



## **APHA Legislative Update November 2009**

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### **I. House Democrats Unveil Health Reform Bill**

On Thursday, October 29, House Democrats unveiled H.R. 3962, Affordable Health Care for America Act. According to press statements and summaries of the legislation by the sponsors, the legislation would extend health insurance coverage to 96 percent of Americans. The bill has been scored by the Congressional Budget Office at \$1.1 trillion over the next 10 years – more than the \$900 billion ceiling laid out by President Obama. House Democrats have described the bill as costing \$894 billion over 10 years – a figure that includes offsets such as the taxes on individuals who do not purchase insurance and on businesses that do not provide coverage. In addition, CBO estimates the legislation would not increase the deficit and would instead reduce the deficit by \$30 billion over 10 years. The House is scheduled to vote on the legislation over the coming weekend.

The bill contains many of the same provisions contained in the bills passed by the House Committees earlier this year. Some of the key provisions include:

- o Expands health insurance coverage to include 96 percent of all Americans, bars insurance companies from discriminating against people based on pre-existing medical conditions and limits premium age rating for older Americans to a ratio of 2:1;
- o A mandatory funding stream of \$34 billion for a Prevention and Wellness Trust Fund (including a Public Health Investment Fund of \$15.4 billion over the next five years) to fund such things as community-based prevention and to strengthen core public health activities at the state and local level;

- A “public option” insurance program that will be run by the U.S. Department of Health and Human Services as a competitive option to private insurance. Participation by providers is voluntary and rates are negotiated with providers but cannot be lower than Medicare or higher than the average private plan rates;
- Affordability credits to assist with premiums for individuals and families earning up to 400 percent of the federal poverty level (FPL) as well as a cap on total out-of-pocket spending for covered benefits;
- Expands the Medicaid program to cover individuals up to 150 percent of FPL, about \$33,075 for a family of four;
- Requires Medicare, Medicaid and private insurers to provide first dollar coverage for highly rated, evidence based preventive health services;
- Comprehensive provisions designed to reduce – and begin to eliminate – health disparities;
- Expands and strengthens scholarship, loan repayment, and training grant programs to address the need for primary care, nursing, and public health professionals; and
- Reauthorizes the Indian Health Care Improvement Act (IHCA).

Senate Democratic leaders continue to work to combine the bills passed by the Senate Finance Committee and the Senate Health, Education, Labor and Pensions Committee. After weeks of negotiations with other Democratic leaders, Sen. Reid (D-NV) opted to include a “public option” in the Senate bill. According to Sen. Reid, the proposal would allow states that don’t want to participate in the public option to “opt-out.”

You can read APHA’s letter in support of the House bill, a side-by-side analysis of the bill, and summaries from the House Committees at:

<http://www.apha.org/advocacy/healthiestnation/legislation/>.

Send a message to your members of Congress urging them to include strong public health and prevention provisions in health reform by visiting our “Take Action” site at:

<http://action.apha.org/site/PageNavigator/Advocacy>.

## **II. Kerry and Boxer Release Revised Climate Bill**

On Friday, October 23, Senators John Kerry (D-MA) and Barbara Boxer (D-CA) released a revised “chairman’s mark” of the Senate climate change legislation. The legislation closely mirrors legislation passed by the House of Representatives earlier this summer. The Senate Environment and Public Works Committee (EPW), which is chaired by Boxer, began its consideration of the legislation on Tuesday, November 3. Republican members of the EPW Committee, with the exception of Sen. George Voinovich (R-OH) have boycotted the “markup” until they receive a more comprehensive analysis of the bill from the Environmental Protection Agency (EPA). Several Republicans on the committee were not happy with the level of analysis in EPA’s initial October 23 analysis.

The bill has a target of reducing greenhouse gas emissions to 20 percent below 2005 levels by 2020, compared with a 17 percent target in the House bill. Both bills share the same end goal of an 83 percent reduction by 2050.

The bill includes several important public health provisions which APHA worked to include in the measure. Like the House bill, the Senate bill would help improve the public health response to climate change by requiring the Department of Health and Human Services (HHS) to develop a national strategic plan for addressing the impacts of climate change on public health. It would also create a Climate Change Health Protection and Promotion Fund that would provide much needed funding for climate change and health research, including research into the effects of climate change on the health of vulnerable populations. It would also provide funding for state and local preparedness planning, and training of the public health workforce to address the various regional health effects of climate change. The bill would provide a dedicated allocation of revenues to the public health fund that is estimated to be \$90 million per year.

