



APHA Legislative Update March 2008

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I. House and Senate Budget Committees Scheduled to Act

The House and Senate Budget Committees are in the process of preparing their fiscal year 2009 budget blueprints and will meet to consider them on Wednesday, March 5. The proposals will serve as a contrast in priorities and funding levels to the budget proposal released by President Bush in early February. President Bush's budget proposal contained significant cuts for many public health programs and agencies for which APHA advocates, including the Centers for Disease Control and Prevention and the Health Resources and Services Administration. APHA staff has been meeting with House and Senate budget leaders over the past several weeks highlighting our concerns with the president's proposal and urging House and Senate leaders to provide additional funds for important federal health discretionary programs as well as urging them to oppose the administration's proposed cuts to the Medicare and Medicaid programs. Both the House and Senate are expected to begin floor consideration of the Committee-adopted proposals next week and plan to wrap up the process during the week of March 10, 2008. Should both chambers adopt the resolution on the floor, it will then guide how federal dollars are allocated for the upcoming appropriations process. Once passed by the House and Senate, congressional budget resolutions do not require the president's signature.

II. Senate Takes Up Consumer Product Safety Legislation

The U.S. Senate began consideration of S. 2045, legislation to reauthorize the U.S. Consumer Product Safety Commission (CPSC) on Monday, March 3. The bill would reauthorize the CPSC for seven years. Specifically, the bill would:

- increase funding for the agency over the next seven years;
- increase civil fines on companies that produce faulty and dangerous products;
- expedite notifications about dangerous products in the marketplace;
- provide \$80 million over two years to upgrade current CPSC testing labs;
- impose new testing requirements for children's products, including toys;
- outlaw the use of lead in all children's products;
- increase criminal penalties for companies who knowingly violate product safety laws; and
- establish a database of reports of injuries, illness, death or risk related to consumer products submitted by public health agencies, consumers, the media and others.

A similar bill that would reauthorize the agency for three years passed the House of Representatives last December. APHA is hopeful that the Senate will expedite passage of the bill and move quickly to a conference with the House.

III. House Takes up Mental Health Parity Legislation

On Wednesday, March 5, the House of Representatives began debate on H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. Currently, group health plans routinely charge higher out-of-pocket costs and apply stricter treatment limits on mental health care than any other medical care. The Government Accountability Office estimates that nearly 90 percent of plans impose these discriminatory practices that limit access to care for individuals with mental illness and substance-related disorders. H.R. 1424 would require group health plans that offer benefits for mental health and addiction to do so on the same terms as medical and surgical coverage. The Senate passed similar legislation last fall. APHA is hopeful that after House passage (which is expected late Wednesday), the House and Senate will quickly move to conference and produce a compromise bill to send the president for his signature without delay. To date, APHA members have sent more than 800 messages to their Representatives in support of the legislation.

IV. Medicare Trigger Legislation Introduced

President Bush proposed and Congress introduced legislation that would keep general revenues from covering more than 45 percent of total Medicare costs through 2013. The legislation was required as part of the Medicare Modernization Act (MMA) of 2003. Because the Medicare trustee's reports in 2006 and 2007 included a projection that the 45 percent limit would be surpassed in the next six years, legislation to prevent the limit from being exceeded was required under the law. The MMA also requires the legislation to be considered by Congress by June 30, 2008. Many experts believe the 45 percent threshold is based on ideology and not on addressing Medicare's serious long-term financing problems. In 2007, APHA adopted a policy opposing legislation that would seek to implement the 45 percent cap on general revenue. The legislation has been referred to the House Ways and Means Committee where it will likely face significant opposition in its current form and will likely be significantly amended when the Committee takes up the bill.

V. Senate Approves Reauthorization of Indian Health Service

On February 26, the Senate passed S. 1200 by a vote of 83-10 to reauthorize the Indian Health Care Improvement Act through fiscal year 2017. This act forms the backbone of the Indian Health Service programs that provide health services to roughly 1.8 million American Indians and Alaskan Natives and has been expired since 2001. The bill would authorize \$35 billion over 10 years for the Indian Health Service. It would also support the recruitment and retention of American Indians in health professions; expand tribal access to Medicare, Medicaid and the State Children's Health Insurance Program; increase funding for cancer and diabetes screenings, mental health and prevention programs; and improve the distribution of construction funds for health care facilities on reservations. The Senate amended the bill to address White House veto threats by removing a provision that would have expanded federal prevailing wage requirements to projects funded under the bill and adopting a provision that would bar funding authorized under the bill from being used to provide abortions, except in cases of rape or incest. The Senate also adopted an amendment to block implementation of a new Medicaid regulation that would limit federal reimbursement to states for ancillary services under case management plans. The House companion legislation remains in committee.

