



## APHA Legislative Update May 2008

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### *I. House Passes Legislation to Delay Medicaid Regulations*

On April 23, the U.S. House of Representatives overwhelmingly passed H.R. 5613, the Protecting the Medicaid Safety Net Act of 2008, by a vote of 349 - 62. APHA members sent more than 650 messages to members of the House of Representatives leading up to the vote. The legislation, introduced by Representatives John Dingell (D-MI) and Tim Murphy (R-PA), would place a one-year moratorium on seven Medicaid regulations issued in 2007 by the Center for Medicare and Medicaid Services (CMS). APHA believes the regulations issued by CMS will do nothing to improve efficiency within the Medicaid program. Instead, APHA and other public health advocates believe these regulations will be a major fiscal blow to many states and will harm our most vulnerable citizens, particularly children, by preventing beneficiaries from receiving the care that they need. The regulations are likely to shift billions of dollars in costs to the states, effectively eliminating federal participation in many important Medicaid programs. The Congressional Budget Office estimates these regulations will reduce federal Medicaid funding to states by a combined \$20 billion over the next five years. As a result, states will likely cut critical services such as specialized medical transportation to school for children with disabilities, case management services that allow people with disabilities to remain in the community, and rehabilitation services for the disabled. APHA is currently working with its allies to get the bill through the Senate. However, the president has indicated that he intends to veto the bill if it is sent to him in its present form.

### *II. APHA Testifies on the Impact of Climate Change on Human Health*

During National Public Health Week, April 7-13, APHA was pleased that hearings on the topic of climate change and health were held in both the U.S. House of Representatives and the U.S. Senate. On April 9, APHA's Executive Director, Dr. Georges Benjamin, was among those who testified before the House Select Committee on Energy Independence and Global Warming. During his testimony, Dr. Benjamin briefed members of the Committee on the connection between climate change and health and offered a number of recommendations for Congress to begin addressing the issue. Dr. Benjamin stressed the need for increased funding for climate change activities at the Centers for Disease Control and Prevention (CDC) and the National Institute of Environmental Health Sciences and the need to provide state and local health departments with resources and training to deal with the health consequences of climate change. In addition, Senate Health, Education, Labor and Pensions Committee, chaired by Sen. Ted Kennedy (D-MA) also held a hearing with a panel of leading experts to discuss the impacts of climate change on human health. You can read APHA's testimony by visiting APHA's advocacy website at: <http://www.apha.org/NR/rdonlyres/C09EEC22-1AD7-4666-959D-D1668C61158B/0/APHAClimateChangeTestimony4908.pdf>.

### ***III. APHA Testifies on Abstinence-Only Programs***

On April 23, APHA Executive Director, Dr. Georges Benjamin, testified before the House Committee on Oversight and Government Reform in support of eliminating federal funding for abstinence-only-until-marriage (AOUM) programs. According to APHA policies adopted in 1990, 2003, 2005, and 2006, AOUM programs do not adequately prepare adolescents to become sexually active or protect themselves from unintended pregnancy, sexually transmitted infections and HIV/AIDS. In fact, there is a great deal of evidence that these programs use curricula containing false, misleading or distorted information about reproductive health, including inaccurate information about contraceptive effectiveness, risks of abortion and other scientific errors. In addition, these curricula treat gender stereotypes as scientific fact, impose moral judgments and blur religious with scientific viewpoints. According to Dr. Benjamin, there is broad public support for comprehensive sexuality education programs and abstinence is a necessary and appropriate part of sexuality education. You can read APHA's testimony by visiting APHA's advocacy website at: <http://www.apha.org/NR/rdonlyres/11DDC21C-1AFB-4167-80D0-F365E3AEE0FA/0/AbstinenceOnlyTestimony.pdf>.

### ***IV. House Passes Legislation to Ban Genetic Discrimination***

On May 1, the U.S. House of Representatives overwhelmingly passed H.R. 493, legislation that would prohibit health insurers from cancelling, denying or changing the terms or premiums paid for health care coverage based on genetic information by a vote of 414 - 1. The bill would also prohibit employers from using an individual's genetic information when making key employment decisions including decisions to hire, fire or promote an employee. The passage of this legislation removes much of the concern that currently hinders individuals from taking genetic tests and participating in clinical trials for fear that the information revealed from the tests could be used against them. This lack of participation in research has a negative impact on researchers and clinicians, slowing the research and development process for new treatments. The Senate passed the bill the previous week and the president is expected to sign it into law.

### ***V. Water Resources Bill Introduced***

Representatives John Hall (D-NY) and Maurice Hinchey (D-NY) introduced legislation to direct the Environmental Protection Agency and the National Academy of Sciences to study the impacts of climate change on the nation's watersheds and water resources, including the potential for impacts to wetlands, shoreline erosion, and saltwater intrusion as a result of sea level rise, and other hydrological and ecological impacts. A recent report by the Intergovernmental Panel on Climate Change concluded that climate change will continue to exert pressure on global water resources which in turn will have impacts on the public health.

