THE CSTE WASHINGTON REPORT

Marcia S. Mabee, MPH, PhD
Editor
11479 Waterview
Reston, Virginia 20190
mmabee@ix.netcom.com
703-709-3001

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EDITOR'S NOTE: The Senate Finance Committee's amended bill costs significantly less than anticipated, as determined by the Congressional Budget Office, and will lower the nation's mounting deficit. This is in contrast to the Senate HELP Committee bill and the House bill, both of which cost $1.2-1.3 trillion and do not meet President Obama's goal of $900 billion and no deficit increase. In the mix is $10 billion committed over 10 years to public health efforts to support prevention and wellness and public health infrastructure. Public health groups are working hard to convince all stakeholders that an investment in public health prevention belongs in health care reform.

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.

UPDATE ON HEALTH CARE REFORM – The Senate Finance Committee finished work on over 500 amendments to its draft health care reform legislation last week. Finance is the last of five committees with jurisdiction over health care reform to act. A final vote on the whole, amended measure was delayed while the Congressional Budget Office (CBO) assessed the total cost of the bill. The CBO issued its "score" October 7th and determined that the bill will cost $829 billion, significantly less than President Obama's goal of $900 billion. The bill also reduces the deficit over time rather than adding to it as the Senate Health, Education, Labor and Pensions (HELP) bill and the

House bill do. Finance Committee Chairman Baucus (D-MT) has announced he wants the final vote to occur no later than the end of this week, but Sen. Olympia Snowe (R-ME), the one possible Republican vote in favor, wants more time to evaluate the bill's provisions. Pundits expect the bill to pass the Finance Committee with or without Sen. Snowe's vote and despite dissatisfaction among several Democrats. After the Finance Committee votes, the next step in the process, which is already underway, is to merge the HELP and Finance Committee bills and bring one bill to the Senate floor before the end of October. At stake is $10 billion over 10 years committed for prevention and wellness programs and support for public health infrastructure. Meanwhile, the House is merging the three versions of its bill, H.R. 3200. The House bill is expected to contain a public option in the health insurance exchange.

RE-AUTHORIZATION OF RYAN WHITE CARE ACT MAKES PROGRESS – On September 30th, the Senate Health, Education, Labor and Pensions (HELP) Committee voted its approval of legislation reauthorizing the Ryan White CARE Act. The bill is largely a straight extension of current law, last reauthorized in 2006. However, a new section entitled, "Notification of Possible Exposure to Infectious Diseases," supported by a coalition of emergency response organizations, is causing concern among governmental public health professionals. The section requires the HHS Secretary to develop a list of potentially life-threatening infectious diseases to which emergency response employees may be exposed, as well as guidelines describing exposure circumstances and medical facility determination of exposure. The section includes specific attention to airborne infectious diseases, which could be construed to include influenza. State public health officers must disseminate the list and guidelines and designate an officer for each emergency response entity to receive exposure notification. Local public health officers would be required to intervene in disputes about exposure that may arise between an emergency response entity and a medical facility. The corresponding House draft bill reauthorizing the program does not contain corresponding infectious disease notification provisions.

BAN ON FLAVORED CIGARETTES GOES INTO EFFECT – On September 22nd, the FDA banned the sale of flavored cigarettes under the authority of the Family Smoking Prevention and Tobacco Control Act. The ban is designed to prevent tobacco companies from marketing products that are attractive to children. On October 2nd, Rep. Henry Waxman (D-CA), Chairman of the House Energy and Commerce Committee and Rep. Bart Stupak, Chairman of the Subcommittee on Oversight and Investigations, issued letters to two tobacco firms charging them with attempts to circumvent the regulation by labeling their flavored cigarette products as cigars. The letters demand information from Cheyenne International and Kretek International on corporate policy regarding the marketing of the flavored products, marketing materials and all related research materials since the ban took effect.

FDA MARKS 100TH HIV/AIDS DRUG AUTHORIZED FOR PURCHASE UNDER PEPFAR -- On October 6th, the U.S. Department of Health and Human Services (HHS) marked the recent approval of the 100th antiretroviral drug in association with the

President's Emergency Plan for AIDS Relief (PEPFAR), aimed at the prevention, treatment, and care of people infected with and affected by HIV/AIDS worldwide.

The PEPFAR program is a cooperative effort that involves the Food and Drug Administration (FDA) and other HHS agencies, the State Department's Office of the U.S. Global AIDS Coordinator, U.S. Department of Defense, other federal agencies, host country governments, and many other international partners.

"This milestone exemplifies the dedication, caring, and hard work of all who strive to better the lives of those infected with or affected by HIV/AIDS," said HHS Secretary Kathleen Sebelius.

To date, more than 100 products have been assessed by the FDA and either fully or tentatively approved in association with the PEPFAR program. Of these, 29 have been new products and 71 have been generic copies of previously authorized antiretroviral products in the United States. Twenty-two of these new products are new combinations or regimens that have not previously been authorized in the United States. In addition, there are seven new pediatric products considered innovative for patients in developing economies.

"As we recognize the 100th product authorized in this program, it is estimated that FDA's actions are allowing PEPFAR to spend $150 million more each year on patient access to care," FDA Commissioner Margaret A. Hamburg, M.D., told those attending an event marking the approval at the Pan American Health Organization (PAHO) headquarters in Washington, D.C. "I look forward to developing and expanding FDA's international collaborations."

As of Sept. 30, 2008, the most recent figure available, PEPFAR supported life-saving antiretroviral treatment for more than 2.1 million men, women, and children living with HIV/AIDS. In fiscal year 2008, PEPFAR provided nearly $1.6 billion in support of treatment programs, including antiretroviral drugs and services.