VI. PEPFAR Reauthorization Passes House Committee

On Wednesday, February 27, the House Committee on Foreign Affairs approved the Tom Lantos and Henry J. Hyde U.S. Global Leadership against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 (H.R. 5501) to renew and improve the President's Emergency Plan for AIDS Relief (PEPFAR) and build upon efforts to combat tuberculosis and malaria. The bill—drafted by the late Representative Tom Lantos (D-CA)—would authorize \$50 billion for PEPFAR over the next five years, a boost over the president's call for \$30 billion. Tuesday night, committee members and White House officials struck a compromise that would replace the requirement that one-third of all prevention funding go to abstinence education with a requirement for evidence-based prevention strategies that balance funding for abstinence, fidelity and condom programs. A report would be submitted to Congress if abstinence and fidelity programs make up less than 50 percent of prevention spending in a country. In another compromise, the bill would not explicitly allow funds authorized under the Act to be used for reproductive health services, but it would allow family planning organizations to provide HIV education and testing and condoms. APHA members showed a lot of support for committee passage of this bill and have sent over 1300 letters to their Representatives.

VII. Health Bills Pass Senate HELP Committee

The Senate Health, Education, Labor and Pensions Committee approved two health bills on February 27: the Breast Cancer and Environmental Research Act (S. 579) and Prenatally and Postnatally Diagnosed Conditions Awareness Act (S. 1810). The former would authorize \$200 million over five years in grants to study environmental causes of breast cancer to be awarded by the National Institutes of Health. The later would authorize \$25 million over five years to create a hotline for parents of children diagnosed with Down syndrome and provide other services including establishing a database of parents willing to adopt children with Down syndrome.

VIII. Newly Introduced Public Health Legislation

Universal Coverage. Representatives Jim Langevine (D-RI) and Christopher Shays (R-CT) introduced the American Health Benefits Program Act of 2008 (H.R. 5348), a universal health plan that would be based on the benefit standards of the Federal Employees Health Benefits Program. Under the plan, all citizens and legal

immigrants would be required to buy health insurance and employers would be required to either offer health insurance benefits to their employees or pay a payroll tax that would offset the government contribution to premiums.

Mental Health and Addiction. Representative Gene Green (D-TX) introduced the Community Mental Health Services Improvement Act (H.R. 5176). The bill seeks to improve mental health care for people enrolled in addiction treatment programs across the country by providing the two services together at community health facilities and enhancing the telemental health infrastructure to improve access to treatment in medically underserved areas. Senator Jack Reed (D-RI) introduced a companion bill last October.

Mercury Pollution. Senator Thomas Carper (D-DE) and Lamar Alexander (R-TN) introduced the Mercury Emissions Control Act (S. 2643). The bill would require the Environmental Protection Agency to propose a new regulation to control mercury emissions from power plants as originally prescribed by the Clean Air Act. The regulation would be required to reduce mercury pollution at least 90 percent by 2015.

IX. POLICY WATCH: News on relevant Federal, State and local activities

California Bill Aims to Expand Medicaid Coverage for Hepatitis B Prevention. The California Assembly approved legislation that would require the state Department of Health Care Services to establish a Hepatitis B Prevention and Management Pilot Program Fund within the Office of Multicultural Health. The program would provide grants for hepatitis B public awareness campaigns in Los Angeles and the Bay area. In addition, the bill would expand Medicaid coverage to people with chronic hepatitis B who are not yet disabled. Currently, Medicaid only covers people with chronic hepatitis who are disabled.

Maryland Lawmakers Introduce Bills to Improve Child Health. Maryland lawmakers are pushing legislation to improve children's coverage rates and toy safety. Lawmakers have introduced the Kids First Act (H.B. 1391) to help identify the 90,000 uninsured children in the state who are eligible for the state-sponsored coverage, but are not enrolled. The bill would require parents to prove on their tax filings that their kids have health insurance. Families with uninsured children who qualify for state-sponsored programs would receive enrollment information and forms. In three years, parents with uninsured children would not qualify for the state's child tax exemption, making Maryland the first state to institute such a requirement. Two bills are moving through the General Assembly that would prohibit the manufacturing and sale of toys and child care articles containing certain toxins. House Bill 62 would ban bisphenol-A and certain phthalates and H.B. 62, passed by the House and now in the Senate, would limit lead.

New York City Law Requires Chain Restaurants to Post Calorie Information. On March 31, a new regulation will take effect in New York City that will require all restaurants that operate at least 15 outlets to post calorie information on their menus. The city's original attempt to impose a similar regulation was struck down by a judge last September because it would have only applied to restaurants that already volunteered to post nutritional information about their products. APHA signed on to an amicus brief in support of the new regulation. You can view the brief at: <http://www.apha.org/advocacy/priorities/comments/>

X. APHA Candidate Questions Now Available

Help start a conversation about public health with candidates running for office at the federal, state and local level. APHA's Advocacy Coordinating Team (ACT) has crafted a list of questions APHA members can ask candidates that focus on prevention and support for public health infrastructure. All APHA members are encouraged to attend candidate town hall meetings and other Q&A events in your communities. You can find the questions at <http://www.apha.org/advocacy/tips/>.

Take action on APHA's updated legislative alerts to ensure mental health parity, support global HIV/AIDS relief, improve health care for American Indians and other underserved minority groups, protect Americans from seasonal and pandemic flu, authorize the U.S. Food and Drug Administration to regulate tobacco products, and strengthen the public health work force. 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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