THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: The health care reform bills now working their way through the Congressional Committee process include unprecedented resources for public health activities. These activities are largely aimed at preventing chronic diseases, but also seek to strengthen core public health infrastructure needs at all levels of government, especially public health workforce needs. Additional 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.

SENATE HEALTH CARE REFORM BILL INCLUDES MAJOR PROVISIONS IN SAPHSA – Last week, before the July 4th recess, the Senate Health, Education, Labor and Pensions Committee finished its markup of Title III of its draft health care reform bill. Title III is the section of the bill addressing prevention and wellness. The initial bill

draft included $10 billion for a mandatory investment fund, over and above FY 2008 discretionary funding for similar activities currently conducted by CDC and other public health agencies. HELP Committee members offered 170 amendments to Title III, including many to strike the investment fund. All those amendments were defeated. The amendment process has altered the initial draft language, but the final result is still a very strong prevention title and is unprecedented in its commitment to public health activity. Among the amendments offered was a provision by Sen. Jeff Bingaman (D-NM) that inserts the section of Strengthening America's Public Health Service Act (SAPHSA; S. 1028/H.R. 805) that authorizes the Epidemiology and Laboratory Capacity (ELC) program. The draft bill had already included the section of SAPHSA authorizing CDC fellowship programs, including the applied epidemiology fellowship training program. The Bingaman amendment was accepted on a unanimous, voice vote.

The corresponding House reform bill, known as the Tri-Committee bill, includes language that would permit CDC fellows to access scholarship and loan support by allowing them to repay their educational support through full-time employment in a public health agency after completing other advanced public health training, e.g., applied-epidemiology fellowship training. It also incorporates provisions providing $800 million in FY 2010 up to $1.3 billion in FY 2014 for core public health infrastructure at the state and local level. This is defined as including: "... workforce capacity and competency; laboratory systems; data collection and analysis; communications and other relevant components of organizational capacity." CSTE is working with Rep. Tammy Baldwin (D-WI) to insert more specific SAPHSA language into the workforce and core infrastructure sections.

The Senate HELP Committee will continue its mark up of its draft bill next week. The Senate Finance Committee is expected to begin its mark up work. The two bills must be melded together and be passed on the Senate floor. There is great concern among public health advocates that prevention/wellness investment fund, and many other provisions of Title III, will be dropped out in melding process. The Energy and Commerce Committee, which has jurisdiction over the public health/prevention wellness provisions in their draft bill will begin mark up the week of July 13th. Both House and Senate leaderships are aiming to finish work on their respective bills before the start of the traditional Congressional August recess on August 9th. You can read summaries of the draft bills on the Trust for America's Health website: http://healthyamericans.org/health-reform.

DR. BLUMENTHAL, NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY, SPEAKS WITH PUBLIC HEALTH GROUPS – On June 24th, Dr. David Blumenthal, recently appointed National Coordinator for Health Information Technology (ONCHIT) within the Obama Administration, spoke with public health groups on Capitol Hill. He noted that the principal challenge is to bring public health and clinical information technology together in a seamless flow of information between public health officials and clinicians so that chronic diseases can be addressed and preventive services provided on a population basis. He stated that the $47 billion provided for HIT in the recently enacted stimulus legislation, also known as the "Recovery Act," is enough to provide a solid jump-start to widespread adoption of electronic health records (EHR), which he described as inevitable. The majority of that

funding, $45 billion, is committed to providing incentives under Medicare and Medicaid for hospitals and physicians to engage in "meaningful use" of information technology. ONCHIT is currently undergoing a traditional, public rule-making process for defining "meaningful use," but Dr. Blumenthal feels that some public health related "use" will be included, e.g., immunization reporting as well as patient registries which he sees as a building block to enabling population monitoring of disease prevalence. The additional $2 billion in the Recovery Act is provided to ONCHIT to assist with adoption and use of EHRs and to lower identified barriers. Within this funding is $300 million specifically allocated to states to promote health information exchanges which, in turn, will allow better support for monitoring of infectious diseases, chronic diseases, newborn health, and public education. Dr. Blumenthal said that states need help to upgrade technically and that he is talking with CDC about the nature of the problem and need. He expressed his feeling that bringing physicians, hospitals and public health authorities together will be a real achievement in health monitoring and disease prevention.