## ***VI. Bills Move through the House and Senate since the April Legislative Update***

Since the April 2008 Legislative Update, several bills have progressed in Congress and/or have been enacted into law.

- The **Traumatic Brain Injury Act (S. 793)** passed the House of Representatives and was signed into public law by the president. The Senate passed the legislation last December. It will reauthorize the Traumatic Brain Injury (TBI) program at CDC that funds state programs for the tracking and reporting of brain injuries and connects patients with hospitals and treatment centers. It will direct CDC and the National Institutes of Health (NIH) to conduct research to improve interventions and therapies. It also will reauthorize the TBI program at the Health Resources and Services Administration (HRSA) that makes grants to states to help provide TBI patients treatment and rehabilitation services. Both programs would be reauthorized through 2011.
- The **Newborn Screening Saves Lives Act (S. 1858)** passed both the House of Representatives and the Senate and was signed into law. This Act will create the Hunter Kelly Newborn Screening Research Program at NIH to conduct research in improvements to newborn screening technology and treatments for conditions that are detected through screening. It also will establish a grant program through 2012 to help states provide screenings, counseling and health services for newborns and children with heritable disorders and improve education and outreach for health professionals and the public.
- The **Safety of Seniors Act (S. 845)** passed the House of Representatives and was signed into law. The Senate passed the legislation in August 2007. The Act will require the U.S. Department of Health and Human Services to strengthen research and public education programs designed to prevent falls among seniors.
- The House of Representatives passed the **Early Hearing Detection and Intervention Act (H.R. 1198)**, which would reauthorize the Early Hearing Detection and Intervention program at HRSA through 2014. This program helps states provide screening and early intervention services for newborns, infants and young children with hearing problems. It would expand the program to provide more comprehensive services and follow-up care. It also would establish a post-doctoral research fellowship program at NIH to increase research on hearing detection and intervention.
- The House of Representatives passed the **Wakefield Act (H.R. 2464)**, which would reauthorize the Emergency Medical Service for Children Program administered by HRSA through 2013. This program provides grants to states to improve pediatric components of emergency medical care. The bill remains in the Senate Health, Education, Labor and Pensions Committee.

## ***VII. Lawmakers Introduce Small Business Health Insurance Bills***

In the Senate, two bills have been introduced that aim to make health insurance more available and affordable for the 47.1 million people employed in the nation's 5.8 million small businesses and for 14.1 million self-employed individuals. In April, Senators Dick Durbin (D-IL), Olympia Snowe (R-ME), Blanche Lincoln (D-AR), and Norm Coleman (R-MN) and Representative John Barrow (D-GA) introduced the Small Business Health Options Program (SHOP) Act (S. 2795 and H.R. 5918). The bill would do the following:

- Allow small businesses and the self-employed to band together in a statewide or nationwide pool to obtain lower premiums by spreading the risk over a larger number of participants.
- Provide tax credits for small business owners of up to \$1,000 per employee per year (\$2,000 for family coverage) if they pay for 60 percent of their employees' premiums.
- Provide tax credits for the self-employed of \$1,800 annually (\$3,600 for family coverage).
- Prohibit insurers from setting premiums based on health status and claims experience to make premium increases more stable and predictable and protect businesses from large rate increases because one employee gets sick.
- Provide a website with comparative information about different private health plans.

- Allow new health plans to be offered nationwide as long as they meet state requirements.

Also in April, Senator Sherrod Brown (D-OH) introduced the Small Business Empowerment Act (S. 2948). The bill would do the following:

- Create an insurance program for small businesses and the self-employed modeled after the Federal Employees Health Benefits plan and administered by a fiscal intermediary under contract.
- Establish a reinsurance mechanism modeled after the Healthy New York program that would help cover high cost enrollees by paying 90 percent of individual claims after a \$5,000 threshold has been reached.
- Establish a trust fund to finance the reinsurance program sustained by a small fee on all private health insurance carriers and self-insured plans.
- Create a federal commission to determine a standardized benefit package, ensure individuals are not discriminated against based on their medically necessary condition, and reduce waste and abuse in the health care system.
- Implement a public education campaign to inform employers and the public about the program developed under this Act.

