THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: The U.S. birth rate fell to the lowest level since national data have been available, reports the latest Centers for Disease Control and Prevention (CDC) birth statistics released June 25. CDC also noted that the rate of teen births fell to a new record low, continuing a decline that began in 1991. The birth rate was 13.9 per 1,000 persons in 2002, a decline of 1 percent from the rate of 14.1 per 1,000 in 2001 and down 17 percent from the recent peak in 1990 (16.7 per 1,000), according to a new CDC report, "Births: Preliminary Data for 2002." The current low birth rate primarily reflects the smaller proportion of women of childbearing age in the U.S. population, as baby boomers age and Americans are living longer. The reduction in birth rates have significant implications for the health system in the coming years – 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 – Both the House and Senate Labor-HHS-Education Subcommittees on Appropriations have finished marking up their FY 2004 bills. Both bills have also been marked up by their respective full Appropriations Committees. The following are appropriations for selected programs at the Centers for Disease Control and Prevention.

Birth Defects/Developmental Disabilities/Disability and Health

FY 2003	$ 98,040,000
FY 2004 Request	$ 87,462,000
House	$106,339,000
Senate	$110,639,000

Chronic Disease Prevention and Health Promotion

FY 2003	$ 789,972,000
FY 2004 Request	$ 834,047,000
House	$ 862,011,000
Senate	$ 801,844,000

Environmental Health

FY 2003	$182,829,000
FY 2004 Request	$150,227,000
House	$184,829,000
Senate	$184,329,000

Health Statistics

FY 2003	$125,899,000
FY 2004 Request	$124,621,000
House	$125,899,000
Senate	$127,634,000

HIV/AIDS, STD and TB Prevention

FY 2003	$1,186,388,000
FY 2004 Request	$1,281,176,000
House	$1,247,388,000
Senate	$1,239,388,000

Immunization

FY 2003	$650,586,000
FY 2004 Request	$620,506,000
House	$650,586,000
Senate	$655,686,000

Infectious Disease Control

FY 2003	$359,225,000
FY 2004 Request	$331,640,000
House	$382,226,000
Senate	$372,760,000

Injury Prevention and Control

FY 2003	$ 148,418,000
FY 2004 Request	$ 144,796,000
House	$ 152,414,000
Senate	$ 152,409,000

Occupational Safety and Health

FY 2003	$ 273,385,000
FY 2004 Request	$ 246,329,000
House	$ 273,385,000
Senate	$ 282,385,000

Preventive Health and Health Services Block Grant

FY 2003	$ 134,089,000
FY 2004 Request	$ 134,966,000
House	$ 134,089,000
Senate	$ 134,966,000

Public Health Improvement

FY 2003	$153,034,000
FY 2004 Request	$113,677,000
House	$144,530,000
Senate	$145,389,000

TOTAL - CDC

FY 2003	$4,284,640,000
FY 2004 Request	$4,267,330,000
House	$4,588,671,000
Senate	$4,432,496,000

CSTE Appropriations Priorities for FY 2004:

<u>Bioterrorism/Public Health Infrastructure –</u>

FY 2003	$940 million
Request 04	$940 million
CSTE 04	**$940 million**
House 04	$940 million
Senate 04	$940 million

Emerging Infections

FY 2003	$167 million
Request 04	$167 million
CSTE 04	**$267 million**
House 04	+$23 million for NCID with $18 million of this available to the Director, "… to allocate to areas of highest scientific and programmatic priority in preparing and responding to present and emerging infectious disease threats."
Senate 04	+$13 million for NCID with language stating an increase of $25 million is provided for emerging infections – see excerpt from the report below.

"*Infectious Disease Control*

The Committee recommends $372,760,000 for infectious disease control. The fiscal year 2003 comparable level was $359,225,000. Within the total provided, the following funding levels are for the specific program activities: hepatitis C, $22,781,000; lyme disease, $7,313,000; West Nile virus, $36,760,000; anti-microbial resistance, $24,768,000; hanta virus/special pathogens, $6,957,000; HIV/AIDS, $43,437,000; malaria, $14,379,000; patient safety, $3,963,000; pandemic flu, $3,666,000; prion diseases, $4,477,000; and all other emerging infectious diseases, $162,263,000.

