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.

APPROPRIATORS FINALIZE NEGOTIATIONS FOR NINE BILL FY 2012 OMNIBUS -- House and Senate conferees on the remaining nine FY 2012 Appropriations bills have finished their negotiations. The resulting "clusterbus" includes funding for the Labor-HHS-Education Appropriations bill which funds all of CDC. However, Majority Leader Harry Reid is holding the bill hostage by instructing Democratic conferees to withhold their signatures which are needed to formally file the bill. His reasoning is that, without the FY 2012 "must do" spending bill to hold them in Washington, the Republican-led House will adjourn without providing opportunity for the Senate to negotiate a better deal on another pending measure, the tax extender bill. The latter has been highly contentious as it addresses extension of the payroll tax holiday and unemployment benefits. But the House bill, passed yesterday, includes a poison pill: sped-up approval of the controversial Canadian gas pipeline deal. The White House and Senate Democrats are opposed to the pipeline provisions.

Also in the tax extender bill is a multi-billion fix for doctors paid under Medicare, known as the SGR problem. Doctors are severely underpaid under the flawed SGR formula and demand, successfully, to be compensated each year for the resulting pay cuts. This year, the House tax extender bill cuts $8 billion from the Prevention and Public Health Fund (PPHF) to offset costs for the "doc fix" lowering funding to $640 million per year in FY 2013 and beyond. This represents a 68 percent reduction overall. The current year allocation for the PPHF is $1 billion. It is scheduled to rise to $2 billion by FY 2015.

LOBBY DAY TO SAVE THE PREVENTION AND PUBLIC HEALTH FUND— A coalition of public health groups, including CSTE, ASTHO and NACCHO, will converge on the Senate on 12/15 in an effort to save the fund which has been targeted for cuts, or elimination in many legislative actions over the past two years. As one example, the House FY 2012 Labor-HHS-Education Appropriations bill completely eliminated $1 billion in Prevention and Public Health Funds that were slated for a number of CDC programs, including the ELC and public health fellowship training programs. The outcome of the FY 2012 negotiations with the Senate, which did include the funds, is not known at the time of this writing (see previous section). Other examples of attacks on the PPHF: U.S. House of Representatives vote to repeal the PPHF directly; attempts to repeal the Affordable Care Act which is the legislative vehicle for the PPHF; the Obama Administration's proposal to cut the Fund by 25 percent during the debt ceiling debate.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS ACT (PAHPA) REAUTHORIZATION UPDATE -- The House passed its version of PAHPA on December 7th. The Senate HELP Committee is planning to mark-up its version of the bill today, December 14th.

CSTE has had input to the process at various stages, emphasizing the developments in biosurveillance that have been accomplished at CDC with state and local involvement. Concerns have also been raised about the role provided in the draft Senate bill of the National Biodefense Science Board in assessing strengths and making recommendations about biosurveillance systems. ASTHO made several recommendations that were adopted by the House, such as providing states the authority for the temporary redeployment of personnel (funded by federal categorical programs) during a public health emergency to facilitate an "all hands on deck" response, and striking the funding set-aside for the real-time disease detection program since it was contrary to the principal of jurisdiction-based integrated emergency preparedness planning and response operations. Another adopted recommendation was to permit the FDA the authority to issue pre-event (before an actual emergency) Emergency Use Authorizations for medical countermeasures.

The White House issued a Statement of Administration Policy (SAP) supporting House passage of the measure and called for strengthening the bill, such as addition of the Strategic Investor:
http://www.whitehouse.gov/sites/default/files/omb/legislative/sap/112/saphr2405h_20111206.pdf.

Final action on the legislation is likely to extend into next year.