THE CSTE WASHINGTON REPORT

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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 CONCLUDES FY 2012 APPROPRIATIONS -- Congress passed the FY 2012 Omnibus bill on December 16th (House) and 17th (Senate). The President signed the bill, HR 2055, into law on December 23rd. A related contentious tax extender bill was finally resolved by extending the payroll tax holiday and unemployment benefits for two months into 2012 and requiring the President to make a decision on the Keystone pipeline deal by the end of the two month period. The agreement put off until another day issues such as cutting the Prevention and Public Health Fund under the Affordable Care Act to pay for outlays in the tax extender bill, such as the annual Medicare Sustainable Growth Rate (SGR) payment fix for doctors. The final distribution of $1 billion in Prevention and Public Health Funds for FY 2012 are still under review, but barring recissions, it is expected that approximately $855 million of those funds will be provided to CDC for various program activities.

Below are some CDC program numbers from the final action on the FY 2012 Omnibus bill. The whole manager's report can be read at: http://rules.house.gov/Legislation/legislationDetails.aspx?NewsID=667 *(Labor-HHS-Education is Division F.)* The manager's report notes that if a program is not included in the statement the final appropriation described in detail in the Senate report accompanying its FY 2012 Labor-HHS-Education bill applies (S. 1599; Report No. 112-84; http://thomas.loc.gov/home/thomas.php).

For CDC as a whole, the program level (discretionary, evaluation tap funding, pandemic flu balance and Emergency Employees Occupational Illness Program -*mandatory*) received **$6,124,450 million** which is about **$157 million less than FY 2011**. Total discretionary funding (what Congress actually appropriates) is increased by $18.7 million. The Labor-HHS- Education section of the Omnibus bill also has a 0.189 percent across-the-board cut to all discretionary programs except for the Pell Grant program administered by the Education Department.

Author's note: the program numbers below do not reflect the 0.189 percent across-the-board cut.

Program	***FY 2012 Omnibus***	***+/- FY 2011***
State/local Preparedness Cooperative Agreement	**$643.1 m**	**+$10 m**
Prevention Block Grant	**$80 m**	**0**
HIV Surveillance	**$117 m**	**0**
Food Safety	**$25.3 m**	**+$1.8 m**
ELC	**$40 m** [1]	**0**
PH Workforce	**$36.1 m**	**0**
Chronic Disease	**$760.7 m**[2]	**- $13.3 m**
Surveillance/Epi/PH Informatics	**$217.7 m**	**- $20 m**
Health Track	**$35 m**[3]	**0**
HAI	**$11.7 m**	**0**
NCEH	**$105.8**	**-$29 m**
Asthma	**$25.4**[4]	**-$2 m**

[1] Reflects expected PPHF allocation in S. 1599 report; total amount, including baseline funding, is estimated to be $90 million

[2] Reflects discretionary baseline funding only. It is expected that $487 m will be allocated through the PPHF bringing the total to $1.24 billion, a significant increase over FY 2011.

[3] Reflects only expected PPHF allocation; this program no longer receives baseline funding

[4] The manager's report notes that the program's structure within CDC will not change.

Lead/Healthy Homes	**$2 m**	**-$27.2 m**
Injury Center	**$138.5 m**	**-$5.2 m**
NVDRS	**$3.5 m**	**0**
NIOSH	**$293.6 m**	**-$22.4 m**
Education and Research Centers	**$24.3 m**	**0**

LOBBY DAY TO SAVE THE PREVENTION AND PUBLIC HEALTH FUND— A coalition of public health groups, including CSTE, ASTHO and NACCHO, converged on the Senate on December 15th in an effort to save the fund which has been targeted for cuts, or elimination in many legislative actions over the past two years. During the day, many of the thousands of members that belong to these organizations also called their Senators and Representatives urging them to vote against cuts or elimination of the PPHF. The effort attracted about 80 Washington-based public health advocates, who held small group meetings with over 60 Senate offices and a handful of House leadership offices. During the meetings, information describing the benefits in funding and program results for each specific state was provided. CSTE provided information describing the benefits of the Epidemiology and Laboratory Capacity Program (ELC) and the epidemiology and informatics fellowship training programs.

The effort undoubtedly made an impression, but the fight will need to resume when Congress returns from its holiday recess. Public health groups will likely need to combat renewed efforts to use PPHF resources to offset needed expenditures in other areas of the budget.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS ACT (PAHPA) REAUTHORIZATION UPDATE – The Senate HELP Committee marked up its version of the PAHPA reauthorization legislation, S. 2405, on December 14th. The House passed its bill on December 7th. The Committee voted under unanimous consent, reflecting good agreement on the underlying bill, and a manager's amendment to the bill as well as an amendment offered by Sen. Barbara Mikulski (D-MD) creating an advisory committee at HHS on children and disasters.

The main changes to the underlying bill that were agreed to include:

- The addition of a Medical Countermeasure Strategic Investor, which would authorize creation of an independent entity to provide technical and business advice, as well as venture capital, for novel medical countermeasures. This was requested by the White House;
- Additional flexibility in the FDA Regulatory Management Plans such as a longer time frame and the ability to prioritize which products receive a plan;

- Requirements that border states must define border-specific issues in preparedness plans;
- Clarification of the pre-event emergency use authorization language, including removing obstacles to approval of those products.

The next step for the bill is a vote by the full Senate when Congress reconvenes after the holiday recess