These activities focus on: national surveillance of infectious disease; applied research to develop new or improved diagnoses; prevention and control strategies; working with State and local departments and private health care providers to transfer application of infectious disease prevention technologies; and strengthening the capability to respond to outbreaks of new or reemerging disease.

Disease outbreaks endanger U.S. citizens at home and abroad, threaten U.S. Armed Forces overseas, and exacerbate social and political instability. Outbreaks can interfere with the global marketplace, affecting tourism, trade, and foreign investment. CDC´s strategies to combat infectious diseases invest in and build upon both the public health system that was established over a century ago to increase the preparedness to address the emergence of dangerous new threats.

Emerging infectious diseases, like West Nile virus and Severe Acute Respiratory Syndrome [SARS], continue to pose a serious threat to the public´s health. Outbreaks of these diseases cause great suffering and death and impose an enormous financial burden on societies around the world. The Committee recognizes the necessity of a strong domestic public health infrastructure and robust partnerships between CDC, the World Health Organization, and other global stakeholders to counter the threat posed by emerging infections. Recent experiences with SARS and the West Nile virus illustrate the vital necessity of strengthening CDC´s capacity to identify and combat emerging infectious diseases. ***The Committee has provided an additional $25,000,000 for CDC to continue to improve its ability to detect and control emerging infectious disease threats in the United States and around the world***."

Environmental Health – Health Tracking Grants

FY 2003	$28 million
Request 04	$17.5 million

CSTE 04 **$100 million**
House 04 $28 million
Senate 04 $28 million

Expansion of NHANES to collect state-based data/
Total Health Statistics Funding:
FY 2003 $125.8 million
Request 04 $124.6 million
CSTE 04 **$130.8 million**
House 04 $125.8 million
Senate 04 $127.6 million

Surveillance
BRFSS
FY 2003 $6.9 million
Request 04 $3.8 million
CSTE 04 **$13 million**
House 04 $8.2 million
Senate 04 $8.4 million

HIV
FY 2003 $3.0 million
Request 04 $3.0 million
CSTE 04 **$30 million**
House 04 Total HIV/AIDS program is level funded implying no increase for surveillance
Senate 04 "

National Violent Death Reporting System
FY 2003 $3.0 million
Request 04 $1.4 million
CSTE 04 **$7.0 million**
House 04 $3.0 million
Senate 04 $4.5 million

Occupational Health
FY 2003 $1.5 million
Request 04 $1.3 million
CSTE 04 **$12.5 million**
House 04 Total NIOSH flat-funded
Senate 04 Total NIOSH = +$9 million The Senate report language below implies the additional funding will go towards the Education and Research Centers and the National Personal Protective Technologies Laboratory.

”The Committee recommends $282,385,000 for occupational safety and health programs. The fiscal year 2003 comparable level was $273,385,000 and the administration requested $246,329,000 for fiscal year 2004. The Committee recommendation includes $41,900,000 in transfers available under section 241 of the Public Health Service Act.

The CDC´s National Institute for Occupational Safety and Health [NIOSH] is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission spans the spectrum of activities necessary for the prevention of work-related illness, injury, disability, and death by gathering information, conducting scientific biomedical research (both applied and basic), and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

The Committee recommendation is sufficient to allow funding for CDC´s National Occupational Research Agenda [NORA] at the same level as in fiscal year 2003. The Committee believes that NORA is a critical scientific research program that protects employees and employers from the high personal and financial costs of work site health and safety losses. Industries such as agriculture, construction, health care, and mining benefit from the scientific research supported by NORA. The program´s research agenda focuses on prevention of disease and injury resulting from infectious diseases, cancer, asthma, hearing loss, musculoskeletal disorders, traumatic injuries, and allergic reactions, among others. The Committee continues to strongly support NORA and encourages expansion of its research program to cover additional causes of work place health and safety problems.

