THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE A new after-school program helps kids interpret the numerous messages they receive every day to make healthier choices about food and physical activity. The materials, available free on the Web, were developed by the National Institute of Child Health and Human Development (NICHD), one of the National Institutes of Health (NIH.) *Media-Smart Youth: Eat, Think, and Be Active!* is designed to help young people ages 11 to 13 become aware of how media may influence the choices they make. The program's fun, hands-on, interactive activities teach critical thinking skills that will help young people make smart decisions about what they eat and how they spend their time-- additional information is included 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 SUBCOMMITTEE ACTS ON APPROPRIATIONS -- Earlier this week, the House Labor-HHS-Education Subcommittee on Appropriations marked up its FY 2007 bill. Prior to the mark-up Appropriations Chairman Jerry Lewis (R-CA) had boosted the Subcommittee's allocation by $4.1 billion over the President's budget request following pressure from a broad array of health and education groups, and the strong urging of Subcommittee Chairman Regula (R-OH). The increased allocation, however, permitted only level funding of health programs from the FY 2006. Many programs were cut in FY 2006. Efforts to boost the Senate Subcommittee's allocation by $7 billion, while promising initially, have largely failed. However, health advocates are hopeful that Senate Appropriations Chairman Thad Cochran (R-MS) will at least match the House actions and possibly provide a slightly higher allocation.

Below are some specific numbers from Wednesday's House mark up:

CENTERS FOR DISEASE CONTROL AND PREVENTION

Infectious Diseases
FY 2006 $ 1,680,423,000
FY2007 Request $ 1,772,890,000
Committee 2007 $ 1,828,843,000
Within the total, proposed cuts of $10 million for West Nile virus and $4.3 million for emerging infections were rejected by the Committee and these activities were funded at the same level as FY 2006.

Within the total $706,316,000 is provided for HIV/AIDS programs, which is $55,198,000 above FY 2006, but $33,263,000 below the President's budget request. The Committee provides $60 million for the new testing initiative.

Within the total, $200,000,000 is provided for Section 317 state operations/infrastructure, which is $6,160,000 above FY 2006 and $7,520,000 above the President's budget request.

Report language: "Within the total is $19,800,000 to fund states to increase demand for annual influenza vaccine as proposed in the budget request. The Committee provides this funding to increase vaccine demand in order to stimulate vaccine manufacturers to produce additional vaccine, thereby increasing vaccine production capacity."

Health Promotion and Chronic Disease Prevention
FY 2006 $ 963,426,000
FY2007 Request $ 929,208,000
Committee 2007 $ 964,466,000
Report language: "The Committee provides $846,744,000 for chronic disease prevention, health promotion, and genomics, which is $8,080,000 more than the fiscal year 2006 funding level and $28,017,000 more than the budget request."

Environmental Health and Injury

FY 2006	$ 289,021,000
FY2007 Request	$ 279,309,000
Committee 2007	$ 278,000,000

Report language; "The Committee provides $139,439,000 for environmental health, which is $10,546,000 less than the fiscal year 2006 and $1,656,000 less than the budget request... The Committee provides $136,561,000 for the injury prevention and control program, which is $475,000 less than the fiscal year 2006 funding level and $347,000 above the budget request."

Occupational Safety and Health

FY 2006	$ 255,272,000
FY2007 Request	$ 250,194,000
Committee 2007	$ 251,000,000

Terrorism Preparedness and Response

FY 2006	$ 1,632,257,000
FY2007 Request	$ 1,657,161,000
Committee 2007	$ 1,605,000,000

Public Health Improvement and Leadership (contains workforce funding)

FY 2006	$ 189,823,000
FY2007 Request	$ 190,165,000
Committee 2007	$ 207,230,000

Preventive Health and Health Services Block Grant

FY 2006	$ 99,000,000
FY2007 Request	$ 0
Committee 2007	$ 100,000,000

Report language: "The Committee provides $100 million for the preventive health and health services block grant, which is $1 million above the fiscal year 2006 funding level. The budget request did not include funding for this program. This block grant provides flexible funds to states by formula for a wide range of public and preventive health activities. The flexibility afforded to the states allows them to target funds to address chronic diseases, such as diabetes, arthritis, heart disease, and stroke, to direct funds to meet challenges of infectious diseases, such as West Nile virus and influenza, and/or to implement prevention and control programs related to injury and abuse.

As a result of providing funding for the preventive health and health services block grant rather than eliminating it as requested by the Administration, the Committee does not include bill language requested by the Administration that would authorize states to reallocate up to five percent of the funding they receive in CDC categorical grants for the purposes related to those conducted through the preventive health and health services block grant."

