THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: Funding for state and local public health infrastructure received unprecedented funding of $865 million under the Public Health and Social Services Emergencies Fund section of the Emergency Supplemental Appropriations bill cleared by Congress before its adjournment last month. Much credit for the increase goes to the array of public health groups in Washington which have made the case for public health with key House and Senate appropriators. Additional praise is due to key players in the Bush Administration, particularly the new Office of Homeland Security, who are demonstrating an understanding of public health and its vital role in protecting and improving the health of all Americans. President Bush and OHS Director Ridge have made recent statements indicating that the FY 2003 budget will include continued significant funding for strengthening state and local public health infrastructure providing assurances that the extraordinary FY 2002 funding levels will not be a one-year, one-shot outcome.

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. Regulations cited can be accessed via http://www.gpo.gov

APPROPRIATIONS UPDATE – The final amounts available to state and local health departments under the $20 billion emergency supplemental funding bill is $865 million. This funding is provided as "no year" funding which means funding must remain available until expended even if this extends beyond FY 2002 if necessary. The paragraphs below are excerpted from the relevant conference report – the FY 2002 Department of Defense Appropriations bill (Report 107-350), and describe how a significant portion of the funds should be spent as authorized under the Public Health Threats and Emergencies Act enacted in 2000. This Act called for state and local health department capacity assessments (319B) to address public health threats (bioterrorism, antimicrobial resistance, and major naturally occurring infectious diseases), gap-filling grants to help states achieve needed capacity (319C) and grants to help states specifically with bioterrorism preparedness and response (319F).

Also included in this report is a breakdown of the funding provided for key public health programs under the regular Labor-HHS-Education Appropriations bill. The conference

report for the bill can be read on-line under the GPO web site, 107-342, but frequently the respective House and Senate Committee reports contain additional clues about how funding within program areas may be spent: House report: 107-229; Senate report: 107-84.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The conference agreement also provides $2,504,314,000 for emergency expenses to respond to the September 11, 2001 terrorist attacks and for other expenses necessary to support activities related to countering potential biological, disease, and chemical threats to civilian populations. This is $1,013,714,000 above the request.

The agreement includes $865,000,000 for upgrading State and local capacity instead of $423,000,000 as proposed by the House and $1,000,000,000 as proposed by the Senate. The conferees concur with language in the House report recommending that a portion of this funding be provided under the authority of sections 319B, 319C, and 319F of the Public Health Service Act, as amended.

The conferees believe that a portion of this funding should be available immediately to meet the needs of State and local health departments as a result of the September 11, 2001 attacks and other subsequent events related to terrorism. The conferees also believe that a portion of this funding should be granted under the authority of the Public Health Threats and Emergencies Act, which calls for assessments of public health needs, provides grants to State and local public health agencies to address core public health capacity needs, and provides assistance to State and local health agencies to enable them to respond effectively to bioterrorist attacks. The Secretary is requested to provide the House and Senate Committees on Appropriations with a plan to distribute this funding within 15 days of enactment of this Act. The conferees concur with language contained in the House report directing the Secretary to provide a report on the State of the Nation's public health and medical preparedness for bioterrorism.

The conferees further believe that the peer review of competitive grants required under 319C, while desirable under normal circumstances, should be waived, at the discretion of the Secretary, to expedite funding to address gaps in public health preparedness.

In administering assistance for enhancing laboratory capacity, the conferees request CDC to ensure that funds are made available, to the greatest extent possible, to all laboratories participating in the Laboratory Response Network and in need of capacity upgrades, as well as to labs in need of upgrades in order to be brought into the network.

The agreement includes $135,000,000 for grants to hospitals and other entities to assist hospitals and emergency departments in preparing for, and responding to, incidents requiring mass immunization and treatment. This funding would allow State and regional planning with local hospitals, including community health centers. It would also allow some communities to move beyond the planning phase and begin implementation of their plans. The conferees urge the Secretary to ensure that plans and activities supported with these funds are integrated and coordinated with State and local plans.

The agreement includes $100,000,000 for upgrading capacity at CDC. The agreement provides that up to $10,000,000 of these funds shall be for the tracking and control of biological pathogens. Funds are also included to update and enhance existing laboratory protocols for use by State and local health laboratories, to increase CDC's capacity to handle additional laboratory samples from States, to enhance epidemic intelligence service/disaster response teams, to develop rapid toxic screening and other activities. The agreement also includes $7,500,000 for environmental hazard control activities conducted by CDC.