Construction Safety and Health.-Injury rates in the construction sector have continued to decline over the last 5 years, and the Committee is encouraged by the overall progress of NIOSH´s construction safety and health research initiative, particularly the Institute´s success in partnering with labor and industry. The Committee is also pleased by NIOSH´s new focus on active intervention to prevent occupational injury and illness in the construction industry, and the National Occupational Research Agenda [NORA] for establishing research priorities. The Committee supports the continuation of the construction initiative and the NIOSH/Labor/industry partnership. The Committee has included funding to continue the construction program to focus on improvement in injury and illness rates, and to also develop new programs targeting the still unacceptable high level of fatalities in the construction sector.

Education and Research Centers.-The Committee commends the work of the 15 university-based Education and Research Centers [ERC´s] and the smaller single discipline Training Project Grants [TPG´s]. These regional centers are integral to the Nation´s efforts to improve the health and safety of working men and women, and important to the future efforts of NIOSH to implement the National Occupational Research Agenda [NORA]. The Committee has included $19,700,000 for this activity, which is $1,000,000 above last year and $2,300,000 above the administration´s request.

National Personal Protective Technologies Laboratory.-The Committee recommendation includes $16,000,000 for the NIOSH National Personal Protective Technologies Laboratory. The additional funds should be used, in part, to expedite research and development in, and certification of, protective equipment for use against

the hazards of terrorist agents. This includes identification of surrogate terrorist agents to facilitate protective equipment research in this area. Research, development, and certification of protective equipment for use against Chemical, Biological, Radiological, Nuclear [CBRN] and toxic chemical hazards ensures that domestic manufacturers´ products will be available when needed."

U.S. BIRTH RATE REACHES RECORD LOW -- The U.S. birth rate fell to the lowest level since national data have been available, reports the latest Centers for Disease Control and Prevention (CDC) birth statistics released June 25 by HHS Secretary Tommy G. Thompson. Secretary Thompson also noted that the rate of teen births fell to a new record low, continuing a decline that began in 1991.

The birth rate was 13.9 per 1,000 persons in 2002, a decline of 1 percent from the rate of 14.1 per 1,000 in 2001 and down 17 percent from the recent peak in 1990 (16.7 per 1,000), according to a new CDC report, "Births: Preliminary Data for 2002." The current low birth rate primarily reflects the smaller proportion of women of childbearing age in the U.S. population, as baby boomers age and Americans are living longer.

There has also been a recent downturn in the birth rate for women in the peak childbearing ages. Birth rates for women in their 20s and early 30s were generally down while births to older mothers (35-44) were still on the rise. Rates were stable for women over 45.
Birth rates among teenagers were down in 2002, continuing a decline that began in 1991. The birth rate fell to 43 births per 1,000 females 15-19 years of age in 2002, a 5-percent decline from 2001 and a 28-percent decline from 1990. The decline in the birth rate for younger teens, 15-17 years of age, is even more substantial, dropping 38 percent from 1990 to 2002 compared to a drop of 18 percent for teens 18-19.

"The reduction in teen pregnancy has clearly been one of the most important public health success stories of the past decade," Secretary Thompson said. "The fact that this decline in teen births is continuing represents a significant accomplishment."

More than one fourth of all children born in 2002 were delivered by cesarean; the total cesarean delivery rate of 26.1 percent was the highest level ever reported in the United States. The number of cesarean births to women with no previous cesarean birth jumped 7 percent and the rate of vaginal births after previous cesarean delivery dropped 23 percent. The cesarean delivery rate declined during the late 1980s through the mid-1990s but has been on the rise since 1996.
Among other significant findings:

* In 2002, there were 4,019,280 births in the United States, down slightly from 2001 (4,025,933).
* The percent of low birthweight babies (infants born weighing less than 2,500 grams) increased to 7.8 percent, up from 7.7 percent in 2001 and the highest level in more

than 30 years. In addition, the percent of preterm births (infants born at less than 37 weeks of gestation) increased slightly over 2001, from 11.9 percent to 12 percent.

* More than one-third of all births were to unmarried women. The birth rate for unmarried women was down slightly in 2002 to 43.6 per 1,000 unmarried women, reflecting the growing number of unmarried women in the population.
* Access to prenatal care continued a slow and steady increase. In 2002, 83.8 percent of women began receiving prenatal care in the first trimester of pregnancy, up from 83.4 percent in 2001 and 75.8 percent in 1990.