You can send a message to your Senators in support of the public health funding in the Senate bill by visiting APHA's advocacy site at:

<https://secure3.convio.net/apha/site/Advocacy?cmd=display&page=UserAction&id=211>.

### **III. Surgeon General Confirmed by Senate**

More than three months after Dr. Regina Benjamin was nominated by President Obama to serve as the nation's Surgeon General, the Senate unanimously confirmed her to the post on October 29, 2009. As surgeon general, she will oversee the Public Health Service and serve as a health advocate and educator.

Dr. Regina Benjamin was the founder and chief executive officer of the Bayou La Batre Rural Health Clinic in La Batre, the immediate past chair of the Federation of State Medical Boards of the United States and previously served as associate dean for rural health at the University of South Alabama College of Medicine. In 2002, as the president of the Medical Association of the State of Alabama, she became the first black woman to be president of a U.S. state medical society.

You can read APHA's statement welcoming her confirmation at:

<http://www.apha.org/about/news/pressreleases/2009/reginabenjaminconfirmedrelease.htm>.

### **IV. Ryan White CARE Act Reauthorized**

President Obama signed the Ryan White HIV/AIDS Treatment Extension Act of 2009 into law last Friday, October 30, 2009 following the unanimous passage of the bill in the Senate and a 408 – 9 vote in the House of Representatives.

CARE Act reauthorization highlights include:

- A four year reauthorization and the removal of the "sunset" clause;
- Hold harmless levels for Part A and B grantees set at 95% for FY2010, 100% for FY2011 and FY2012, and 92.5% for FY2013;
- State exemption period for names-based reporting extended for three years at which point all states and jurisdictions formulas will be based on living HIV/AIDS case reports;
- Unobligated funding thresholds raised from 2% to 5% and under certain circumstances, allows the Secretary of Health and Human Services to waive unobligated requirements for rebates received from pharmaceutical companies;

- An early identification and testing component added requiring planning councils to create a strategy to identify people with HIV/AIDS who do not know their HIV status and link them to Part A health and support services;
- Identification and linkage to care rewards in Part A supplemental grants and requires Part B grantees to create a similar plan;
- A national goal of 5 million “federally supported” tests annually;
- Reinstates language removed by the 2006 Treatment Modernization act requiring notification of emergency service personnel of exposure to airborne infectious diseases under certain circumstances; and
- Changes Minority AIDS Initiative (MAI) grants from competitive grants to a formula based on “distribution of populations disproportionately affected by HIV/AIDS” and synchronizes release of MAI grant awards with the release of awards for related Parts.

Additionally, the House released report language in conjunction with the bill seeking to increase flexibility in spending and accountability for support services, such as public transportation vouchers for travel for services, highlights use of funding for co-infection with hepatitis B and C and encourages ongoing research of HIV/AIDS vaccines.

For more information, funding authorizations, and a section by section description of the bill, please see the document produced by the House Energy and Commerce Committee at [http://energycommerce.house.gov/Press\\_111/20091013/Ryan\\_White\\_Section.pdf](http://energycommerce.house.gov/Press_111/20091013/Ryan_White_Section.pdf).

To view the final language in the bill go to <http://thomas.loc.gov/cgi-bin/query/C?c111:./temp/~c111nrvSCf>. Report language can be found at <http://thomas.loc.gov/cgi-bin/cpquery/T?&report=hr305&dbname=111&>.

## **V. HIV Travel Ban Lifted**

On Monday, November 2, 2009, the Department of Health and Human Services published the final rule—effective after a 60-day waiting and comment period—ending the 22-year old travel ban on HIV-positive foreigners seeking to travel or reside in the United States. President Obama announced the end of the travel ban during the CARE Act Reauthorization signing ceremony last Friday morning.

While the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, signed by President George W. Bush in July 2008, removed HIV from a list of diseases of public health significance that effectively barred any person infected with HIV from entering the United States, the rule change announced by President Obama last Friday and published by HHS on Monday effectively implement the new law.

