>Extension of Wisewoman Program (Capps Amendment) – Authorizes \$70 million for FY 2010, \$73.5 million for FY 2011, \$77 million for FY 2012, \$81 million for FY 2013 and \$85 million for FY 2014 for CDC’s Wisewoman program.</p>	
	<p>Healthy Teen Initiative to Prevent Pregnancy (Capps Amendment) – Directs the Secretary to establish a program consisting of making grants for an evidence-based program to reduce teen pregnancy or sexually transmitted disease.</p>	
	<p>Grants for National Training Initiatives on Autism (Doyle Amendment) – Directs the Secretary to award grants for training, education, TA and dissemination of services to address the unmet needs of children and adults with autism, related developmental disabilities, and their families.</p>	