

Legislative Update



May 2020

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APHA continues COVID-19 response advocacy, Paycheck Protection Program and Health Care Enhancement Act passes Congress and is signed into law

The three COVID-19 response bills passed in March contained a wide array of provisions to combat the ongoing pandemic and stem its impact on the health and well-being of American communities. Still, much more remains to be done as hospitals, providers, epidemiologists, workers, patients and their families grapple with COVID-19.

During April, APHA joined in advocacy efforts to recommend what provisions be included in the next COVID-19 legislative package. APHA joined a [letter to the White House](#) urging action to facilitate a streamlined and predictable supply chain of medical supplies and personal protective equipment that providers rely on to care

for patients and protect themselves and others. APHA signed onto an [organizational letter to Congress](#) advising including the Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety (VACCINES) Act, a bill to promote vaccine education stem misinformation, in the next COVID-19 response legislation. Other recent APHA advocacy efforts include an [organizational letter](#) requesting support for safety net providers that provide essential community care such as STI testing, as well as an [organizational letter](#) recommending provisions to ensure worker safety, provide access to affordable health insurance and adequately support states and territories.

To ensure the readiness and robustness of America's public health system to respond to future infectious disease emergencies, APHA endorsed H.R. 6578, the Public Health Workforce Loan Repayment Act of 2020, legislation that would create a loan repayment program for public health professionals who commit to work for at least three years at a local, state or tribal public health agency. APHA joined the National Association of County and City Health Officials and other supporters in endorsing the concept in a recent [fact sheet](#). APHA also continues to support the creation of a significant, long-term investment in public health infrastructure and joined an [organizational letter to House and Senate leadership urging the creation of a \\$4.5 billion mandatory funding stream for core public health infrastructure activities at CDC and state, local, tribal and territorial health agencies](#).

On April 21, the Senate passed H.R. 266, the Paycheck Protection Program and Health Care Enhancement Act. The bill was passed in the House on April 23 and signed into law on April 24. The law includes \$75 billion to reimburse hospitals and medical providers for COVID-19 related expenses and lost revenue and \$310 billion in loans for small businesses to pay their employees and cover other COVID-19 related expenses. The measure also includes \$25 billion for expanded testing capacity, including \$11 billion for states and local and tribal governments to administer tests; \$2 billion provided to states through Public Health Emergency Preparedness grants; \$1.8 billion provided to NIH for testing research and development; \$1 billion provided to CDC for surveillance, epidemiology, contact tracing and other activities to support testing; \$1 billion for BARDA to research, develop and purchase tests; \$1 billion to cover the cost of testing for uninsured individuals; \$825 million for community health centers; and \$750 million provided to tribes and tribal organizations for diagnostic testing.

APHA engages in wide range of nutrition advocacy efforts

On Feb. 11, the Trump administration announced a proposed rule to roll back U.S. Department of Agriculture school nutrition standards. The [proposed rule](#), titled "Simplifying Meal Service and Monitoring Requirements in the National School Lunch and School Breakfast Programs", would lift certain requirements currently in place for school nutrition programs. These requirements ensure students have access to and are encouraged to eat healthy and nutritious foods. Experts warn the proposed rule would reverse the progress many schools have made in increasing the availability of healthy food to their students. In a [comment on the proposed](#)

[rule](#), APHA urged USDA to not lift the important requirements and suggested alternate methods to assist programs that are struggling to meet the requirements.

In addition to advocating for strong school nutrition standards, APHA has engaged in a range of advocacy efforts in April to protect access to healthy food and prevent food insecurity during the COVID-19 pandemic. APHA joined an [organizational letter](#) to Congress urging actions to protect the infrastructure of the U.S. food system and keep food workers safe. APHA also signed onto a [letter to Congress](#) to support an increase to Supplemental Nutrition Assistance Program benefits to ensure individuals affected by COVID-19 still have access to nutrition services. Other nutrition advocacy efforts include joining a [letter](#) to support programs that are on the front line of providing nutrition services during the current public health emergency and [another letter](#) urging Congress to provide \$2.6 billion in funding for school nutrition programs to continue providing nutrition services to students and their families who have been impacted by COVID-19.

