

Legislative Update



July 2019

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House passes FY 2020 health spending bill

On June 19, the House of Representatives passed H.R. 2740, a four-bill spending package that includes the FY 2020 Labor-Health and Human Services-Education, Defense, State-Foreign Operations and Energy and Water Development appropriations bills, by a vote of [226-203](#). The [fiscal year 2020 Labor-HHS-Education appropriations bill](#) included in the package 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 \$8.9 billion increase for the U.S. Department of Health and Human Services, \$21.3 billion above the president's budget request. The Centers for Disease Control and Prevention would receive a more than \$937 million increase from FY 2019, and the Health Resources and Services Administration would receive a \$485 million increase. Increasing funding for CDC and HRSA is a priority for APHA in the 116th Congress.

In addition to increasing funding for CDC and HRSA, 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. The program currently 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 would restore 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.

After passage of the bill, APHA [issued a statement](#) praising the health funding provisions contained in the bill. The Senate has not yet considered any of the 12 annual spending bills and is not likely to take any action until after the Senate returns from the July 4 congressional recess.

The ultimate outcome of the health spending bill also depends on the ability of Congress to reach a bipartisan budget agreement with the administration to raise the current austere spending cap for nondefense discretionary spending. Without an agreement, none of the increases contained in the House version of the bill are likely to be achieved. With no agreement, Congress will have to cut nondefense discretionary by \$55 billion below current levels. APHA members can [contact their members of Congress](#) urging them to support increased funding for public health programs and urge Congress to raise the current spending cap for nondefense discretionary programs, including public health.

Health groups welcome legislation to restore funding for prevention fund

APHA joined more than 180 organizations in a [letter supporting the Public Health Funding Restoration Act](#), legislation to restore funding for the Prevention and Public Health Fund. The legislation was introduced in the Senate by Sen. Richard Blumenthal, D-Conn., and in the House by Rep. Doris Matsui, D-Calif. The legislation would restore the prevention fund to a level of \$2 billion by 2020. The fund, originally created under the Affordable Care Act, is the first and only mandatory funding stream for prevention and public health activities. Resources from the fund are used to control the obesity epidemic, prevent lead poisoning, reduce tobacco use, modernize vaccination systems and to expand laboratory capacity to detect and respond to infectious disease threats. The fund was supposed to rise to the \$2 billion level beginning in 2015, but the growth of the fund has been significantly slowed due to it being used as an offset for a number of other legislative proposals over the years. Under current law, the fund would not reach the \$2 billion level until 2028. APHA Executive Director Georges C. Benjamin, MD, was quoted in support of the legislation in a [news release by Blumenthal and Matsui](#) announcing the legislation. You can read more about the importance of the prevention fund by checking out [APHA's Prevention and Public Health Fund fact sheet](#).

House holds hearing on the impacts of the Trump administration's Title X "gag rule"; APHA member testifies as expert witness

Earlier this year, the U.S. Department of Health and Human Services issued a final rule that would restrict federal funds for any Title X-funded clinic that performs

abortions. Title X grants provide funding to community health centers and family planning clinics, such as Planned Parenthood health centers, 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*. 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.

On June 19, the Oversight and Investigations Subcommittee of the Committee on Energy and Commerce held a hearing titled, “[Protecting Title X and Safeguarding Quality Family Planning Care.](#)” The subcommittee called upon two panels of witnesses to provide testimony on the finalized Title X rule. The rule outlines multiple propositions that would hinder abortion access, including requiring financial and physical separation between Title X funded projects and facilities where abortion is a method of family planning, and prohibiting patient referral for abortion as a method of family planning. If allowed to take effect, the rule would leave many clinics with the choice of either closing their doors or being unable to provide their patients with the full scope of family planning options. During the hearing, Chair Diana DeGette, D-Colo., referenced [APHA’s comments](#), submitted during the rulemaking process, citing the dangerous public health outcomes that would arise as a result of these proposed alterations to the Title X program.