The conferees understand that CDC is presently utilizing microbial characterization technology that provides an automated genetic fingerprint of any bacterium, has the capacity to process a large volume of samples in a short time frame, and can electronically communicate identified bacterial ribotypes from multiple laboratory locations for centralized identification. This diagnostic technology could assist in redressing laboratory processing backlogs and improving disease surveillance, including rapid detection of a multiple-location bioagent release. The conferee surge CDC to accelerate evaluation of this technology.

The agreement includes $85,000,000 for bioterriorism-related research, including next-generation vaccine research at the National Institute of Allergy and Infectious Diseases (NIAID). The conferees encourage NIAID to conduct research on safer alternatives to the existing smallpox vaccine, such as a vaccine using an inactivated smallpox virus.

The agreement also provides $70,000,000 for the construction of a level-4 biosafety laboratory and related infrastructure costs at NIAID. In addition, $71,000,000 is included for improving laboratory security at CDC and the National Institutes of Health. This is in addition to the $250,000,000 provided in the CDC's appropriation for buildings and facilities in the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act for fiscal year 2002. The conferees understand that the Department has under review recommendations to expand the number of facilities in the country to work with infectious agents and pathogens that pose significant risk to the population. The conferees concur that additional facilities are needed. The conferees are aware of a proposal to improve and modernize existing facilities and to complete construction of a new level-3 biosafety laboratory at Colorado State University in Fort Collins, Colorado. The conferees strongly urge the Secretary to support this proposal.

The agreement includes $593,000,000 for the National Pharmaceutical Stockpile and $512,000,000 for the purchase of the smallpox vaccine. The conferees note that if we suffer a major biological terror attack, such as introduction of smallpox into multiple regions of the country, we will need to vaccinate large numbers of Americans very quickly. The conferees are aware that technology exists and has been employed by the military to more rapidly inoculate large groups. The conferees urge CDC to consider employing this technology so that it is available in large cities and other areas where the need is greatest.

The agreement includes $55,814,000 for the Office of the Secretary. These funds are for improving disaster medical assistance teams, national disaster medical system readiness,

and other activities related to the coordination of the Department's activities concerning bioterrorism preparedness and response.

The agreement includes $10,000,000 for the Substance Abuse and Mental Health Services Administration for grants pursuant to section 582 of the Public Health Service Act to develop programs focusing on the behavioral and biological aspects of psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event.

The agreement includes language to allow the Secretary to transfer these amounts between categories subject to normal reprogramming procedures as proposed by the Senate. The House bill contained no similar provision.

FY 2002 LABOR-HHS-EDUCATION APPROPRIATIONS CONFERENCE NUMBERS

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Maternal and Child Health Block Grant

Final Conference	**$ 731,615,000**
Senate	$ 719,087,000
House	$ 740,000,000
President Request	$ 709,087,000
2001 Comparable	$ 714,151,000

Ryan White AIDS Programs

Emergency Assistance

Final Conference	**$ 619,585,000**
Senate	$ 620,000,000
House	$ 619,169,000
President Request	$ 604,169,000
2001 Comparable	$ 604,169,000

Comprehensive Care Programs

Final Conference	**$ 977,485,000**
Senate	$ 950,000,000
House	$ 985,969,000
President Request	$ 910,969,000
2001 Comparable	$ 910,969,000

AIDS Drug Assistance Program

Final Conference	**$ 639,000,000**

Senate	$ 610,000,000
House	$ 649,000,000
President Request	$ 589,000,000
2001 Comparable	$ 589,000,000

Early Intervention Program

Final Conference	**$ 193.939.000**
Senate	$ 195,000,000
House	$ 192,878,000
President Request	$ 186,034,000
2001 Comparable	$ 185,879,000

Pediatric HIV/AIDS

Final Conference	**$ 70,998,000**
Senate	$ 72,000,000
House	$ 69,995,000
President Request	$ 64,995,000
2001 Comparable	$ 64,995,000

AIDS Dental Services

Final Conference	**$ 13,500,000**
Senate	$ 12,000,000
House	$ 15,000,000
President Request	$ 9,999,000
2001 Comparable	$ 9,999,000

Education and Training Centers

Final Conference	**$ 35,299,000**
Senate	$ 34,000,000
House	$ 36,958,000
President Request	$ 31,598,000
2001 Comparable	$ 31,598,000

Total Ryan White AIDS Programs

Final Conference	**$ 1,910,806,000**
Senate	$ 1,883,000,000
House	$ 1,919,609,000
President Request	$ 1,807,784,000
2001 Comparable	$ 1,807,784,000

CENTERS FOR DISEASE CONTROL AND PREVENTION

Birth Defects/Developmental Disabilities/Disability and Health

Final Conference	**$ 90,078,000**

Senate	$ 88,748,000
House	$ 80,280,000
President Request	$ 76,280,000
2001 Comparable	$ 70,726,000