APHA calls on appropriators to boost funding for FY 2021 Labor-HHS-Education spending bill

On April 16, APHA joined 370 other organizations in sending a [letter to House and Senate Appropriations Committee leaders](#) urging them to provide the highest possible FY 2021 allocation for the Labor-HHS-Education subcommittee to allow for adequate funding for the programs and services funded under the Labor-HHS-Education appropriations bill, including funding for programs at the Centers for Disease Control and Prevention and the Health Resources and Services Administration. Unfortunately, the Labor-HHS-Education appropriations bill has historically received smaller increases compared to the other subcommittees and the bill has lost almost \$16 billion in purchasing power over the last decade. It would take an allocation of \$199 billion just to return to the FY 2010 level in inflation-adjusted dollars. The effects of chronic underfunding have impacted programs that support public health, education, health research, job training and social services.

APHA and Affiliate members can contact their members of Congress urging them to provide adequate funding for public health programs in FY 2021 via APHA's [Action Alert](#).

APHA and health partners submit opening brief in effort to overturn EPA's inadequate Affordable Clean Energy rule

On April 17, APHA and the American Lung Association, along with a coalition of states and other nongovernmental organizations, [submitted their opening brief](#) in the D.C. Circuit Court of Appeals challenging the U.S. Environmental Protection Agency's Affordable Clean Energy rule, EPA's inadequate replacement for the Clean Power Plan. The Clean Power Plan is the nation's first emissions limits on large existing sources of carbon pollution, which significantly contributes to climate change.

The Clean Air Act directs and authorizes EPA to take steps to reduce air pollution to protect public health and the environment. Climate change is a health emergency, already taking a toll on the health of millions of people across the U.S. From increased heat, more frequent and intense wildfires, extreme storms and floods to the increased formation of ozone pollution and the spread of water-borne and vector-borne diseases like Lyme disease, climate change is already harming the health of people in the U.S.

In addition to increasing the carbon dioxide pollution that fuels climate change, independent research from 2019 predicts that the ACE rule will result in some fossil fuel plants running more often and delaying their retirement, which would mean increased emissions of dangerous pollution as compared to the Clean Power Plan, and even as compared to no rule at all.

APHA opposes EPA rule that threatens to undermine Mercury and Air Toxics Standards for power plants

On April 16, APHA joined the American Lung Association, the American Academy of Pediatrics and other health partners in [issuing a statement](#) condemning the U.S. Environmental Protection Agency's final rule that threatens to undermine the extremely successful Mercury and Air Toxics Standards for power plants. In issuing the final MATS rule, EPA rejected scientific evidence showing that limits on mercury and air toxics are 'appropriate and necessary' to protect health, claiming that the costs of the standards outweigh the benefits. The groups stated that the scientific evidence clearly shows that the existing Mercury and Air Toxics Standards, which have been in place since 2012, are appropriate and necessary and are protecting the health of children and pregnant women and saving lives by reducing dangerous and deadly air pollution from power plants. EPA estimates the standards are preventing up to 11,000 premature deaths each year and dramatically reducing mercury pollution, a potent neurotoxin that causes brain damage in babies. APHA and its health partners previously [submitted comments to EPA](#) opposing its proposed rule on undermining the standards.

APHA joins court briefs opposing state restrictions on access to abortion services during COVID-19 pandemic

In April, APHA joined a number of leading public health experts in submitting amicus briefs to federal courts in [Arkansas](#), [Tennessee](#) and [Oklahoma](#) opposing state efforts to restrict access to certain abortion procedures during the COVID-19 pandemic. In the briefs, APHA and the other public health experts explain that abortion is an essential health service and that access to these services must be maintained during the pandemic. Several states have tried to prohibit certain abortion procedures during the pandemic, resulting in a number of lawsuits from abortion and civil rights organizations asking federal courts to block the restrictions. Courts in Tennessee and Oklahoma have blocked state efforts to restrict access to abortion services, and cases in Arkansas and several other states are still pending.