Data on births are based on information reported on birth certificates filed in state vital statistics offices and reported to CDC through the National Vital Statistics System. The report is available on CDC's National Center for Health Statistics web site at www.cdc.gov/nchs.

NEW MODEL HELPS HOSPITALS AND HEALTH SYSTEMS BETTER RESPOND TO POTENTIAL BIOTERRORISM --The U.S. Department of Health and Human Services June 26 announced the availability of a new computer model to help hospitals and health systems plan antibiotic dispensing and vaccination campaigns to respond to bioterrorism or large-scale natural disease outbreaks**.**

Funded by the Agency for Healthcare Research and Quality, this new resource is the nation's first computerized staffing model that can be downloaded as a spreadsheet and used to calculate the specific needs of local health care systems based on the number of staff they have and the number of patients they would need to treat quickly in a bioterrorism event. Select http://www.ahrq.gov/research/biomodel.htm for the downloadable software program.

Researchers at Weill Medical College of Cornell University in New York developed the model after testing a variety of patient triage and drug dispensing plans. Specifically, they evaluated the 2001 New York City and Washington, D.C. anthrax responses, subsequent large-scale live disaster drills in New York City and Arizona in which thousands of volunteers were given fake drugs in response to a hypothetical anthrax attack, and planning models for bioterrorism response developed by California, Florida, Illinois, and other states. Taking elements from these plans, the research team, led by Nathaniel Hupert, M.D., M.P.H., developed two "best practice" dispensing clinic designs that could be used in the event of a bioterrorism attack, including attacks involving anthrax and smallpox, or in the setting of natural outbreaks requiring antibiotics or vaccinations. The computer model released today allows health care systems planners to estimate the number and type of staff required to operate these clinics in order to provide an entire community with critical medical supplies in an efficient and timely fashion. The model can be downloaded to run on common spreadsheet software and customized for use by health officials at all levels of government, hospital administration, and emergency medical planning.

"This is science-based research at its best," said HHS Secretary Tommy G. Thompson. "Weill Medical College and the many other research institutions funded by HHS are providing health care systems with the critical information and tools they'll need in responding to the unthinkable." The new tool is part of a growing portfolio of bioterrorism preparedness response and research sponsored by AHRQ, with funding from the HHS Office of Public Health Emergency Preparedness and Health Resources and Services Administration. This year, AHRQ is using approximately $10 million in FY 2003 funds to start several new projects and expand several others begun under its October 2000 bioterrorism initiative.

"Expanding these initiatives is the critical next step in the Agency's effort to prepare health care systems in the event of bioterrorism," said AHRQ Director Carolyn M. Clancy, M.D. "Together, these 28 projects help provide the evidence, tools and models needed by health care system planners at all government levels."

Collectively, the AHRQ projects cover a wide spectrum of research on bioterrorism preparedness and response, including medication/vaccine dispensing; state and regional models; surge capacity; pediatric care; use of information technology; clinician training; clinical/public health linkages, and translating/disseminating bioterrorism research into practice. Additional grantees include Emory University, Columbia University, Johns Hopkins University, the Joint Commission on Accreditation of Healthcare Organizations, AHRQ's Evidence-based Practice Center at Stanford University/University of California San Francisco, and the University of Alabama at Birmingham. (Select for Details on all 28 projects.)

In addition, the University of Alabama at Birmingham recently updated its AHRQ-sponsored Web site to include reference sections on anthrax and smallpox and added new continuing education modules for internal medicine and pediatrics at http://www.bioterrorism-uab.ahrq.gov.

The newest funding brings the Agency's current investment in bioterorrism-related research to over $20 million. Select http://www.ahrq.gov/research/bioterport.htm for general information on AHRQ's bioterrorism portfolio.

Additionally, the Agency has just released a program announcement stating the availability of 1- to 2-year research grants for work that examines and promotes the public health care system's readiness for a bioterrorist event and other public health emergencies through the development of new evidence, tools and models. Information on this new funding announcement is available at http://grants1.nih.gov/grants/guide/pa-files/PAR-03-130.html.

