

## LEGISLATIVE UPDATE



AMERICAN PUBLIC HEALTH ASSOCIATION  
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#### **President Signs Final FY 2012 Spending Package**

On December 23, 2011, President Obama signed H.R. 2055, an omnibus spending bill containing 9 of the 12 annual appropriations bills, including the Labor-HHS-Education bill which provides funding for federal discretionary health programs, the EPA-Interior bill which funds the Environmental Protection Agency's (EPA) programs and the State-Foreign Operations bill which funds global health and international aid programs. Under the Labor-HHS-Education bill, the Centers for Disease Control and Prevention received a slight increase in budget authority of about \$8 million over FY 2011 and the Health Resources and Services Administration was cut by about \$53 million from FY 2011 levels. Both agencies had already received significant reductions during the FY 2011 process. EPA funding was cut by about \$233 million below FY 2011 levels and USAID funding (within the State-Foreign Operations budget) was reduced by more than \$250 million compared to FY 2011 levels. While many programs and agencies did see some reductions, the cuts were significantly less than those proposed in the House versions of the State-Foreign Operations and EPA-Interior bills and a draft Labor-HHS-Education bill.

A full summary of the omnibus bill can be viewed on the [House Appropriations Committee website](#). The conference report and Statement of Managers (which includes specific funding levels for most programs) can be viewed on the [House Rules Committee website](#). The allocation of the \$1 billion available under the Prevention and Public Health Fund for FY 2012 is expected to be released by the Department of Health and Human Services in the coming weeks. A [funding chart of CDC programs for FY 2012](#) is available on the CDC Coalition website.

### **Prevention and Public Health Fund Threatened During Tax Extenders Legislation Debate**

The [Prevention and Public Health Fund](#) was threatened again during debates in Congress over the Middle Class Tax Relief and Job Creation Act, H.R. 3630, legislation that included tax cuts for the middle class and a temporary solution to the Medicare doctor payment cut, or “doc fix.” To pay for these policies, the bill would have diverted \$8 billion from the Prevention Fund, cutting it by more than half, and would have also blocked the Environmental Protection Agency (EPA) from protecting public health from mercury and other air pollutants from large industrial boilers. APHA also [sent a letter](#) to the House of Representatives opposing H.R. 3630. While the final legislation did not include any cuts to the Prevention Fund, APHA continues to meet with Congressional staff to oppose any similar threats to the Fund in the future.

On December 15, 2011 APHA and other public health organizations participated in a Lobby Day on Capitol Hill in support of the Prevention and Public Health Fund. The groups met with members of Congress and their staff, urging them to oppose the legislation’s drastic cuts and provided important information on the work the Fund is doing in states and communities across the country.

### **Senate Committee Passes Disaster Preparedness Legislation**

On Wednesday, December 14, the Senate Health, Education, Labor, and Pensions (HELP) Committee passed the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA), S. 1855. The bill includes important provisions that will enhance and improve our ability to react and respond to public health emergencies, including reviewing the nation’s biosurveillance systems and improving the Strategic National Stockpile. Additionally, the legislation takes steps to improve children and infants’ access to medical countermeasures during an emergency. However, the bill does not go far enough to ensure that public health departments have the flexibility to reassign staff during a public health emergency. [APHA sent a letter](#) to the bill’s sponsors expressing support for many of the provisions and recommending improvements to the bill as it moves forward. The House of Representatives passed their version of the legislation earlier in December, and House and Senate negotiators will meet to merge the two bills and to work out policy differences. APHA continues to work with partner organizations to ensure the bill includes necessary resources and guidance to carry out these important measures.

### **FDA to Restrict Extra-Label Use of Cephalosporin Antibiotics**

On Wednesday, January 4, the U.S. Food and Drug Administration (FDA) issued a [proposed rule to limit the use of the class of antibiotics known as cephalosporins](#) for agricultural use in cattle, pigs, chickens and turkeys. Public health and medical professionals are concerned that the overuse of antibiotics in agriculture is leading to an increase in antibiotic resistance to important drugs used to treat human illness.

Unlike other antibiotics, cephalosporins carry no warnings or indications for use in children. As a result, these antibiotics are especially important for treating infectious diseases in children. These drugs also are especially important for treating infections in people suffering from cancer and HIV/AIDS. Because their immune systems are compromised and they are at heightened risk of infection, cephalosporins offer an effective treatment with minimal side effects. Cephalosporins are commonly used to treat meningitis, pneumonia, and infections of the bone and urinary tract.

FDA will be accepting comments on the proposed rule for up to 60 days after it is published in the Federal Register.