APHA endorses Congressional action to promote health equity

In April, APHA endorsed the introduction of two bills aimed at addressing health equity and social determinants of health. On April 21, Rep. Nanette Diaz Barragán, D-Calif., introduced [H.R. 6561](#), the Improving Social Determinants of Health Act of 2020. [The bill](#) would help eliminate silos by coordinating CDC's social determinants of health activities happening and ensuring that CDC grant-making takes social determinants into consideration. The bill would also provide grants to state, local, tribal and territorial health agencies to address social determinants in target communities, as well as to nonprofit organizations and institutes of higher education to conduct SDOH research. Upon introduction, the bill had 18 co-sponsors. H.R. 6561 has been referred to the House Committee on Energy and Commerce.

On April 28, Rep. Jesús "Chuy" García, D-Ill., introduced [H.R. 6637](#), the Health Equity and Accountability Act of 2020. The bill would provide a comprehensive blueprint of policy solutions to address health disparities in race, ethnicity, immigration status, ability, sex, gender, sexual orientation, gender identity and expression, language and socioeconomic status. The bill is led by the Congressional Asian Pacific American Caucus, the Congressional Black Caucus, and the Congressional Hispanic Caucus, and includes provisions that would expand data collection efforts, ensure culturally and linguistically appropriate health care services, encourage a health workforce trained in cultural competency, promote diversity in the workforce and remove barriers to education and training. APHA joined an [organizational letter](#) to Congress urging co-sponsorship of the bill. Upon introduction, H.R. 6637 had 79 co-sponsors and has been referred to multiple committees, including the House Committee on Energy and Commerce.

White House announces decision to cut World Health Organization funding during COVID-19 pandemic

On April 14, President Trump announced his intent to suspend funding to the World Health Organization pending a review of their role in the response to COVID-19. As APHA Executive Director Georges Benjamin said [in an April 14 statement](#), "Any effort to remove funding from WHO, particularly in this time of crisis, would be a crime against humanity and endanger the health of Americans and people around the world." U.S. funding makes up approximately 20% of the WHO's budget, and the agency uses its funding from member states to conduct a wide array of global health activities including promoting universal health coverage, working to eradicate polio and helping prevent public health emergencies. WHO has been an integral actor in the global response to COVID-19, making the official announcement that COVID-19 was a pandemic in March, urging states to take necessary, evidence-based action and coordinating the global public health response. APHA joined a [letter from more than 1,000 organizations and individuals](#) urging the administration to reverse course and continue funding WHO.

After the White House's announcement to cut WHO funding in the midst of an ongoing pandemic, a wide range of health experts and organizations decried the

decision. The American Medical Association responded, "During the worst public health crisis in a century, halting funding to the World Health Organization is a dangerous step in the wrong direction that will not make defeating COVID-19 easier." Chairman Frank Pallone, D-N.J., of the House Energy and Commerce Committee, along with Rep. Anna Eshoo, D-Calif., Chairwoman of the Health Subcommittee, and Rep. Diana DeGette, D-Colo., Chairwoman of the Oversight and Investigations Subcommittee, sent a [letter to the White House](#), stating, "In addition to undermining congressional authority, the President's unilateral decision to halt funding for WHO during the most severe public health crisis in a century is dangerous and irresponsible." The timeline for the funding suspension and the pending review has not yet been made clear by the Trump administration.

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 comments to the Department of Labor](#) regarding implementation of the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act provisions in the recently enacted Families First Coronavirus Response Act (March 27)
- [Organization letter](#) to House and Senate Appropriations Committee leaders urging increased FY 2021 funding for the National Institute for Occupational Safety and Health (April 16)
- [Organization letter](#) to the U.S. Food and Drug Administration urging the release of information regarding pre-market applications for tobacco products subject to the American Academy of Pediatrics, et al. v. FDA district court ruling (April 23)