To read the comments APHA had submitted in favor of lifting the ban, visit APHA's website at: <http://www.apha.org/NR/rdonlyres/CFEB3299-19CE-43E6-A478-0FDA183C4250/0/APHAHIVTravelBanComments.pdf>.

## **VI. Annual Meeting *Advocacy in Action***

There are many opportunities to learn more about APHA and public health advocacy and to take action at this year's Annual Meeting. Come by the Government Relations Advocacy booth or attend one of the sessions below to learn more. If you aren't able to attend this year's Annual Meeting, visit the booth, or make it to any of the sessions, there is always more information available online at [www.apha.org/advocacy/activities](http://www.apha.org/advocacy/activities).

### ***Advocacy in Action Booth***

Stop by APHA's Advocacy in Action booth (#1440) at the Annual Meeting to send a message to Congress urging the passage of Health Reform legislation this year! In addition to being able to send an immediate message to Congress, the booth will have additional materials on APHA's advocacy efforts and provides an opportunity to make suggestions and ask questions. You can also send a letter to Congress anytime by visiting our Take Action page at: <http://action.apha.org/site/PageNavigator/Advocacy>.

### ***How to Write a Good Policy (3008.0, Room PPC/203A)***

*Monday, November 9, 2009: 8:30am – 10:00am*

The public policy development process is the mechanism by which APHA addresses external policy matters. This session explains the key ingredients for good policy writing and provides an overview of the timeline for the policy cycle. Helpful guidance and tips will be shared. This is especially relevant if you are considering proposing a new policy. The presenters will try to bring clarity to the process and what makes a strong policy. The session aims to explain APHA's public policy development & policy review (archiving) processes, describe the elements of a well written policy, and highlight the responsibilities of an APHA member who submits a proposed policy. Member engagement strategies on policy implementation will also be discussed.

### ***Mobilizing a Campaign Around a Public Health Issue (3106.0, PCC/203A)***

*Monday, November 9, 2009: 10:30am – 12:00am*

In this session, attendees will hear from a panel of advocates who will outline the methods they employed to successfully implement an advocacy campaign in support of a key public health issue. Speakers will focus on their efforts to engage policy makers, other advocates and the media in promoting their agenda and share best practices in achieving a successful campaign.

### ***3199.0 Advocacy Law (3199.0, PCC/203A)***

*Monday, November 9, 2009: 12:30p – 2:00pm*

This session is designed to help advocates understand the legalities surrounding lobbying, advocacy and advocacy in the workplace. Panelists will address advocacy laws and etiquette for employees in non-profit organizations, government agencies and other sensitive positions. Panelists will also discuss how the various non-profit tax statuses differ from each other and impact an organization's advocacy or lobbying activities.

## **VII. Policy Watch: Public Health Policy News From the States**

### ***"Cover our Kids Community Campaign" Launched in New Jersey by Governor Corzine and HHS Secretary Sibelius.***

Governor Jon Corzine (D) of New Jersey, along with U.S. Secretary of Health and Human Services Kathleen Sibelius, has launched the "Cover our Kids Community Campaign" to promote awareness of New Jersey's FamilyCare, a program that provides low-cost healthcare to families. The campaign trains community outreach workers and local organizations to inform community members about the eligibility and application requirements for NJ FamilyCare. The "Cover our Kids Community Campaign" is aimed to increase the number of children who are covered under this program.

## **\$40 Million Appropriated for Health Worker Training Programs in Missouri**

On October 20<sup>th</sup>, \$40 million was appropriated for the Caring for Missourians Initiative, launched by in May Governor Jay Nixon (D). The funding will be directed to Missouri universities' institutes of education to train more health workers in an effort to address Missouri's serious health worker shortage.

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

### **Legislative Update Conference Call**

Due to APHA's Annual Meeting, there will not be a Legislative Update conference call with APHA's Government Relations staff this month. Additional information and resources are available at [www.apha.org/advocacy/activities/](http://www.apha.org/advocacy/activities/).

### **Legislation Alerts Online**

Please visit our [Take Action](#) page at [action.apha.org/site/PageNavigator/Advocacy](http://action.apha.org/site/PageNavigator/Advocacy) to send a letter to your Congressional representatives urging their support for the APHA Agenda for Health Reform, adequately fund public health agencies, support public health in climate change legislation, and more. Help APHA influence lawmakers to make public health a priority this year.

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