

LEGISLATIVE UPDATE



AMERICAN PUBLIC HEALTH ASSOCIATION
protect • prevent • live well



APHA Legislative Update November 2011

- I. Congress Moves Forward on FY2012 Spending Bills
- II. House and Senate Appropriations Committees Move Forward on FY2012 Funding
- III. APHA Annual Meeting Sends Participants to Capitol Hill
- IV. Senate Committee Passes Reauthorization of ESEA
- V. Joint Select Committee on Deficit Reduction Continues Work to Reduce Federal Spending Levels
- VI. Health Groups Oppose Effort to Block Cleanup of Power Plant Pollution
- VII. Public Health Groups Submit Comments to HHS on State Health Exchanges
- VIII. Policy watch: Updates from the States

Congress Moves Forward On FY2012 Spending Bills

House and Senate Appropriators are continuing their work to develop a federal spending bill for FY2012. The government is currently operating under a Continuing Resolution (CR) that is set to expire on November 18, 2011. Rather than passing individual appropriations bills through the House and Senate, or combining all appropriations bills into one omnibus bill, appropriators are combining select bills into smaller "minibus" appropriations bills. Appropriators are currently working to merge House and Senate spending bills from the respective Agriculture, Commerce-Justice-Science and Transportation-HUD subcommittees. Included in this bill is a larger measure to provide funding for the federal government until mid-December when a year-long plan may have been negotiated. The second of these packages, which may move forward in the Senate in coming days, includes the State and Foreign Operations Appropriations bill which includes funding for many global health programs.

The Labor-HHS-Education Appropriations bill, which provides funding for most domestic public health programs, is expected to be attached to the Defense appropriations bill and may be the last of the spending bills to move forward. The House and Senate versions of the Labor-HHS-Education bill currently vary widely in their funding levels for public health programs, and the House bill contains several policy riders that are unlikely to be accepted by the Senate, including rescinding all funding for the Affordable Care Act. APHA recently sent letters to [House Labor-HHS-Education Appropriation Subcommittee Chairman Dennis Rehberg](#) (R-Mont.) and [Senate Labor-HHS-Education Appropriations Subcommittee Chairman Tom Harkin](#) (D-Iowa) regarding their respective bills. None of the 12 appropriations bills for FY2012 have been signed into law by the President.

Joint Select Committee on Deficit Reduction Continues Work to Reduce Federal Spending Levels

The Joint Select Committee on Deficit Reduction continues its work on developing a plan to reduce the federal deficit by at least \$1.2 trillion as the November 23 deadline for submitting a plan to Congress draws nearer. Congress must then act on the plan by December 23, or sequestration (across the board spending cuts) will occur for federally funded discretionary programs. The Committee has held two hearings in recent weeks to determine the impact of cutting discretionary programs – including those funding public health programs - on the federal deficit. In his testimony at one of these hearings, Congressional Budget Office Director Doug Elmendorf stated that cuts to discretionary spending alone will make it nearly impossible to reach the \$1.5 trillion in deficit reduction. No specifics have been released as of yet, however Committee members have begun discussing proposals that include additional discretionary appropriations cuts on top of those already included in the Budget Control Act. APHA continues to meet with members of the Committee to discuss the importance of public health programs across the country. Additionally, in September, APHA [sent a letter to members of the Committee](#) urging them to protect public health funding as they move forward in developing their proposal.

APHA Annual Meeting Sends Participants to Capitol Hill

APHA's 139th Annual Meeting in Washington, DC offered many opportunities for participants to take part in advocacy activities for public health issues. The Government Relations and Communications Department hosted four advocacy-focused sessions on topics including the laws surrounding advocacy and lobbying, mobilizing a local public health campaign, and how to use the media to promote public health issues. Additionally, the APHA Advocacy Booth at the meeting's Expo offered materials and information on visiting members of Congress on Capitol Hill. More than 100 Annual Meeting participants went to Capitol Hill to discuss the importance of public health funding and programs with their members of Congress. If you made a visit to the Hill, please let us know by emailing legislativenews@apha.org.

Senate Committee Passes Reauthorization of ESEA

The Senate Health, Education, Labor, and Pensions (HELP) Committee on Thursday, October 20, passed the reauthorization of the Elementary and Secondary Education Act, the law overseeing federal public education programs. The bill includes important provisions on school health, including language that helps ensure schools are safe and conducive to learning. APHA [sent a letter](#) to Chairman Harkin and Ranking Member Enzi thanking them for recognizing the impact of students' health on success in the classroom. The bill will now move to the full Senate for a vote.

Health Groups Oppose Effort to Block Cleanup of Power Plant Pollution

APHA and joined with 12 leading health and medical organizations including the American Lung Association, American Thoracic Society and Trust for America's Health in [sending a letter](#) to every member of the United States Senate opposing S.J. Res. 27, a resolution by Senator Rand Paul (R-Ky.) that employs the Congressional Review Act to reverse the Environmental Protection Agency's (EPA) final Cross-State Air Pollution Rule (CSAPR). If enacted, S.J. Res. 27 would vacate CSAPR and the life-saving protections it provides to the public and bar EPA from reissuing any substantially similar clean air protections without express Congressional authorization. The resolution is expected to come before the full Senate for a vote later this week.

CSAPR would require power plants to substantially reduce emissions of sulfur dioxide and nitrogen oxides that contribute to life-threatening particulate matter and ozone air pollution in downwind states. Ozone and particulate matter are associated with numerous adverse health effects, including lung disease, irreversible reductions in lung function, asthma attacks, aggravation of other respiratory and cardiovascular diseases, and premature death. EPA estimates that CSAPR will prevent up to 34,000 premature deaths, 400,000 asthma attacks, 15,000 heart attacks, and 19,000 hospital visits each year starting in 2014.

Public Health Groups Submit Comments to HHS on Exchanges and Qualified Health Plans

Trust for America's Health, the American Public Health Association, the Association of State and Territorial Health Officials and the National Association of County and City Health Officials jointly submitted comments to the Department of Health and Human Services in response to a proposed rule to establish Exchanges and Qualified Health Plans under the Affordable Care Act. The comments highlight the the role of Exchanges and QHPs in helping to link individuals to clinical and community preventive services and reimburse appropriately when they are utilized. The comments also request that HHS ensure that public health is properly represented on the governing on the Exchange Governing Boards and that health departments that provide covered services be added to the definition of "essential community providers." You can read the [full comments on APHA's website](#).

Policy Watch: Updates from the States

Denver Paid Sick Leave Ballot Initiative Fails

On Tuesday, November 1, a Denver, Colorado ballot initiative on paid sick leave failed by a vote of nearly 65 percent to 35 percent. The initiative would have required employers with more than 11 employees to provide up to nine days of sick leave per year and up to five days of sick leave for employers with 10 or less employees. Campaign for a Healthy Denver, which backed the sick leave initiative, said the measure was a public health priority, as workers are more likely to spread illness and disease to coworkers and the public if required to work while sick. Currently, more than 100,000 Denver business employees do not have any sick leave.

Vermont Looks for Changes in Mental Health Program

The Vermont State Hospital, which housed the state's most severely mentally-ill patients, was forced to close due to flooding after Hurricane Irene and the state does not plan to reopen it. As a result, more than 50 patients have been placed elsewhere in facilities often not equipped to handle cases. The state is now determining how to handle these cases long term as well as new patients in the system with no main hospital. The state is also looking to reduce the number of acute-care beds for mentally ill patients from 54 to 30 and expand community care programs, including housing and transitional facilities. Mental health advocates have supported these types of programs but remain concerned about sustainable state funding.