THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: Congress finally adopted the conference report on the Consolidated Appropriations Act of FY 2010, commonly known as the Omnibus Appropriations bill. There is little good news for CDC programs with most either flat funded or slightly increased. However, this comes on top of significant stimulus funding for HAI reporting, immunization funding and prevention and wellness provided in FY 2009 that can be spent through FY 2010. House and Senate health care reform measures also include upwards of $2.4 billion each year over FY 2008 funding levels for a number of public health activities. Details are included in this 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.

CONGRESS PASSES FY 2010 OMIBUS FUNDING CDC -- On Sunday, December 13th, the Senate passed the Consolidated Appropriations Act of FY 2010, otherwise known as the FY 2010 Omnibus Appropriations bill, by a vote of 57-35. The House had passed the bill on December 10th by a vote of 221-202. The President is expected the sign the measure before Friday, December 18th when the current Continuing Resolution expires. The Managers Statement accompanying the bill can be read at: http://docs.house.gov/rules/omni2010/hr3288cr_divd_jes.pdf Details for selected CDC Programs follow below.

CDC Total *
FY 2009 $6.615 b

FY 2010 Pres. Request	$6.643 b
FY 2010 House	$6.683 b
FY 2010 Senate	$6.773 b
FY 2010 Omnibus	$6.743 b

*****includes evaluation tap funds

Applied Epi Fellowship

FY 2009	$982,000
FY 2010 Pres. Request	$991,000
FY 2010 House	$991,000
FY 2010 Senate	$0 (no specific funding line)
FY 2010 Omnibus	$991,000

Immunization (Section 317)

FY 2009	$495.9 m
FY 2010 Pres. Request	$496.8 m
FY 2010 House	$496.8 m
FY 2010 Senate	$496.8 m
FY Omnibus	$496.8 m

HIV Prevention (State/Local)

FY 2009	$321.2 m
FY 2010 Pres. Request	$333.1 m
FY 2010 House	$348.1 m
FY 2010 Senate	N/A
FY 2010 Omnibus	$328.8 m

Zoonotic, Vector, Enteric

FY 2009	$67.9 m
FY 2010 Pres. Request	$73.1 m
FY 2010 House	$76.8 m
FY 2010 Senate	$67.6 m
FY 2010 Omnibus	$76.6 m

Food Safety

FY 2009	$22.5 m
FY 2010 Pres. Request	$26.7 m
FY 2010 House	$26.9 m
FY 2010 Senate	N/A
FY 2010 Omnibus	$26.9 m

Preparedness, Detection and Control of Infectious Diseases

FY 2009	$157.4 m
FY 2010 Pres. Request	$168.7 m
FY 2010 House	$173.8 m
FY 2010 Senate	$162.4 m

FY 2010 Omnibus	$168.8 m

Emerging Infections

FY 2009	N/A
FY 2010 House	$141.4 m.
FY 2010 Senate	N/A
FY 2010 Omnibus	$136.3 m.

Chronic Diseases, Health Promotion, Genomics

FY 2009	$881.7 m
FY 2010 Pres. Request	$896.2 m
FY 2010 House	$910.8 m
FY 2010 Senate	$946.3 m
FY 2010 Omnibus	$931.3 m

Public Health Informatics

FY 2009	$70.1 m.
FY 2010 Pres. Request	$70.6 m
FY 2010 House	$70.6 m
FY 2010 Senate	N/A
FY 2010 Omnibus	$70.6 m

Health Tracking

FY 2009	$31.1 m
FY 2010 Pres. Request	$31.2 m
FY 2010 House	$33.1 m
FY 2010 Senate	$31.3 m
FY 2010 Omnibus	$33.1 m

Injury Prevention and Control

FY 2009	$145.2 m
FY 2010 Pres. Request	$148.6 m
FY 2010 House	$148.6 m
FY 2010 Senate	$148.6 m
FY 2010 Omnibus	$148.6 m

NVDRS

FY 2009	$3.535 m
FY 2010 Pres. Request	$3.544 m
FY 2010 House	$3.544 m
FY 2010 Senate	N/A
FY 2010 Omnibus	$3.544 m

NIOSH

FY 2009	$360.0 m
FY 2010 Pres. Request	$368.4 m

FY 2010 House	$369.3 m
FY 2010 Senate	$371.6 m
FY 2010 Omnibus	$373.2 m

Terrorism Preparedness and Response: State and Local Cooperative Agreements

FY 2009	$700.5 m
FY 2010 Pres. Request	$714.9 m
FY 2010 House	$714.9 m
FY 2010 Senate	$714.9 m
FY 2010 Omnibus	$714.9 m

HEALTH CARE REFROM UPDATE – The Senate is currently bogged down in weeks of debate on its health care reform measure (H.R. 3590, Patient Protection and Affordable Care Act) and may not finish the bill, as the Democratic leadership and White House have anticipated, by Christmas. The House passed its version of the bill on November 7 on a close vote of 220-215 (H.R. 3962, Affordable Health Care for America Act). When and if the Senate finishes its bill, the two versions must be melded into one measure. Both bills contain strong public health provisions creating new funding structures to provide additional resources, over and above FY 2008 appropriations levels, for community focused prevention and wellness interventions, workforce development, and infrastructure. However, they differ in what is specifically funded and the amount of resources provided. The House bill is more proscriptive requiring much of its public health trust fund to be devoted to federally qualified Community Health Centers, health and public health workforce development, and public health infrastructure that is reliant upon state and local accreditation processes for eligibility. The House generously provides $2.4 billion in FY 2011 rising to $9 billion by FY 2015. The Senate bill provides just $500 million in FY 2010 rising to $2 billion by FY 2015.

CSTE is working with ASTHO and other affiliates to develop a conference strategy that preserves its highest priorities. The Senate bill includes two key sections from legislation introduced earlier this year that CSTE was instrumental in developing. Provisions from that legislation, Strengthening America's Public Health System Act (SAPHSA; H.R. 805/S.1028) authorizing the Epidemiology-Laboratory Capacity program and several fellowship training programs, including the CDC-CSTE Applied Epidemiology Fellowship Training Program, are included in the Senate bill, but not the House bill.

CSTE RELEASES 2009 EPIDEMIOLOGY CAPACITY ASSESSMENT – Today, December 16th, CSTE released its latest assessment of state epidemiology capacity. This is the fourth assessment completed since 2001. Major findings of the 2009 ECA compare data from the 2004 and 2006 assessments. Results show that the number of epidemiologists dropped 2.4% from 2004 to 2006 and dropped another 10% by 2009. Respondents estimated that at least 1490 additional epidemiologists are needed nationwide for optimal epidemiology capacity in all program areas. Program areas showing the weakest capacity are in injury, environmental health, oral health, and occupational health. In addition, the report notes, "… many states lack automated

electronic laboratory reporting, Web-based provider reporting, and use of cluster-detection software, resulting in less timely and less complete reporting, reduced ability to rapidly detect outbreaks, continued drainage of resources into the work of reporting, and reduced ability to expand surveillance to conditions with large numbers of affected persons." The report makes a number of recommendations for addressing the problems highlighted. An MMWR outlining the reports findings and recommendations will be published shortly.