# THE CSTE WASHINGTON REPORT

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**INSIDE THIS ISSUE**



**EDITOR'S NOTE:** Congress has approved the temporary infusion of Medicaid funds as part of the Jobs and Growth Tax Relief Reconciliation Act of 2003, signed into law by President Bush May 28. Under the new law, states will get an increase in the amount of Medicaid matching funds they get from the federal government for five calendar quarters, beginning April 1, 2003 (the current quarter) and ending June 30, 2004. The increase in the federal share, for all eligible expenditures, will be 2.95 percentage points over the normal federal share amount. In passing this legislation, Congress estimated it to be worth about $10 billion to states. The exact amount for each state is not known in advance since federal matching funding is based on the amount a state spends on its Medicaid program during that time. In addition, the increased federal funding is available only if a state has Medicaid eligibility that is no more restrictive than is in effect on Sept. 2, 2003. While the funds are welcome, pressure on states' Medicaid funding continues and compounds the risks of cuts in other state health programs. Details are provided in this Washington Report.

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

**HOUSE AND SENATE APPROPRIATIONS UPDATE** – The House Labor-HHS-Education Subcommittee on Appropriations is schedule to mark up its FY 2004 bill. The Subcommittee will be laboring under a very tight allocation that provides only $56 million above the President's request, which basically provides zero increase for health programs. In fact, the President's budget request slightly cuts CDC funding overall, from FY 2003 levels. While the Subcommittee will make its own determinations regarding specific program funding, the very low allocation leaves Members very little room to maneuver. Any increases, such as the President's proposed 2% increase for the National Institutes of Health, means other health programs must be cut. Public health advocates have denounced the meager allocation as exacerbating already draconian cuts in health care at the state and local levels. The Senate Labor-HHS-Education Subcommittee still has not received its allocation, but given the parameters of the enacted Budget Resolution, the allocation is also expected to be very low. The Senate Subcommittee expects to mark up after the July 4th Congressional recess.

**TWO FOOD SAFETY BILLS INTRODUCED** – The two Senators from New York have each introduced bills that would improve regulation of food to prevent food borne illness. S. 1187 introduced on June 4th by Senator Hillary Rodham Clinton (D-NY) addresses ready to eat meats and poultry. The bill amends the Federal Meat Inspection Act and the Poultry Products Inspection Act to define and establish at-risk consumer labeling requirements for a "ready-to-eat poultry product," and a "ready-to eat meat product." It exempts from such requirements: (1) a producer with a scientifically validated Listeria monocytogene control program for low- and higher-risk products; and (2) a distributor whose purchasing specifications or suppliers are in compliance with such requirements. S. 1202, Meat an Poultry Products Traceability and Safety Act of 2003, introduced on June 5th by Senator Schumer (D-NY) amends the Federal Meat Inspection Act and the Poultry Products Inspection Act, respectively, to direct that cattle, sheep, swine, goats, horses, mules and other equines, and poultry presented for slaughter for human consumption, and the carcasses or parts of carcasses and the meat and food products of those animals, shipped in interstate commerce be identified in a manner that enables the Secretary to trace: (1) each animal to any location at which the animal was held at any time before slaughter; and (2) each carcass or part of a carcass and food product forward from slaughter through processing and distribution to the ultimate consumer. The bill authorizes the Secretary of Agriculture to prohibit or restrict entry to a slaughtering establishment of an animal not so identified.

**CDC RECOMMENDS SMALLPOX VACCINATION TO PROTECT PERSONS EXPOSED TO MONKEYPOX --**The Centers for Disease Control and Prevention (CDC) has issued interim guidance advising states that persons investigating monkeypox outbreaks and involved in caring for infected individuals or animals should receive a smallpox vaccination to protect against the possibility of contracting monkeypox. CDC is also recommending that persons who have had close or intimate contact with individuals or animals confirmed to have monkeypox should also be vaccinated. They can be vaccinated up to 14 days post-exposure. Since the smallpox vaccine is not an approved vaccine for monkeypox, the smallpox vaccine for this CDC recommended use is being distributed under FDA special procedures to allow such emergency use in association with individual patient informed consent and approval by an institutional review board (ethics committee).

CDC is not recommending smallpox vaccination for veterinarians, veterinary staff or animal control officers who have not been exposed. However, the public health agency does encourage such personnel to use standard infection control measures to prevent contact or airborne transmission of the virus if they are involved in investigation or treatment of ill animals.

“This outbreak demonstrates the importance of preparedness for the unexpected,” said Tommy G. Thompson, Secretary of the Department of Health and Human Services. “State health departments have been actively involved in planning and preparing for the possibility of a bioterrorist event. We are now seeing that this level of preparation can also assist in unexpected, natural outbreaks.”

