THE CSTE WASHINGTON REPORT

Marcia S. Mabee, MPH, PhD
Editor
11479 Waterview
Reston, Virginia 20190
mmabee@ix.netcom.com
703-709-3001

November 18, 2004 Volume 8, Number 23

INSIDE THIS ISSUE

… NEW ORGANIZATION CREATED TO SUPPORT DOUBLING OF CDC BUDGET

… OUTLOOK: 109TH CONGRESS

… LAME DUCK SESSION OF CONGRESS TRYING TO FINISH APPROPRIATIONS BILLS

… CONGRESSIONAL COMMITTEES ADDRESSING FLU VACCINE SHORTAGE

… BIRTHS TO YOUNGEST TEENS AT LOWEST LEVELS IN ALMOST 60 YEARS

EDITOR'S NOTE: Public health advocates in Washington are watching with intense interest the final days of the 108th Congress and the choosing of committee chairmen for the 109th Congress. With the President and key members of the leadership in Congress calling for strict limits on spending, many critical health programs are likely to feel the crunch. Ballooning federal deficits plus the spending requirements of war continue to consume ever larger amounts, leaving less and less for domestic discretionary appropriations. But there is some hope within the public health community that many of the health promotion and disease prevention aspects of public health may be one of the nation's only options in constraining the spending within the overall health care system. One new group (see below) is even committing itself to a doubling of the CDC budget in five years, which may be possible given the group's many supporters who played key roles in the doubling of the National Institutes of Health robust budget. In any event, the Administration and Congress are likely to hear much about the benefits of public health in the months and years ahead – let's hope that it will be messages heard and responded to.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S. Legislation cited in the report can be accessed via http://www.thomas.loc.gov Regulations cited can be accessed via http://www.gpo.gov

NEW ORGANIZATION CREATED TO SUPPORT DOUBLING OF CDC BUDGET – The Campaign for Public Health, a new non-profit organization in Washington, D.C., has been organized to increase the Centers for Disease Control and Prevention funding to $15 billion. Organizers of the group played a key role in the recent doubling of the National Institutes of Health budget over a five year period.

The Campaign for Public Health's chairman Evan Jones, chief executive officer of Digene, said the current level of federal funding is inadequate to support the CDC's rapidly growing responsibilities. "By convening the broad community of public health stakeholders, the campaign will work with a unified voice to achieve funding growth for the CDC… which is essential if Americans are to continue to place their trust in the protection CDC provides.'

Guiding principles for the group will be bipartisanship in supporting legislation and amendments, neutrality of the CDC's internal budge, and overall regard for all health programs to ensure that advocacy for the CDC does not come at the expense of other health programs.

Using national polls to show public support for public agency programs, the organizers of the Campaign for Public Health are confident of their ability to convince members of Congress to support their goals even in the midst of record high federal funding deficits and pressures to curb federal spending. A recent poll by Research!America, a major supporter of the Campaign for Public Health, showed that 93% of Americans belive that is very or somewhat important to invest in research that helps the CDC to fulfill its mission. However, Research!America found that only a small percentage of Americans can identify the CDC as the government agency whose primary mission is disease prevention and health promotion.

Using a long list of influential public health advocates, including former CDC directors Jeffrey Koplan, MD, MPH and David Satcher, MD, PhD as senior advisors, the Campaign for Public Health is currently in the process of devising a legislative strategy for use in the new Congress. Said Campaign advisory council member John Seffrin, PhD who is CEO of the American Cancer Society, "We are going about this in the right way. We know what needs to be done. We know what's going to happen if we do it and if we don't do it … We know prevention works."

OUTLOOK: 109TH CONGRESS – The November 2nd elections ushered in a more Republican and more conservative Congress. Republicans in the House now hold a 231 to 201 margin with one Independent and three undecided seats. It is expected two of the undecided seats will result

in Republicans being elected, and one seat is expected to be claimed by a Democrat resulting in a final 233 to 202 ratio. Republicans gained six seats in the Senate, losing two, and will hold a margin of 44 to 55 with Independent Jim Jeffords (I-VT) caucusing with the Democrats.

The 109th Congress will have three new physicians: Senator-elect Tom Coburn (R-Okla), a family physician, and Rep.-elect Tom Price (R-Ga.), a surgeon, and Rep.-elect Joe Schwarz (R-Mich.), an otolaryngologist, bringing the total number of physicians in Congress to 11.

The Senate will welcome nine new members: Republicans Richard Burr, (N.C.), Tom Coburn (Okla.), Jim DeMint (S.C.), Johnny Isakson (Ga.), Mel Martinez (Fla.), John Thune (S.D.), David Vitter (La.), and Democrats Barack Obama (Ill.) and Ken Salazar (Colo.). Sen.-elect Thune, who lost his Senate bid in 2002, scored the only victory over an incumbent, defeating Senate Minority Leader Tom Daschle. Six of the new senators have experience in the House: Reps. Burr, DeMint, Isakson, and Vitter are current members, while Sen.-elect Coburn served from 1995 to 2001, and Sen.-elect Thune from 1997 to 2003.