### **VIII. POLICY WATCH: News on relevant Federal, State and local activities**

Lawmakers in many states are looking for ways to improve their health care systems and reduce their uninsured populations. In April, the following seven states and the District of Columbia considered a variety of proposals:

**California Governor Attempts Second Health Care Proposal.** Gov. Schwarzenegger (R) recently announced that he is planning a second attempt to pass legislation to overhaul California's health care system, but he insists that he would not reduce the scale of his plan to get it approved. The initial measure failed to pass in Senate Committee last year due to financial and budgetary concerns. In his effort to provide health care coverage to an estimated 5.1 million uninsured state residents, Gov. Schwarzenegger and his staff are working to revise his proposal in an effort gain support in the state legislature.

**Washington D.C. City Council Proposes Plan to Provide Universal Coverage.** D.C. Council member David Catania (I) has proposed a \$50 million plan that would require all district residents to obtain health insurance and provide subsidized care for those who qualify. Catania explained that the proposed Healthy D.C. bill would provide coverage for about 25,000 uninsured residents who are ineligible for Medicaid and the D.C. HealthCare Alliance. Under the program, residents with incomes lower than 200 percent of the federal poverty level would receive subsidies, paying monthly premiums between \$20 and \$100, depending on income. The plan would take effect in July 2009, and residents would have until January 2010 to enroll before fines of \$250 would be assessed.

**New York State Senate Approves Health Care Package in State Budget.** The New York State Senate approved legislation that would allocate nearly \$59.2 billion for health care for fiscal year 2009, nearly half of the state budget. The bill also would expand the State Child Health Insurance Program (SCHIP) to include children in families with incomes up to 400 percent of the federal poverty level, up from 250 percent of the poverty level. Because of the recently imposed federal regulation that limits SCHIP expansion over 250 percent of the federal poverty level, this expansion would be paid for entirely by the state and would cost \$25 million annually.

**Michigan Senate Passes Bill to Expand and Reduce the Cost of Private Health Insurance.** On May 1, the Michigan Senate voted 23 – 12 to approve compromise legislation that would expand access to individual health insurance policies and make them more affordable. One provision in the legislation would mandate that the state maintain oversight of Blue Cross Blue Shield of Michigan rate increases. Blue Cross Blue Shield is the state's insurer of last resort and is required to accept all customers, even those with pre-existing conditions. The bill would reduce the waiting period for people with pre-existing conditions from 12 months to six

months. It also would give the state the power to order refunds for policyholders the state deems were overcharged.

***Missouri Senate Passes Wide-Ranging Health Care Bill.*** The Missouri Senate voted 30 – 4 to approve legislation originally proposed by Gov. Matt Blunt (R) that includes a program to cover 200,000 low- and middle-income state residents. The measure would subsidize health insurance for people ages 19 to 64 with incomes up to 250 percent of the federal poverty level, and beneficiaries would have to contribute \$1,000 annually into a savings account for use towards deductibles. The bill also includes a wide range of initiatives intended to make consumers more aware of health care costs and to help them make informed decisions. The program would cost the state at least \$40 million next year, but the majority of funding for the program would come from the federal government and special hospital taxes that would be used to leverage additional federal matching funds.

***Iowa Senate Passes Children's Health Care Expansion Legislation.*** The Iowa Senate voted 42 – 6 to approve a bill that would expand Hawk-I coverage, the state's version of SCHIP, to tens of thousands of additional children. The bill also would allow young adults to remain on their parents' health insurance, encourage the use of electronic health records and create a consumer advocate position in the Iowa Insurance Division. The measure does not include a mandate that all children have health coverage.

***Kansas House Passes Health Care Reform Plan.*** The Kansas House passed a health care reform bill that is designed to help poor pregnant women, offer greater insurance flexibility to consumers, spend more money for cancer screenings, and provide an insurance subsidy for the poor. Rep. Jeff Colyer (R-Overland Park), a physician, helped write the bill. The bill has involved weeks of negotiations between the two parties, and will probably face similar difficulties in the Senate

***Florida Senate Passes Governor's Plan to Expand Health Coverage to Uninsured.*** The Florida Senate unanimously approved a plan proposed by Gov. Charlie Crist (R) that aims to reduce the ranks of the state's 3.7 million uninsured residents. The proposal would remove mandates that require insurance plans to include coverage of up to 50 services, which would allow insurers to offer stripped-down plans with premiums as low as \$150 a month. Under the proposal, two tiers of coverage for catastrophic and non-catastrophic illnesses would be available for residents who were uninsured for the previous six months

**Take action on APHA's updated legislative alerts to strengthen the public health work force, make the connection between climate change and public health, pass mental health parity legislation, support global child survival, and authorize the U.S. Food and Drug Administration to regulate tobacco products. Help APHA influence lawmakers to make these bills a priority in 2008. You can view these and other APHA action alerts by visiting APHA's advocacy site at: <http://www.capwiz.com/apha/home/>. Check back often for new and updated action alerts.**

**Please [email us](#) any relevant stories from your community or state to be included in future editions of policy watch.**

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