Total Centers for Disease Control and Prevention

FY 2006	$ 6,366,186,000
FY2007 Request	$ 6,099,052,000
Committee 2007	$ 6,173,433,000

PANDEMIC FLU UPDATE -- This week House and Senate conferees reached agreement on emergency supplemental appropriations for the Iraq war and hurricane relief (H.R. 4939). Included in the agreement is an additional $2.3 billion in funding for pandemic flu preparation. Within that amount is $250 million for state and local preparedness efforts. The measure will be taken up by the full House and Senate next week.

HHS AWARDS BIOSHIELD CONTRACT FOR BOTULISM ANTITOXIN-- The Department of Health and Human Services (HHS) June 1 awarded a contract to the Cangene Corporation of Winnipeg, Canada in the amount of $362,641,105 for 200,000 doses of Heptavalent Botulism Antitoxin. The contract runs for five years with product delivery to the Strategic National Stockpile scheduled to begin next year.

"Botulinum toxin is one of the most poisonous substances known to science," said Dr. Gerald Parker, HHS Acting Assistant Secretary for Public Health Emergency Preparedness. "Today's Project BioShield contract award is part of our effort to protect the American public from biological threats."

The number of doses being purchased under the new contract is based on the Department of Homeland Security's determination that botulinum toxins pose a threat to the U.S. population and the interagency Weapons of Mass Destruction Medical Countermeasures Subcommittee's recommendation that heptavalent botulism antitoxin be acquired to improve the nation's biodefense preparedness and response capabilities and protect civilians from a potentially lethal exposure to botulinum toxin.

The botulinum neurotoxin disrupts nerve functions which may result in muscle paralysis within hours. Respiratory muscle paralysis can result in death unless assisted (mechanical) ventilation is provided; therefore, the need for rapid diagnosis, access to intensive medical care, and antitoxin is vital. Botulism antitoxin blocks the action of circulating neurotoxin in the bloodstream.

HHS' Office of Public Health Emergency Preparedness, which oversees procurement efforts under the Project BioShield program through its Office of Research and Development Coordination, will manage the contract with Cangene.

MATERIALS HELP YOUTH EVALUATE MEDIA MESSAGES, MAKE FOOD, ACTIVITY CHOICES -- A new after-school program helps kids interpret the numerous messages they receive every day to make healthier choices about food and physical

activity. The materials, available free on the Web, were developed by the National Institute of Child Health and Human Development (NICHD), one of the National Institutes of Health (NIH.)

Media-Smart Youth: Eat, Think, and Be Active! is designed to help young people ages 11 to 13 become aware of how media may influence the choices they make. The program's fun, hands-on, interactive activities teach critical thinking skills that will help young people make smart decisions about what they eat and how they spend their time.

"Habits begun in childhood and reinforced in the teen years may become lifelong behaviors," said Duane Alexander, M.D., director of the NICHD. "*Media-Smart Youth* teaches young people how to evaluate the complex media messages they receive so they can make wise choices about eating and being active."

The *Media-Smart Youth* curriculum, available at http://www.nichd.nih.gov/msy, consists of 10 lessons and a major project that help young people acquire knowledge and skills in four key areas:

* **Media awareness** – The curriculum includes materials to help young people recognize attention-getting techniques used in media messages and to evaluate the messages for accuracy and consistency with their own ideas of being healthy.

* **Media production** – Participants express what they've learned through creative projects. These include a series of "Mini-Productions" in which youth develop their own media messages, and a final "Big Production" in which they may work with a local station, newspaper or other media partner to create radio ads, videos, posters or other media products that promote healthy nutrition and physical activity to their peers.

* **Nutrition** – Exercises and activities–such as learning to read and interpret Nutrition Facts Labels–teach young people important concepts for healthful eating and encourage them to practice making informed choices.

* **Physical activity** – Each lesson incorporates discussion and an "Action Break" to help participants develop strategies for becoming more active in their daily lives. They discover that daily physical activity is anything that gets their bodies moving, and that it can be fun.

The accompanying Facilitator's Guide for the 10-lesson curriculum also includes a video tape or DVD featuring a program summary and tips for facilitators, plus youth-focused video segments for use in summarizing key concepts for each lesson.

BUSINESS COALITIONS JOIN AHRQ TO IMPROVE THE QUALITY OF DIABETES CARE -- HHS' Agency for Healthcare Research and Quality May 4 announced a new partnership with three of nation's leading business coalitions designed to help improve the quality of diabetes care within and across communities. The new partnership, Improving Diabetes Care in Communities Collaborative, brings together the

Greater Detroit Area Health Council, the MidAtlantic Business Group on Health, and the Memphis Business Group on Health.