### **EPA Releases Strong Mercury and Air Toxics Power Plant Rule**

On Wednesday, December 21, 2011, the U.S. Environmental Protection Agency (EPA) released its final rule on the first national standards to protect the public from toxic pollutants, including mercury, emitted from coal-burning power plants. The rule will reduce mercury emissions by 90 percent and curb other harmful toxics emitted by coal-burning power plants, the largest source of air pollution for mercury and acid gases. EPA estimates the new standards would prevent up to 11,000 premature deaths, 4,700 heart attacks, 2,800 cases of chronic bronchitis and up to 2,600 hospital admissions by 2016. A [summary of the health benefits](#) of the new rule is available on the EPA website.

APHA advocated strongly for the new rule and against several Congressional efforts to block EPA from moving forward on the rule. You can read the [comments submitted to EPA by APHA and other public health organizations](#) as well as [APHA's press release](#) regarding the new rule on the APHA website.

### **U.S. Court of Appeals Delays EPA Cross-State Air Pollution Rule**

On Friday, December 30, 2011, the U.S. Court of Appeals in Washington granted motions by several power companies and states to temporarily block EPA from moving forward with implementation of the Cross State Air Pollution Rule (CSAPR). The rule was scheduled to go into effect on January 1, 2012. APHA strongly supports the rule and issued a [statement in support of EPA's final rule in July, 2011](#). The court will likely hear the case in April..

Intended to reduce exposure to harmful levels of ozone and air pollution, EPA's CSAPR would improve air quality for 240 million Americans by placing stricter limits on sulfur, nitrogen and toxic emissions that travel across state lines and jeopardize the health of millions of people, particularly seniors, children and those with chronic lung and cardiovascular diseases, and diabetes. According to EPA, today's air quality improvement ruling could save between 14,000 and 36,000 lives every year from averted heart attacks,

strokes and respiratory illnesses. Regulations would be enforced at coal-fired power plants in 28 states and the District of Columbia.

Additional information about the rule including the projected health benefits is available on the [EPA website](#).

### **Applications Available for APHA's 2012 Public Health Fellowship in Government**

APHA is seeking candidates for the 2013 Public Health Fellowship in Government. The fellow will spend a year working on public health legislative and policy issues in a Capitol Hill office, experiencing firsthand how public policy decisions impact our public health system. The fellowship will begin in January 2013 and will run through December 2013. Applicants must be a member of APHA and U.S citizen, have a master's or doctorate degree in a public health or related discipline and at least 5 years of professional experience in a public health setting. More information and applications can be found here:

<http://www.apha.org/advocacy/fellowship/>. Applications are due by April 9, 2012.

### **Farm Bill and Public Health Webinar**

On Thursday, January 12, 2012 at 2:00pm EST, Healthy Food Action will launch its 2012 Healthy Food, Healthy Farms webinar series titled *Visualizing Health and the Farm Bill*. Speakers will include Jennifer Billig, with the Institute for Agriculture and Trade Policy, Roni Neff, with the Center for a Livable Future at the Johns Hopkins Bloomberg School of Public Health and Beth Hoffman with Food+Tech Connect. Speakers will provide an overview of key public health provisions in the Farm bill and will engage in a discussion about the potential public health impacts of the upcoming reauthorization of the Farm Bill later this year.

Interested members can register for the webinar on the Healthy Food Action [website](#).

### **Policy Watch: Updates from the States**

#### **Ohio spending no money on tobacco cessation programs**

Ohio has diverted the \$45 million per year it has spent on tobacco cessation programs to other programs throughout the state. The state is currently spending no money on programs to stop teens from smoking and helping adults to quit, becoming one of four states in the country to do so. According to data from the Centers for Disease Control and Prevention (CDC), the number of adult smokers in Ohio has increased by two percent in the past year. The CDC recommends that the state spend \$145 million a year on tobacco prevention and cessation programs. Across the country, states have cut this type of funding by 12 percent in the past year and 36 percent in the past four years. Ohio's quit-smoking line is now only available to pregnant women, Medicaid patients, and uninsured individuals.

#### **Cuts to lead poisoning prevention could harm Massachusetts children**

Massachusetts' lead poisoning prevention program has seen its state budget cut in the past two years, and new federal budget cuts could eliminate the program all together. The state has made significant budget cuts to the program since 2010, including reducing its

workforce from 13 to three. Massachusetts has one of the highest rates of lead poisoning among children in the country – Rhode Island, Connecticut, and New York are higher -, mostly because of the old homes in the state. Nearly 1.2 million of the state's 2.6 million housing units could contain lead paint, and only 25 percent of those homes have been inspected. Congress cut funding for CDC's Healthy Homes/Childhood Lead Poisoning program by more than \$27 million in the final 2012 omnibus spending bill to a level of \$1.996 million.