SECRETARY SEBELIOUS RELEASES NEW STATE REPORTS HIGHLIGHTING URGENT NEED FOR HEALTH REFORM – On June 16th, HHS Secretary Kathleen Sebelius released a series of new reports on the health care status quo that highlight the urgent need for health reform across the nation. The new reports are available at www.HealthReform.gov and include information on health care cost and quality in all fifty states.

"In states across the country, health care costs are going up and families are struggling to get the quality care they need and deserve," Secretary Sebelius said. "We cannot wait to pass reform that protects what works about health care and fixes what's broken."

Each report includes data regarding the health care status quo such as:

- Percent increase in family premiums since 2000.
- The hidden tax individuals and families pay as a result of subsidizing care for
- the uninsured.
- Percent of state residents without insurance.
- Overall quality ratings for health care in each state.
- The impact of failing to adequately invest in preventative measures that could

  prevent disease and illness.

"The American people have been calling for reform, and they should not have to wait any longer," added Sebelius. "Health reform will assure quality affordable health care for all Americans, lower costs, and give more Americans the choices they deserve. The time for reform is now."

NEW ENGLAND JOURNAL OF MEDICINE PUBLISHES ARTICLE STATING 1918 INFLUENZA IMPACT STILL CIRCULATING -- The influenza virus that wreaked worldwide havoc in 1918-1919 founded a viral dynasty that persists to this day, according to scientists from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. In an article published online on June 29 by the New England Journal of Medicine, authors Anthony S. Fauci, M.D., Jeffery K. Taubenberger, M.D., Ph.D., and David M. Morens, M.D., argue that we have lived in an influenza pandemic era since 1918, and they describe how the novel 2009 H1N1 virus now circling the globe is yet another manifestation of this enduring viral family.

"The 1918-1919 influenza pandemic was a defining event in the history of public health," says NIAID Director Dr. Fauci. "The legacy of that pandemic lives on in many ways, including the fact that the descendents of the 1918 virus have continued to circulate for nine decades."

Not only did the 1918 H1N1 virus set off an explosive pandemic in which tens of millions died, during the pandemic the virus was transmitted from humans to pigs, where — as it does in people — it continues to evolve to this day. "Ever since 1918, this tenacious virus has drawn on a bag of evolutionary tricks to survive in one form or another…and to spawn a host of novel progeny viruses with novel gene constellations, through the periodic importation or exportation of viral genes," write the NIAID authors.

"All human-adapted influenza A viruses of today — both seasonal variations and those that caused more dramatic pandemics — are descendents, direct or indirect, of that founding virus," notes Dr. Taubenberger, Senior Investigator in NIAID's Laboratory of Infectious Diseases. "Thus we can be said to be living in a pandemic era that began in 1918."

While the dynasty founded by the virus of 1918 shows little evidence of being overthrown, the NIAID authors note that there may be some cause for optimism. When viewed through a long lens of many decades, it does appear that successive pandemics and outbreaks caused by later generations of the 1918 influenza dynasty are decreasing in severity, notes Dr. Morens. This is due in part to advances in medicine and public health measures, he says, but this trend also may reflect viral evolutionary pathways that favor increases in the virus's ability to spread from host to host, combined with decreases in its tendency to kill those hosts.

"Although we must be prepared to deal with the possibility of a new and clinically severe influenza pandemic caused by an entirely new virus, we must also understand in greater depth, and continue to explore, the determinants and dynamics of the pandemic era in which we live," conclude the authors.