The House will welcome 38 new Members and elected Bobby Jindal (R-LA) President of the Freshman Republican Class. Rep. Jindal formerly served as Secretary of the Louisiana Department of Health and Hospitals and also served as an Assistant Secretary to Sec. Tommy Thompson at the U.S. Department of Health and Human Services before running for Congress.

Cloture may be undermined -- Senate Democrats still have enough votes, if they hold together, to prevent cloture -- which requires 60 votes to stop a filibuster -- to prevent controversial matters from passing. However, Majority Leader Bill Frist (R-TN) has warned that Republicans may invoke the "nuclear option" when it comes to judicial nominees. This option entails the presiding Senate President, presumably Vice President Dick Cheney, declaring that a supermajority vote is unconstitutional for judicial nominees. Democrats would be expected to challenge this, but only 51 votes are required to sustain a ruling of the Chair.

Senate Majority Leader gains unprecedented power -- Yesterday (11/17) in a close 27-26 vote on a secret ballot, Senate Republicans gave Majority Leader Frist (R-TN) direct control over half the GOP vacancies on the most coveted committees, departing from the Senate's tradition of strict adherence to seniority and potentially consolidating conservative power in the chamber. Senate Moderates like Olympia Snowe (R-ME) protested the move saying it could be used unfairly to punish members that do not always toe the party line by denying them membership and leadership on important committees. The committees affected include the Health, Education, Labor and Pensions Committee which has jurisdiction over most public health programs.

House Majority Leader consolidates his position – House Republicans also changed their rules yesterday to permit leaders to retain their posts even if indicted by either a federal or state grand jury until the Republican Steering Committee, controlled by party leaders, decides whether to recommend any action by the whole Republican caucus. This was done to reward Majority Leader Tom DeLay who is being investigated for irregularities with regard to fundraising activities of a political action committee associated with him. DeLay raised money for many Republican House candidates and is credited with increasing the House Republican's majority. Three of DeLay's associates have already been indicted by a Texas grand jury.

Key Leadership and Committee Changes – Republican Leadership positions in the House and Senate will not undergo much change. On the Democratic side of the aisle, Sen. Harry Reid (D-NV) will assume the Minority Leader position vacated by defeated Tom Daschle (D-SD). Sen. Dick Durbin (D-IL) will become Minority Whip. Sen. Ted Stevens (R-AK) is stepping down as Chairman of the Appropriations Committee and Thad Cochran (R-MS) is stepping up. Sen. Cochran has long been supportive of many public health programs. While not certain, at press time Sen. Specter is expected to retain Chairmanship of the Labor-HHS-Education Subcommittee on Appropriations which has jurisdiction over all of CDC, NIH, and other public health agencies. The Budget Committee will be headed up by Sen. Judd Gregg (R-NH) who is stepping down as Health, Education, Labor and Pensions Committee (HELP) chair. This important Committee with jurisdiction over most public health agencies and programs will now be chaired by Sen. Michael Enzi (R-WY). Sen. Enzi is a known supporter of Community Health Centers and NIOSH – the latter because of mining industry interests in Wyoming.

The House Appropriations Committee Chairmanship, which is being relinquished by Rep. C.W. Bill Young, is being sought by three candidates: Rep. Jerry Lewis (R-CA), current Chairman of the Defense Appropriations Subcommittee and the early Leadership favorite; Rep. Ralph Regula (R-OH), current Chairman of the Labor-HHS-Education Appropriations Subcommittee and a strong possibility; and Harold Rogers (R-KY), current Chairman of the Commerce, Justice State Subcommittee on Appropriations. If Rep. Regula is not selected he can continue as Chairman of the Labor-HHS-Education Subcommittee for another term. Republican rules limit the terms of Committee Chairs to six years. If Regula is selected this throws into contention the leadership of the Subcommittee which funds most public health programs. It is widely assumed that Rep. Lewis might take the Labor-HHS-Education Subcommittee since he has reached his term limit for the Defense Subcommittee and Rep. Young is rumored to want that position. Other possible candidates for the Labor-HHS-Education Subcommittee include Ernest Istook (R-OK).

LAME DUCK SESSION OF CONGRESS TRYING TO FINISH APPROPRIATIONS BILLS – The 108th lame-duck Congress is meeting this week to try and finish the remaining nine FY 2005 appropriations bills, including the Labor-HHS-Education bill, by wrapping them into one giant omnibus bill. The House passed its version of the FY 2005 Labor-HHS-Education bill, but the Senate only voted it out of Committee. The election results, which strengthened Republican influence in the White House and Congress, is likely to result in completion of most of the unfinished appropriations bills, including the Labor-HHS-Education bill before final adjournment of the 108th Congress. One of the most contentious issues, funding for the planned Yucca Mountain nuclear waste repository, may result in the Energy and Water Development appropriations measure being jettisoned from the omnibus bill and funded via a year-long Continuing Resolution. At press time, it appears that the Senate gimmick to shift $3.2 billion in mandatory spending for the SSI disability income program two days into the next fiscal year in order to free up a corresponding amount for discretionary programs in the Labor-HHS-Education bill, has been rejected. This means the House-passed numbers will likely hold for most health programs (H.R. 5006; Rept. No. 108-636). However, increases in the omnibus bill overall are likely to result in an across-the-board cut of .75 percent to keep it within targeted budget caps. Across-the-board cuts of under one percent have been applied in the last two appropriations cycles undermining many health programs.

