THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: The President will hold a Health Summit tomorrow, Feb. 25th, with Democratic and Republican leaders to thrash out possible areas of agreement. The event will be televised in an effort to educate and to influence public viewpoint. Democrats do not expect to win Republican support under any circumstance and therefore have developed a strategy to proceed without that support. The Summit is, in part, an attempt to expose Republican opposition as obstructive to a positive effort to improve health care for Americans so that proceeding without Republicans will not appear to the public as unreasonable.

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.

HEALTH CARE REFORM UPDATE – On Thursday, February 25th, President Obama will host a Health Summit at the White House in an effort to revitalize the health care reform effort and achieve a bipartisan agreement. At the table will be invited Democratic and Republican leaders plus selected other Members and Senators from both parties for an all day meeting to debate the best approach to improving the current health care system. The President's starting point will be the Senate passed health care reform bill (H.R. 3590) with alterations that some Republicans have been advocating, and other alterations that satisfy House Democrats critical of certain tax provisions. Despite the Summit, the prevailing strategy among Democrats is to proceed without Republican support. To achieve this means passing the Senate bill as is in the House, followed by passage in both houses of a stripped down, pre-negotiated bill that would fit under the reconciliation procedure. This process would permit bypassing the filibuster threat and the need for a 60 vote margin to halt it. Reconciliation procedures stipulate that a bill's provisions must only address budgetary matters, not policy, but the advantage is the bill can be passed on a simple 51 vote margin. Major policy provisions, such as prohibiting

insurers from dropping coverage for persons due to pre-existing conditions, would be preserved, under the strategy, via passage of the Senate bill. If this strategy is employed, Republicans have vowed to challenge provisions by raising hundreds of points of order against them as not germane to budgetary matters resulting in many hours of parliamentary deliberation as well as demanding that the 1,000 page bill be read aloud. Using the reconciliation strategy could be extremely costly in terms of precious Senate floor time.

Some of the Public Health provisions of interest to States that are in the Senate bill that would be retained under this strategy are as follows:

Establishes a "Prevention and Public Health Fund"

- Will provide for sustained national investment in prevention and public health (Sec. 4002)
    - $500 million for FY 10
    - $750 million for FY 11
    - $1 billion for FY 12
    - $1.25 billion for FY 13
    - $1.5 billion for FY 14
    - $2 billion for FY 15 and every year thereafter
- Investment Fund used to increase funding for programs authorized by PHSA over FY 2008 levels for prevention, wellness, and public health activities including prevention research and health screenings, such as Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs.

Community transformation grants from CDC to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of proven evidence-based community preventive health activities in order to reduce chronic disease rates, address health disparities, and develop a stronger evidence-base of effective prevention programming. (Sec. 4201)

- State and local governments eligible, as are national networks of community-based organizations, state or local non-profits, and Indian tribes.
- Activities within a proposed plan may focus on (but not be limited to):
    - creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle and prevention curricula, and activities to prevent chronic diseases

- creating the infrastructure to support active living and access to nutritious foods in a safe environment
- developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, enhance safety in a community, or address any other chronic disease priority area identified by the grantee
- assessing and implementing worksite wellness programming and incentives; working to highlight healthy options at restaurants and other food venues, etc.
- prioritizing strategies for reducing racial and ethnic health disparities, including social, economic, and geographic determinants of health
- addressing needs of special populations

- Authorizes such sums as may be necessary from FY 10 - FY 14

Healthy Aging Grant Program for State or local health departments to carry out 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age (Sec. 4202)

Immunization. States may purchase adult vaccines directly from manufacturers at prices negotiated by the Secretary. (Sec. 4204). Also establishes a demonstration program to award grants to States to improve provision of recommended vaccines for children, adolescents, and adults, through the use of evidence-based, population-based interventions for high-risk populations. (Sec. 4204)

- Grant funds used for implementing interventions recommended by Task Force on Community Preventive Services
- Funds used for immunization reminders, educating target populations, reducing out-of-pocket costs, home visits, assessing and consulting immunization providers, providing reminders or recalls for immunization providers, electronic databases on immunization

Restaurant Food Labeling. Establishes labeling requirements for restaurants, retail food establishments, and vending machines (Sec. 4205)

Epidemiology-Laboratory Capacity Grants. CDC shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to eligible entities to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health (Sec. 4304). Authorizes $190 million for FY 10 - FY 13

Public Health Workforce -- Loan Repayment.

- To be eligible, must be enrolled in accredited academic educational institution with public health program, graduated from such an institution in past 10 years, final year at said institution, and have accepted employment with Federal, state, or local public health agency
- Individuals enter into contracts of at least 3 years and must agree, when appropriate, to relocate to a priority service area in exchange for additional loan repayment incentive
- Participants will receive up to $35,000 for loan repayment for each year of service. Loans less than $105,000 will receive loan repayments of 1/3 of total school expenditure
- Authorizes an appropriation of $195 million for FY 2010, and such sums as may be necessary for FY 2011-2015

Mid-Career Training for Public Health Workers. Establishes grant program for mid-career public health professionals for supplemental training (Sec. 5206)

- Those eligible are accredited schools that offer a course of study, certificate program, or professional training program in public or allied health training, as determined by the Secretary
- Individuals eligible are those working for the Federal, state, or local government who want to upgrade their education
- Authorizes $60 million for FY 2010, and such sums as may be necessary for FY 2011-2015
    - 50% of appropriated funds will go to public health professionals, 50% will go to allied health professionals

CDC Fellowship Training in Applied Epidemiology, Laboratory Science, Informatics (Sec. 5314)

- Expands existing fellowship programs at the CDC designed to alleviate documented shortages in State and local health departments in applied epidemiology, public health laboratory science, informatics and expands the Epidemic Intelligence Service
- Participation in the fellowship programs satisfies work obligations stipulated in contracts described under PAHPA (Pandemic an All-Hazards Preparedness Act).
- Authorizes $39.5 million each of fiscal years 2010 through 2013
    - $5 m each year is for applied epidemiology fellowships
    - $5 m each year is for laboratory fellowships

- $5 m each year is for public health informatics fellowships
- $24.5 m shall be for expansion of the EIS

Home Visitation. Establishes a new state grant program for early childhood home visitation under HRSA (Sec. 2951)

- Grantees would be required to establish appropriate process and three and five year outcome benchmarks to measure improvements in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors and the coordination of community resources. Grantees who do not demonstrate improvement in at least four specified areas at the end of the third year of funding would receive expert technical assistance
- The new provision would require states, as a condition of receiving the MCH block grant funds for FY2011, to conduct a needs assessment to identify communities that are at risk for poor maternal and child health and have few quality home visitation programs.
- The program model(s) chosen to deliver services would conform to a clear consistent home visitation model that has been in existence for at least three years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has a comprehensive home visitation standard that ensures high quality service delivery and continuous program quality improvement, and sustained positive outcomes.
- Authorizes $1.5 billion between FY 10 and FY 14:
  - $100 million for FY 10
  - $250 million for FY 11
  - $350 million for FY 12
  - $400 million for FY 13
  - $400 million for FY 14