Chronic Disease Prevention and Health Promotion

Final Conference	**$ 747,823,000**
Senate	$ 701,654,000
House	$ 722,495,000
President Request	$ 574,560,000
2001 Comparable	$ 749,708,000

Arthritis

Final Conference	$ 13,896,000

Breast and Cervical Cancer

Final Conference	$ 192,598,000

Cancer Prevention and Control

Final Conference	$ 76,662,000

Community Health Promotion

Final Conference	$ 15,243,000

Diabetes

Final Conference	$ 61,754,000

Heart Disease and Stroke

Final Conference	$ 37,384,000

Nutrition/Physical Activity

Final Conference	$ 27,505,000

Tobacco

Final Conference	$ 101,071,000

Environmental Health

Final Conference	**$ 153,753,000***
Senate	$ 171,863,000
House	$ 146,683,000
President Request	$ 136,683,000
2001 Comparable	$ 137,255,000

*Within the total provided, $37.2 million is for the environmental health laboratory, $33.2 million is for environmental health activities, $35.2 million is for asthma and $42.1 million is for lead poisoning.

Health Statistics

Final Conference	**$ 103,692,000**
Senate	$ 126,978,000
House	$ 33,014,000
President Request	$ 0
2001 Comparable	$ 50,260,000

HIV/AIDS. STD and TB Prevention

Final Conference	**$ 1,135,532,000***
Senate	$ 1,121,612,000
House	$ 1,148,452,000
President Request	$ 1,068,452,000
2001 Comparable	$ 1,044,070,000

*Within the total provided, $835.3 million is for HIV/AIDS activities, of which $143.7 million is for global HIV/AIDS activities; $167.4 million is for STD activities; and $132.8 million is for TB activities. Within the total provided for HIV/AIDS, $96 million is for the Minority HIV/AIDS initiative. These funds are to be used consistent with the language contained in the House report. (See report 107-229).

The conferees are concerned about the increasing incidence of HIV/AIDS infection in rural regions of the U.S. and are aware that HIV/AIDS disproportionately impacts minority communities in underserved rural areas, particularly in the Southeast. Therefore, CDC should develop strategies with States to implement interventions targeted to these communities.

Immunization

Final Conference	**$ 627,895,000***
Senate	$ 637,145,000
House	$ 599,645,000
President Request	$ 574,645,000
2001 Comparable	$ 552,572,000

*Included in this amount is $223.5 million for vaccine purchase, $200.7 million for operation/infrastructure activities, $107.4 million for global polio eradication activities, $26.4 million for measles eradication activities and $69.9 million for prevention activities. In addition, the Vaccines for Children's program funded through the Medicaid program is expected to provide $795.5 million in vaccine purchases and distribution support in FY 2002.

Infectious Disease Control

Final Conference	**$ 344,858,000**
Senate	$ 331,518,000
House	$ 343,018,000
President Request	$ 331,518,000
2001 Comparable	$ 317,582,000

Injury Prevention and Control

Final Conference	**$ 149,767,000**
Senate	$ 146,655,000
House	$ 143,655,000
President Request	$ 143,655,000
2001 Comparable	$ 142,832,000

Occupational Safety and Health

Final Conference	**$ 276,460,000**
Senate	$ 276,135,000
House	$ 270,135,000
President Request	$ 266,135,000
2001 Comparable	$ 260,032,000

Preventive Health and Health Services Block Grant

Final Conference	**$ 135,030,000**
Senate	$ 135,030,000
House	$ 135,030,000
President Request	$ 135,030,000
2001 Comparable	$ 135,029,000

Public Health Improvement

Final Conference	**$ 148,520,000***
Senate	$ 114,910,000
House	$ 149,910,000
President Request	$ 109,910,000
2001 Comparable	$ 110,878,000

*Within the total provided, $17.5 million is for development and implementation of a nationwide environmental health tracking network and capacity development in environmental health at State and local health departments.

BIOTERRORISM

Final Conference	**$ 181,919,000**
Senate	$ 181,919,000
House	$ 231,919,000
President Request	$ 181,919,000
2001 Comparable	$ 180,919,000

ATSDR

Final Conference	**$ 78,235,000**
Senate	$ 78,235,000
House	$ 0
President Request	$ 78,235,000
2001 Comparable	$ 74,835,000

TOTAL CDC

Final Conference	**$ 4,293,151,000**
Senate	$ 4,418,910,000
House	$ 4,077,060,000
President Request	$ 3,696,611,000
2001 Comparable	$ 3,862,773,000