CONGRESSIONAL COMMITTEES ADDRESSING FLU VACCINE SHORTAGE -- Three Congressional committees this week are addressing the flu vaccine shortage and how to prevent future problems. However, possible solutions to the problem are not likely to be adopted by the lame-duck Congress before it adjourns in the next few days. In related developments, HHS had requested $100 million in both FY 2004 and FY 2005 appropriations (FDA – Agriculture Appropriations bill) to speed up research on using cell cultures, rather than chicken egg incubation, for flu vaccine production. Congress appropriated one-half of the requested amount, $50 million, for FY 2004. Sen. Larry Craig (R-ID) was quoted earlier this week as saying he thinks $100 million is in the FY 2005 omnibus appropriations bill, but acknowledged the situation was still fluid and needed vigilance.

BIRTHS TO YOUNGEST TEENS AT LOWEST LEVELS IN ALMOST 60 YEARS -- The birth rate among young adolescents aged 10 to 14 has fallen to the lowest level since 1946 according to a report released November 15 by the Centers for Disease Control and Prevention (CDC).

"We are encouraged by our continued progress in reducing births to teens of all ages, but we're particularly pleased to make this kind of progress in such a young and vulnerable group," said CDC Director Dr. Julie Gerberding.

This report, Births to 10 to 14 Year-Old Mothers, 1990-2002: Trends and Health Outcomes, is the first ever analysis of births to this group of very young mothers, and was prepared by the CDC's National Center for Health Statistics.

Between 1990 and 2002 almost 137,000 of these young mothers delivered a live birth. This number has declined steadily from a peak of 12,901 in 1994, to the current low of 7,315. If the 1990 rate had held through 2002, there would have been 34,336 additional births to the youngest teens.

The 38 percent decline in the number of births occurred despite the 16 percent rise in the female population aged 10 to 14 years.

About two-fifths of the pregnancies among 10-14 year olds in 2000 ended in a live birth, two-fifths ended in induced abortion, and about one in six ended in a fetal loss. These proportions have been fairly stable since national pregnancy estimates began in 1976.

In 2002, the birth rate per 1,000 females aged 10-14 years was 0.7 live births, one-half that of 1990 (1.4 per 1,000) and the lowest level since 1946 (0.7).

The 2002 rates were highest among non-Hispanic black (1.9 per 1,000) and Hispanic adolescents (1.4 per 1,000). Though this represents a significant decrease from 1990 rates for non-Hispanic blacks (5.0) and Hispanics (2.4) their rates remained consistently higher than for other groups.

The rates for Asian or Pacific Islander and non-Hispanic white young teens continued to be the lowest, 0.3 and 0.2 per 1,000, respectively. The rate for Asian or Pacific Islander young teens reflected a decrease from their rate of 0.7 per 1,000 in 1990 while the rate for non-Hispanic white young teenagers decreased from 0.5 pre 1,000.

Across the U.S., birth rates to the youngest teenagers in 2000-2002 ranged from the national low of 0.2 per thousand in Maine to a high of 2.0 in Mississippi and the District of Columbia.

Births to very young mothers are associated with increased health risks to the mother. The report documents that these mothers:

* Had the lowest levels of timely prenatal care (47.1 percent) in the first trimester, in contrast to the overall rate of 83.3 percent.
* Were more likely to receive late or no prenatal care (16.1 percent) as compared to an overall rate of 3.8 percent.
* Were at a higher risk for pregnancy-associated hypertension (5.3 percent) and eclampsia (0.7 percent). Their rate of pregnancy-associated hypertension was over 40 percent higher than that experienced by all mothers (3.7 percent) and their rate of eclampsia was over twice as high as the overall rate (0.3 percent).

Health risks were not limited to the mother, however. The report documents that infants of mothers aged 10-14:

* Were more likely to be born preterm – before 37 weeks gestation – (21.3 percent) than the overall rate of 10.3 percent and their rate was 33 percent higher than the rate for infants of mothers aged 45 and older (16.0 percent), the next highest risk group.
* Were more likely to be born very preterm – before 32 weeks gestation – (5.3 percent), a rate more than triple the overall rate of 1.6 percent and over twice the rate experienced by mothers aged 45 and older (2.6 percent).
* Were more likely to be born with low birthweight. Their rate of low birthweight for single births (12.6 percent) was the highest for any age group. It was more than twice the overall rate of 6.1 percent and 27 percent higher than the rate for mothers aged 45 and older (9.9 percent).
* Were more than three times as likely to die during their first year (15.4 per 1000) than the overall rate of 6.1 per 1000 and at a rate that was two to three times higher than that for infants of mothers aged 20 to 44 years.

The report, Births to 10 to 14 Year-Old mothers, 1990-2002: Trends and Health Outcomes is available at www.cdc.gov/nchs.