“Monkeypox can be a serious illness, and it has not been previously seen in humans in this hemisphere. CDC, FDA and a team of expert advisors carefully weighed the risk of smallpox vaccination against the risks posed by exposure to monkeypox infection in arriving at this important decision,” said Dr. Julie Gerberding, CDC Director. "We must do everything we can to protect persons who are exposed to monkeypox in the course of investigating or responding to this outbreak."

CDC also issued a case definition for human cases of monkeypox. The agency cautioned that it is important to confirm suspected cases of monkeypox before recommending vaccination in instances where there is close or intimate contact between persons with rash illness and persons who have contraindications for smallpox vaccination, such as pregnancy or eczema.

CDC has also issued interim guidance for veterinarians and pet owners who may be in contact with ill prairie dogs or exotic rodents from Africa. CDC strongly cautions pet owners not to release these animals to the wild and not to destroy the animals themselves and dispose of them in landfills, but to contact their state health departments for guidance if there is any concern about the health of an exotic rodent or prairie dog acquired as a pet after April 15 of this year.

Persons who should be alert to their health status are those who have been exposed to an exotic rodent or a prairie dog that is exhibiting signs of illness, such as conjunctivitis, respiratory symptoms and/or rash, or an animal that itself has been in contact with a case of monkeypox in either a pet or a human. Exposure includes living in a household, petting, handling or visiting a pet holding facility – such as a pet store, veterinary clinic or pet distributor -- where ill animals have been identified.

**HHS RELEASES SPECIAL MEDICAID FUNDING, BUT WARNS THAT MEDICAID REFORM IS STILL NEEDED** --HHS Secretary Tommy G. Thompson June 13 announced provisions for providing billions of new federal dollars to state Medicaid programs hit by fiscal crises in the states. The one-time increase, enacted just 16 days ago, will help states avoid further cuts in Medicaid benefits prompted by budget constraints. At the same time, Secretary Thompson said fundamental improvements are still needed in Medicaid, and he renewed his call for reform of the program.

"We have acted quickly to help states in making these special funds available to protect Medicaid benefits," Secretary Thompson said. "But we must realize that this is a short-term approach associated with current economic conditions in the states -- it does not make the reforms that are needed to protect the future health care of those in need. This is a bridge over a billion-dollar problem, but it still doesn't prepare us for the trillion-dollar challenges that lie ahead."

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Total federal spending for Medicaid over the next ten years is estimated at $2.6 trillion. Combined federal and state spending on Medicaid in this period is estimated at $4.6 trillion. In order to use this funding most effectively, the Bush Administration has proposed changes in the 38-year-old program that would give states more freedom to define benefits for the populations and services that they elect to add to Medicaid. Coverage for those recipients and services required under current federal law would not be affected by the reform proposal. But states would have more authority in defining benefits for their so-called "optional" recipients and services, with a predetermined federal share.

Under the administration plan, states choosing to participate would have the flexibility to develop innovative programs and potentially expand coverage to new groups. States could make changes to their "optional" benefits without first coming to the federal government for permission. They would be required to maintain at least existing levels of total coverage.

"Increasing federal aid to states right now means short term relief," said Tom Scully, administrator of HHS' Centers for Medicare & Medicaid Services (CMS). "But no one believes this is only a short-term problem. We have an aging population that will need new and better-suited long term care options, including more home- and community-based care, and we face other health challenges that are begging for improved and innovative solutions. We need to give states more authority and incentive to serve those in need in the most effective ways possible."

In addition to the President's proposal, Secretary Thompson has been working with the National Governors Association since February toward developing plans for Medicaid reform. A letter describing the method CMS will use to determine the exact increase in each state's federal share, beginning with the current quarter, was released to states today and is available on the Web at http://cms.hhs.gov/states/letters.

**ENZYME MAY PLAY UNEXPECTED ROLE IN ASTHMA --** In a finding that could have important implications for the millions of Americans who suffer from asthma, researchers funded by the National Institute of Allergy and Infectious Diseases (NIAID) have discovered novel sets of genes possibly involved in the disease. Their study has also revealed what the scientists believe is a key role for the enzyme arginase in causing asthmatic symptoms. The research, led by Marc E. Rothenberg, M.D., Ph.D., of Cincinnati Children’s Hospital Medical Center, opens the possibility of developing new anti-asthma drugs to block arginase activity.

Asthma is on the rise in the United States and causes at least 5,000 deaths a year. Although the subject of intense study, the condition remains poorly understood at the fundamental level. Dr. Rothenberg and his colleagues used mouse models of asthma along with “gene chip” technology to probe the underpinnings of asthma. “We’ve identified nearly 300 mouse genes, which we call asthma signature genes, that appear to be involved in asthma pathogenesis,” notes Dr. Rothenberg. “This gives us an unprecedented insight into the orchestration of the large number of genes that give rise to asthma.”