Monica McLemore, PhD, MPH, RN, the incoming chair of APHA’s Sexual and Reproductive Health Section, [delivered testimony](#) to the committee as an expert witness. As a long-time licensed registered nurse who has worked primarily in Title X-funded facilities, McLemore emphasized the potential harm of the new rule. She lent expert perspective as an experienced medical professional and incoming APHA Section chair, but also provided her personal perspective as a person who has benefitted from Title X resources in her own life. She urged the subcommittee to consider the detriment that would result from medical professionals being unable to refer a patient for abortion, and for clinics that would need to separate their co-located facilities.

The next day, a three-judge panel of the Ninth Circuit granted the Trump Administration's request to lift the national injunctions against implementing the rule, allowing the rule to go into effect immediately while the case is on appeal. APHA and amici filed an [emergency motion](#) for reconsideration to the *en banc* court, a panel of 11 judges of the Ninth U.S. Circuit Court of Appeals, in support of the plaintiffs’ appeal.

APHA weighs in on Senate HELP committee legislation, Lower Health Care Costs Act

On June 5, [APHA submitted comments](#) to the Senate Health, Education, Labor and Pensions Committee on a discussion draft of S.1895, the Lower Health Care Costs Act of 2019. The bill, a bipartisan effort lead by Sen. Lamar Alexander, R-Tenn., and Patty Murray, D-Wash., includes more than 50 proposals targeted toward reducing health care costs in the U.S. APHA's comments addressed the public health provisions of the bill, including proposals aimed at: improving awareness of disease prevention and addressing vaccine-preventable diseases; public health data system modernization; and improving maternal health outcomes. APHA also encouraged the Committee to add provisions to strengthen core public health infrastructure needs at CDC, state, local, tribal and territorial departments, and to restore funding for the Prevention and Public Health Fund.

On June 25, the Committee marked up an updated version of the bill. The new draft included a proposal that would raise the federal purchasing age for tobacco products from 18 to 21 years of age as well as a five-year extension for several primary care programs set to expire at the end of this fiscal year. During the markup, two amendments, aimed at creating greater cost transparency for consumers, were adopted – one from Sen. Bill Cassidy, R-La., and one from Sens. Tammy Baldwin, D-Wisc., and Mike Braun, R-Ind. The bill passed out of Committee by a vote of 20-3, and following the vote, Alexander said there are likely to be more changes before the floor debate. Senate Majority Leader, Mitch McConnell, R-Ky., indicated that this bill will have top priority for floor time.

APHA opposes proposed changes to the federal poverty measure

In May, the Trump administration announced it would be accepting comments on a proposal that would alter how the federal poverty line is determined. The proposal would change how inflation is used to calculate the official definition of poverty used by the Census Bureau, which opponents of the proposal fear would result in lower poverty thresholds, ultimately eliminating access to public assistance programs for millions of Americans over the next decade.

On June 21, [APHA submitted comments](#) opposing the proposal, arguing that the administration's proposal does not consider the multitude of factors that would need to be analyzed to construct a more accurate poverty measure. APHA's comments note that the poverty line is already well below what is needed financially to make ends meet. APHA urged the administration to undertake a serious analysis of each of these issues, publish its findings, and solicit public comment prior to moving forward with any changes that would impact poverty guidelines.

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](#) urging the Committee on Appropriations and the Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies to oppose the use of funding for relocation or reorganization of ERS and NIFA in FY 2020 (June 26)
- [Organization letter](#) supporting H.R. 3451, the Humane Enforcement and Legal Protections for Separated Children Act and H.R. 3452, the Help Separated Families Act (June 25)
- [Organization letter](#) supporting the Newborn Screening Saves Lives Reauthorization Act of 2019 (June 24)
- [Organization letter](#) to congressional leaders urging the Senate to consider House-passed legislation, H.R. 986 and H.R. 987, which improve health coverage and access (June 10)
- [Organization letter supporting H.R. 2862](#) the Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety (VACCINES) Act of 2019 (June 7)
- [Health organization letter](#) to the U.S. Senate in support of the International Climate Accountability Act (June 6)
- [Health organization letter](#) supporting H.R. 2411, the Tobacco to 21 Act and H.R. 2339, the Reversing the Youth Tobacco Epidemic Act (June 3)
- [Friends of WIC letter](#) in support of increasing the FY 2020 funding levels for the WIC Breastfeeding Peer Counselor Program (June 3)