

Legislative Update



May 2019

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House spending bill would significantly boost funding for many public health programs, fund gun violence prevention research

[The House fiscal year 2020 Labor-HHS-Education appropriations bill](#), introduced on April 30, would significantly boost funding for a variety of public health programs. The bill, drafted by House Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee Chair Rosa DeLauro, D-Conn., and House Appropriations Committee Chair Nita Lowey, D-N.Y., would provide an \$8.5 billion increase for the U.S. Department of Health and Human Services, \$20.9 billion above the president's budget request. The Centers for Disease Control and Prevention would receive a \$921 million increase from FY 2019, and the Health Resources and Services Administration would receive a \$475 million increase. Increasing funding for CDC and HRSA is a priority for APHA in the 116th Congress.

The bill would provide funding for a number of APHA priorities, including an increase of \$5 million ([for a total of \\$15 million](#)) for CDC's Climate and Health Program, which provides funding and technical resources to 16 states, two cities, three tribes and three territories to develop plans to better protect their communities from the health threats they face due to climate change. Additionally, for the first time in more than 20 years, the bill would provide [funding to CDC to](#)

[conduct firearm injury and mortality prevention research](#). The bill would provide both CDC and the National Institutes of Health with \$25 million each for firearm injury and mortality prevention research. The bill also restores critical funding for the ACA navigator program, a key component in driving down the number of people without health insurance. It also includes protective language to ensure no Title X funds can be used to enforce the Trump administration's recently finalized gag rule.

APHA [issued a statement](#) praising the bill and thanking DeLauro and Lowey for prioritizing public health. The bill was reported out of the subcommittee by voice vote. While none of the Republicans on the committee voted in support of the proposal, both the ranking member of the subcommittee, Rep. Tom Cole, R-Okla., and the ranking member of the full committee, [Rep. Kay Granger](#), R-Texas, voiced support for several of the proposals in the bill. However, they also criticized other provisions and called the proposed funding levels unrealistic. The full House Appropriations Committee is expected to take up the bill on May 8.

APHA and partners oppose EPA proposal to reconsider Mercury and Air Toxics Standards for power plants

On April 17, APHA joined the American Lung Association and other health and medical organizations in [submitting comments to the U.S. Environmental Protection Agency](#) in response to the agency's proposal finding that the 2011 Mercury and Air Toxics Standards, which reduced mercury and other hazardous air pollution from coal- and oil-fired power plants, was too costly and not "appropriate and necessary." EPA is proposing that it is not appropriate for the agency to count the co-benefits of the reductions of other pollutants achieved under the rule, including reductions in particulate matter pollution, toward the overall health benefits achieved under the rule. EPA argues that only the direct benefits of reducing mercury and the other hazardous air pollutants can be included in its assessment of the economic benefits of the rule. The health and medical organizations firmly oppose EPA's refusal to recognize the benefits of the reductions in particulate matter in the assessment of the costs and benefits of the MATS rule. In addition, the groups expressed concern that EPA would use similar tactics to undermine other efforts to protect public health by improperly ignoring health co-benefits in other regulations.

We also want to thank the APHA members and members of the APHA Affiliates who signed the [health professionals letter to EPA](#) opposing any effort to weaken the MATS rule. Your support for these important advocacy efforts are truly appreciated.

Health groups back legislation supporting the Paris climate agreement

On April 29, APHA joined the American Lung Association, the National Association of County and City Health Officials and other health and medical organizations in sending [a letter to the House of Representatives in support of H.R. 9, the Climate Action Now Act](#). The bill would help ensure that the United States adheres to the science-based targets in the Paris Agreement and develops a plan to meet the appropriate greenhouse gas emissions outlined in the agreement – both critical

steps to addressing the public health threat posed by climate change. The bill passed the House by a vote of [231-190](#). Unfortunately, Senate consideration of the bill is unlikely at this point.

Climate change is a public health emergency, and science clearly shows that communities across the nation are experiencing the health impacts of climate change. These impacts include: enhanced conditions for ozone and particulate air pollution, which cause asthma attacks, cardiovascular disease and premature death; increased instances of extreme heat, severe storms and other destabilizing weather patterns that disrupt people's access to essential health care; increased spread of vector-borne diseases; and longer and more intense allergy seasons.

We would also like to thank those APHA members who contacted their representatives urging them to support the bill. Your efforts played an important role in ensuring passage of the bill in the House.

APHA urges Congress to raise austere spending caps for public health and other nondefense discretionary programs

On April 9, APHA sent a [letter to all members of the U.S. House of Representatives](#) in support of H.R. 2021, the Investing for the People Act of 2019. This legislation would raise the current austere spending caps for both nondefense and defense discretionary spending in fiscal years 2020 and 2021, the last two years of spending under the 2011 Budget Control Act. The bill would raise the spending caps to provide an additional \$88 billion in much-needed funding for nondefense discretionary programs in FY 2020, including programs critical to improving and protecting the public's health. When other cap adjustments for the Internal Revenue Service and the Census Bureau are factored in, nondefense discretionary funding would be \$42 billion higher compared to FY 2019. The bill would continue the bipartisan practice of parity by raising the current spending for defense, which would also receive an additional \$88 billion over the current FY 2020 spending cap. Parity in the caps has been key to ensuring the overwhelming bipartisan support for previous spending cap deals Congress has reached every two years since 2013.