HHS LAUNCHES NEW EFFORTS TO PROMOTE PAPERLESS HEALTH CARE SYSTEM -- HHS Secretary Tommy G. Thompson July 1 announced two new steps in building a national electronic health care system that will allow patients and their

doctors to access their complete medical records anytime and anywhere they are needed, leading to reduced medical errors, improved patient care, and reduced health care costs. First, the Secretary announced that the Department has signed an agreement with the College of American Pathologists (CAP) to license the College's standardized medical vocabulary system and make it available without charge throughout the U.S. This action opens the door to establishing a common medical language as a key element in building a unified electronic medical records system in the U.S.

Secondly, the Secretary announced that HHS has commissioned the Institute of Medicine to design a standardized model of an electronic health record. The health care standards development organization known as HL7 has been asked to evaluate the model once it has been designed. HHS will share the standardized model record at no cost with all components of the U.S. health care system. The Department expects to have a model record ready in 2004.

The announcements are part of the ongoing HHS effort to develop the National Health Information Infrastructure by encouraging and facilitating the widespread use of modern information technology to improve the nation's health care system.

"Banks and other financial institutions all across the country can talk to each other electronically, which has streamlined customer transactions and reduced errors," Secretary Thompson said. "We want to do the same thing for the American health care system. We want to build a standardized platform on which physicians' offices, insurance companies, hospitals and others can all communicate electronically, which will improve patient care while reducing the medical errors and the high costs plaguing our health care system."

With terms for more than 340,000 medical concepts, the College's standardized system has been recognized as the world's most comprehensive clinical terminology database available. The licensing agreement with the CAP will make it possible for health care providers, hospitals, insurance companies, public health departments, medical research facilities and others to easily incorporate this uniform terminology system into their information systems.

"This system will prove invaluable in facilitating the automated exchange of clinical information needed to protect patient safety, detect emerging public health threats, better coordinate patient care and compile research data for patients participating in clinical trials," Secretary Thompson said.

The CAP agreement will be administered through the National Library of Medicine (NLM), a component of HHS' National Institutes of Health (NIH). NLM has issued a 5-year, $32.4 million contract to the College for a permanent license for their terminology, known as SNOMED (Systematized Nomenclature of Medicine) Clinical Terms. The licensing agreement includes the core database in both English and Spanish along with regular updates. The terms of the contract include a one-time payment-shared by the Department of Veterans Affairs, the Department of Defense, and many HHS agencies-with annual update fees to be borne by the NLM.

"Today we take a bold step by making SNOMED available, a critical step in adopting health information standards across the federal government," Secretary of Veterans Affairs Anthony J. Principi said. "Putting health information standards in the public domain and promptly adopting health information standards for the federal health partners, is the 'tipping point' for national standards that strengthen our electronic health record systems, help optimize our health care, and, most importantly, improve the health of veterans as well as all of the people of the U.S."

"The Department of Defense is pleased to have contributed to the government-wide effort to license SNOMED. This effort will enable us to better share health information within the Federal government and beyond. I am delighted with our Federal partnership in this important step toward improving health care for all Americans," said Dr. Winkenwerder, assistant secretary of defense for health affairs.

"This license validates the College's longstanding support for the development of medical standards like SNOMED to further improve the quality of health care. It ensures that government and the private sector entities in the U.S. will be able to use a common approach to clinical coding, making it easier to coordinate care and exchange needed information," said Paul A. Raslavicus, MD, president of the CAP.

The contract between NLM and the College of American Pathologists comes after three years of negotiations. The effort was supported by all the agencies participating in the Consolidated Health Informatics initiative (CHI), which is working to adopt government-wide standards for clinical health data. CHI is the health care component of President Bush's eGov Initiatives, created under the President's Management Agenda, to make it easier for citizens and businesses to interact with the government, save taxpayer dollars and streamline citizen-to-government transactions. More information on CHI and the President's eGov Initiatives may be found at http://www.egov.gov.
NLM will distribute SNOMED through its Unified Medical Language System, which incorporates, links, and distributes in a common format 100 different biomedical and health vocabularies and classifications. Details of the SNOMED license arrangement as well as information on obtaining access to the SNOMED database may be found at: http://www.nlm.nih.gov/research/umls/Snomed/snomed_announcement.html.