The findings, published in the current issue of *Journal of Clinical Investigation*, appear to apply in humans as well, says Dr. Rothenberg. If confirmed through further study, the new knowledge could lead to asthma treatments tailored to an individual patient’s disease.
“NIAID has long supported both basic research into asthma and the translation of such basic knowledge into more effective treatment and prevention strategies,” says NIAID

Director Anthony S. Fauci, M.D. “This finding is an important step towards understanding the pathogenesis of asthma, and it provides new leads to interventions that could reduce the burden of this debilitating and sometimes deadly disease.”

In their quest to identify the critical genes involved in asthma, Dr. Rothenberg and his colleagues induced asthma in mice, then analyzed lung tissue with gene chips to see which genes were most active following the attacks. Two strains of asthmatic mice were evaluated following two different methods of asthma induction. A set of 496 genes was activated in the lungs of one mouse strain, while 527 genes “turned on” in the lungs of the second strain. Of these, 291 were same in both groups. The investigators called the shared genes “asthma signature genes.”

The large number of genes involved in asthma — more than 6 percent of the mouse genome — came as some surprise, say lead authors Nives Zimmerman, M.D., and Nina King, Ph.D. Even more surprising, according to Dr. Rothenberg, was strong expression of genes involved in amino acid metabolism, in particular the gene encoding the enzyme arginase. Previously, arginase was thought to be limited primarily to the liver, where it helps process the amino acid arginine. “We’ve learned that arginase is involved in asthma regardless of the specific allergen used to induce the attack,” says Dr. Rothenberg.
To learn whether arginase plays a role in human asthma as well, the scientists analyzed fluid and tissue samples from the lungs of asthmatic people and from non-asthmatic control subjects. No arginase was detected in the control samples, but significant amounts were found in the asthmatic lung. Importantly, arginase appears to be the molecule that “kicks off” the chain of action leading ultimately to asthmatic symptoms. Thus, it makes an attractive target for drug intervention. “We hope to come up with a treatment for asthma by targeting arginase,” says Dr. Rothenberg.

**AHRQ RELEASES NEW MEN'S HEALTH TOOL FOR MEDICAL TESTS AND TIPS TO STAY HEALTHY AT ANY AGE** -- The Agency for Healthcare Research and Quality June 12 announced a new men's health tool, *A Checklist for Your Next Checkup*. The checklist shows at a glance what the U.S. Preventive Services Task Force recommends regarding seven important medical screening tests for men and offers other important information on ways to stay healthy.

"The myriad of health tips and information available today can be confusing for patients. This new health checklist distills the best science into an understandable and convenient reference that tells men which medical screenings they need and when," said Health and Human Services Secretary Tommy G. Thompson. "Hopefully, the health checklist will make the road to good health a bit smoother for many men."

*The Checklist for Your Next Checkup*, a pocket-size brochure, is designed for men to take with them when they visit their health care providers to make it easier to talk about which screening tests they might need. Unlike diagnostic tests, which clinicians order when they suspect someone has a disease, screening tests help check for problems before there are symptoms.

The checklist includes recommendations about cholesterol checks, tests for high blood pressure, colorectal cancer, diabetes, depression, sexually transmitted diseases, and prostate cancer. It also provides tips about other things to do to stay healthy, such as eating a healthy diet and exercising. The checklist includes a chart for men to jot down their screening test history and plan their next appointments.
"There is so much information about medical tests that it can be difficult to know what to do and when," said Carolyn M.Clancy, M.D., Director of AHRQ, the HHS agency that sponsors the Task Force. "This will help men decide with their doctors which screening tests they need based on the latest scientific information."

The U.S. Preventive Services Task Force is the leading independent panel of private-sector experts in prevention and primary care. It conducts rigorous, impartial assessments of all of the scientific evidence for a broad range of preventive services, and its recommendations are considered the gold standard for clinical preventive services. A complete listing of recommendations from the Task Force and the program that helps implement these recommendations, Put Prevention Into Practice, can be found at http://www.ahrq.gov/clinic/prevenix.htm.

The new *Checklist for Your Next Checkup* is available on the AHRQ Web site in English at http://www.ahrq.gov/ppip/healthymen.htm and in Spanish at http://www.ahrq.gov/ppip/healthymensp.htm. Copies of the tool and related materials, including a comprehensive health guide called *The Pocket Guide to Good Health for Adults*, are available from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or sending an E-mail to ahrqpubs@ahrq.gov. Clinical information also is available from the National Guideline Clearinghouse™ at http://www.guideline.gov.