H.R. 2021, which was scheduled for consideration in the House the week of April 9, was ultimately pulled from consideration due to ongoing disagreements among Democratic leaders, moderate Democrats, progressive Democrats and most of the Republican caucus. Instead, the [House passed a so-called deeming resolution](#) to set the spending levels that appropriators will use to create the 12 annual spending bills. The deeming resolution reflects the same cap increases as the Investing in the People Act, but Congress still must change the actual underlying law before the appropriations bills can be finalized – or face an across the board sequester, or an automatic 9% cut to nondefense discretionary programs in order to comply with the caps under current law.

APHA supports legislation to reverse youth e-cigarette epidemic

On April 17, [APHA sent a letter](#) to Rep. Frank Pallone, D-N.J., and Rep. Donna Shalala, D-Fla., expressing gratitude for their leadership in introducing the Reversing the Youth Tobacco Epidemic Act of 2019 in the House of Representatives. The bill would provide a comprehensive approach to combat the alarming rise of tobacco use among America's youth. This legislation would raise the minimum purchasing age for all tobacco products to 21, create advertising and sales parity for all tobacco products including e-cigarettes, ban all flavored tobacco products including menthol, and expedite the timeline for graphic health warning compliance. These policies push back against the tide of industry marketing and new products aimed at young consumers.

Data from the 2018 National Youth Tobacco Survey revealed a significant increase in youth tobacco use, largely driven by the emergence of new tobacco products such as e-cigarettes. Between 2017 and 2018, use of e-cigarettes grew by 78% among high school students and 48% among middle school students. This rapid growth in youth tobacco use sets the stage for a public health crisis. Regular tobacco product use is primarily established during adolescence. A successful public health intervention will hinge on delaying or deterring initiation, which this legislation champions.

APHA will continue to monitor this legislation and provide opportunities for public health advocates to weigh in with their elected officials as it moves through the legislative process.

APHA joins public health leaders on a friend of the court brief opposing efforts to weaken Title X

On Feb. 22, the U.S. Department of Health and Human Services issued a final rule that will restrict federal funds for any Title X funded clinic that performs abortions, such as Planned Parenthood health centers. Title X grants provide funding to community health centers and family planning clinics to support health care service delivery for more than 4 million Americans, including low-income and uninsured individuals. This new policy, often referred to as a "domestic gag rule," would cut off Title X funds for health providers and facilities that provide or give referrals for abortions.

On April 9, APHA and deans, chairs and faculty of leading schools of public health [submitted a friend of the court brief](#) challenging the administration's final rule in the U.S. District Court for the District of Oregon in the case *Oregon v. Azar*. The brief outlined the many public health benefits supported by Title X, including reducing teen pregnancy, reducing infertility, decreasing cervical cancer rates, and identifying, treating and preventing sexually transmitted infections. APHA and these public health leaders warned of the significant risks posed by the administration's final rule, and urged the court to grant a preliminary injunction.

On April 23, Judge Michael McShane issued a preliminary injunction in the *Oregon v. Azar* case, protecting Planned Parenthood clinics and several others from the final rule. On April 25, a federal judge in Washington state issued a nationwide injunction blocking the entire Title X rule, effective immediately. On April 29,

McShane issued his final ruling in the Oregon case, granting a second nationwide injunction against the rule. These preliminary injunction hearings are just the first step in the legal process to permanently block the Title X rule.

Additional APHA advocacy news

Given the rapid pace of action in Washington, D.C., we wanted to highlight additional issues we have weighed in on recently. Those include:

- [Organization letter](#) to members of Congress urging them to take immediate steps to negotiate a new budget agreement that averts cuts for critical nondefense discretionary programs including public health
- [Health organization letter](#) supporting strong funding for the CDC Hospitality and Continuity of Care Breastfeeding Support in FY 2020
- [Organization letter](#) to House and Senate Appropriations Committee leaders urging a strong allocation for the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations bill
- [Organization letter](#) to Congress outlining top recommendations to stop current vaccine-preventable disease outbreaks and prevent more from occurring
- Health organization letters to the [House](#) and [Senate](#) in support of the Mothers and Offspring Mortality and Morbidity Awareness Act
- [Organization letter](#) to House and Senate Agriculture, Rural Development, Food and Drug Administration, and Related Agencies appropriations committee leaders in support of funding in FY 2020 for consumer-awareness education campaigns for menu labeling and the updated nutrition facts panel
- [Organization letter](#) to House and Senate Agriculture, Rural Development, Food and Drug Administration, and Related Agencies appropriations committee leaders in support of funding in FY 2020 for technical assistance to aid schools in reducing sodium in school meals
- [Health organization comments](#) regarding EPA's proposed revised definition of Waters of the United States
- [APHA comments](#) opposing the U.S. Department of Agriculture's proposed rule, "Supplemental Nutrition Assistance Program: Requirements for Able-Bodied Adults without Dependents," which would impose harsh work requirements on certain SNAP participants and eliminate SNAP benefits for more than 755,000 adults