The goal of this partnership is to support local communities in their efforts to reduce the rate of obesity and other risk factors that can lead to diabetes and its complications. The partners also will work together to ensure that people with diabetes receive appropriate health care services. Nationally, only one-half of patients with diabetes routinely receive recommended health care services, including eye exams, blood sugar (hemoglobin A1c) tests, and foot exams, and this rate has not shown improvement over the last few years, according to data from AHRQ's *National Healthcare Quality Report* released in January.

"The coalitions and the Agency are committed to improving care for people with diabetes," said AHRQ Director Carolyn M. Clancy, M.D. "All change is local, and this is a wonderful example of how AHRQ can help communities work together to improve and advance health care quality and the health of their citizens."

Each of the coalitions has convened stakeholders, including businesses, providers, health plans, insurers, consumers, and academics, to set priorities in their efforts to improve diabetes care and develop solutions that fit within the community's needs and capabilities. The discussions are developing some cross-cutting strategies for addressing diabetes quality improvement, including a return on investment calculator for estimating financial returns from disease management, application of the chronic care model, and an employer guide on managing diabetes care with health plans. The strategies and tools developed under the partnership and any lessons learned will be disseminated broadly for communities around the nation to use in improving the quality of diabetes care.

"At the MidAtlantic Business Group on Health, we recognize that diabetes is a costly, tragic disease, and that this threat is increasing dramatically," said John Miller, chief executive officer, MidAtlantic Business Group on Health. "With AHRQ's assistance and support, we're working toward two simple goals: helping businesses understand the economic case for taking on this challenge and working with the health care community to prevent, identify, and control diabetes, and eliminate disparities in care and control."

Cristie Travis, chief executive officer, Memphis Business Group on Health, said, "in a very short time period, we have worked with AHRQ to establish a baseline, adopt a framework for change, and charter two projects that will engage both employers and the provider community in improving diabetes treatment. All of this work is evidence based, which provides our community with confidence as we make needed changes."

Vernice Davis Anthony, president and chief executive officer, Greater Detroit Area Health Council, noted, "our coalition members understand the impact of diabetes and the trends related to obesity and physical inactivity on the health and productivity of southeast Michigan residents. We are excited that our purchasers, payers and providers are using local and national data and tools from AHRQ to design interventions that will save lives and save dollars for our community. The Greater Detroit Area Health Council's collaborative model offers significant leverage to drive change in our region."

According to Andrew Webber, president and chief executive officer of the National Business Coalition on Health, "wellness efforts from health care coalitions can have a significant impact on the health and productivity of the U.S. workforce. Employees' lives are improved while employers benefit from healthier workers and realize decreased overall medical costs and absenteeism."

AHRQ, in partnership with the Council of State Governments, has developed *Diabetes Care Quality Improvement: A Resource Guide for State Action* and its companion workbook, both of which are designed to help states assess the quality of diabetes care and develop quality improvement strategies. They can be found online at http://www.ahrq.gov/qual/diabqualoc.htm. Printed copies may be ordered by calling 1-800-358-9295 or by sending an E-mail to ahrqpubs@ahrq.gov.

ONE YEAR REMAINS BEFORE NATIONAL PROVIDER IDENTIFIER USE IS REQUIRED IN ALL STANDARD TRANSACTIONS -- Covered health care providers have one year to obtain National Provider Identifiers (NPI). The NPI must be used in standard health care transactions, specified by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) no later than May 23, 2007, by covered health care providers, health plans and health clearinghouses.

Health care providers are urged to apply for the NPI well before May 22, 2007. Legacy identifiers will not be accepted after that date; however, small health plans have until May 23, 2008 to comply.

The identifier helps to ensure that medical claims are processed on time and payments are made correctly. The NPI is a10-digit, numeric identifier that does not expire or change, and is administered by the Centers for Medicare & Medicaid Services (CMS).

Once a covered health care provider has an NPI, it must share the NPI with any entity that needs it to identify the covered health care provider in a standard transaction. Health plans and health care clearinghouses should make every effort to ensure that the NPI is incorporated into their systems and processes so that they can be used successfully by the May 23, 2007 deadline.

The Medicare fee-for-service program began accepting the NPI, along with the Medicare legacy identifiers, from health care providers in HIPAA standard claims transactions in January 2006.

Health care providers may obtain their NPI in one of three ways:

* Apply on-line by using the web (https://NPPES.cms.hhs.gov);
* Call the NPI Enumerator (1-800-465-3203) and request a paper NPI application form, complete it, and mail it back to the address on the form; or
* Apply for a bulk enumeration, which allows an Electronic File Interchange Organization (EFIO) approved by CMS to obtain a number of providers' NPI.

For more details about NPI and EFI, visit www.cms.hhs.gov/NationalProvIdentStand/.