HHS RELEASES PROGRESS REPORT ON TYPE 1 DIABETES RESEARCH -- Welcoming 200 delegates to the Children's Congress of the Juvenile Diabetes Research Foundation International, HHS Secretary Tommy G. Thompson June 23 released an HHS progress report on research in type 1 diabetes made possible by special statutory funding.

Type 1 diabetes is an autoimmune disease that destroys the insulin-producing cells of the pancreas. Formerly known as insulin-dependent diabetes, it often strikes children and young adults, who must rely on insulin injections or an insulin pump for survival.
"We've made meaningful, measurable progress in understanding and treating type 1 diabetes, one of the most common chronic diseases in children," Secretary Thompson

said. "People with this disease are living longer with a better quality of life and fewer complications. At the pace research is moving and with the exciting, innovative studies underway, we can expect that discoveries in the underlying biology of diabetes will lead to a new generation of prevention and treatment."

From fiscal year 1998 through fiscal year 2008, the special funding program provides a total of $1.14 billion in research funds to supplement other funds for type 1 diabetes research provided through the regular appropriations process.
"With these special funds we've been able to bring together talented scientists from around the world to attack the research challenges posed by type 1 diabetes and work together to develop new treatments. These projects exploit critical scientific opportunities and couldn't have been undertaken without this special funding," said Dr. Judith Fradkin of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health (NIH) under the HHS.
HHS agencies -- NIH, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Agency for Healthcare Research and Quality -- as well as the Juvenile Diabetes Research Foundation and the American Diabetes Association developed a rigorous plan for using the special funds by relying on scientific conferences and the recommendations of the congressionally established Diabetes Research Working Group, a panel of 12 leading diabetes researchers and four lay people.

The Report on Progress and Opportunities: Special Statutory Funding for Type 1 Diabetes Research describes recent achievements and major projects now underway that address unmet research needs in type 1 diabetes.
Research projects described in the report address six broad goals: to identify the genetic and environmental contributors to type 1 diabetes; to prevent or reverse type 1 diabetes; to develop cell replacement therapy; to prevent or reduce hypoglycemia in type 1 diabetes; to prevent or reduce the complications of type 1 diabetes; and to attract new talent to research on type 1 diabetes.

The full report, including details of the research projects addressing each goal, is available on the NIDDK Web site. Single copies are free of charge from NIDDK's National Diabetes Information Clearinghouse at 1-800-860-8747.

CDC RELEASES NEW EDITION OF YELLOW BOOK; GOLD STANDARD FOR INTERNATIONAL TRAVEL HEALTH INFORMATION -- A revised travel health resource will better assist travelers in planning safer trips abroad. The new edition of the *Yellow Book*, a health information tool for international travel published by the Centers for Disease Control and Prevention and considered by many to be the gold standard on travel information, has been expanded to offer new information on scuba diving safety, high altitude travel, travelers with special needs, and traveling with children.

The *Yellow Book* also offers vaccination and medication information for disease risks by destination as well as helpful health hints for cruise ship travel, international adoptions, motion sickness and much more.

Additional new health topics in the book include:

* New recommendations for preventing malaria;
* Changes in vaccine recommendations for travelers;
* Changes in recommendations for insect repellent use;
* Expanded text motion sickness and travel-related injury, and;
* Improved maps and expanded indexing;

A companion web site http://www.cdc.gov/travel/yb/index.htm is also available. Travelers can look up specific information by travel destination and view or print custom reports based on individual travel plans. In fall 2003, a CD-Rom will be released with more information on travel destinations.

Travelers' Health (http://www.cdc.gov/travel/) is one of CDC's most-visited web sites and is updated as new information becomes available. The book is updated every two years. To order the *Yellow Book*, contact the Public Health Foundation at 1-877-252-1200 or visit http://bookstore.phf.org/prod159.htm.