



AMBULATORY PEDIATRIC ASSOCIATION LEGISLATIVE REPORT MARCH 2007

OVERVIEW

The 110th Congress is in full swing and that means children and adolescents need your help to ensure that their concerns are heard loudly and clearly on Capitol Hill!

The following is an update and summary of federal legislative and regulatory actions. We hope that this information will assist you in your advocacy efforts as this Congress progresses. We encourage you to share this information with your colleagues.

As always, members of the Ambulatory Pediatric Association are urged to reach out to your Members of Congress to advocate for key child health and pediatric-specific issues. This is going to be a very busy legislative year and your collective advocacy efforts really do make a difference.

This report includes information on the following issues:

- Final FY 2007 Appropriations
- FY 2008 Budget
- Pediatric Workforce
- Access to Health Care
- Maternal and Child Health Block Grant
- Pediatric Research
- Immunizations
- Emergency Medical Services for Children
- 2007 Pediatric Academic Societies Annual Meeting
- 2007 Congressional Calendar
- How to Contact Congress/White House
- Join the AAP Federal Advocacy Action Network

PEDIATRIC WORKFORCE/GRADUATE MEDICAL EDUCATION

GME Financing for Children's Hospitals (CHGME) –Reauthorization: On September 28, the House passed legislation reauthorizing the CHGME program for five years (through FY 2011) with a spending ceiling of \$330 million per year. The Senate passed the same bill two days earlier on September 26. The bill makes improvements to the CHGME program by strongly encouraging participating hospitals to report important new data measures to the Department of Health and Human Services, including:

- Types of resident training programs;
- Numbers of full-time equivalent resident training slots in each training program and the number of slots filled each training year from July 1 through June 30 of the following year;
- Types of resident training related to the health care needs of different populations, such as children who are “underserved” for reasons of family income or geographic location;

- Changes in residency training since the first year in which the hospital received CHGME support; Numbers of FTE residents who, upon completion of training, care for children within the hospital's service area or within the borders of the state in which the hospital is located.

President Bush signed the CHGME reauthorization bill (P.L. 109-307) on October 6.

Title VII Health Professions Program- Appropriations: The APA has continued to be a strong supporter of and leader in funding for Title VII, working through the Health Professions and Nursing Education Coalition (HPNEC). HPNEC continues its advocacy efforts to restore Title VII funding to FY 2005 levels. This restoration is critical. Title VII funding was slashed by more than 50%, with funding dropping from \$300 million to a mere \$145 million in FY 2006. The FY 2007 JR boosted Title VII funding to \$185 million, but this victory was short-lived as President Bush's FY 2008 Budget proposal slashed Title VII funding to just \$10 million. According to the specific language in the joint resolution most of the new funding in FY 2007 is related to funding geriatric programs - \$31.5 million – that returns funding to the FY 2005 level; “not less than \$5 million shall be used for pediatric dentistry programs; not less than \$5 million will be used general dentistry and not less than \$24.614 million for family medicine programs” – the remainder is for medicine and pediatrics. HPNEC's FY 2008 funding request is \$550 million, based on a calculation of FY 2005 levels plus inflation.

Reauthorization: Although Title VII reauthorization was discussed at various times throughout the 109th Congress, no legislative action was taken. It remains to be seen what action, if any, will take place in the 110th Congress. Although the Senate HELP Committee Chairman Ted Kennedy has privately suggested that the reauthorization of Title VII is not a priority for the Senate HELP Committee in 2007, Senators Jack Reed (D-RI) and Hillary Rodham Clinton (D-NY), both members of the Committee, are currently working on draft reauthorization legislation. Both senators have indicated that they will include members of HPNEC, in reviewing drafts of the legislation prior to its introduction. The APA's expertise will be critical in this effort.

Physicians for Underserved Areas Act: The Physicians for Underserved Areas Act, H.R. 4997, was passed in the final hours of the 109th Congress and signed into law by the President on January 12, 2007, as P.L.109-477. The Act extends the J1 visa program for an additional two years. The J1 visa waiver program allows foreign physicians, including pediatricians, trained in the U.S. to remain in the nation for three years, provided that they treat patients in medically underserved areas.

FINAL FY 2007 APPROPRIATIONS

FY 2007 JOINT RESOLUTION (P.L.110-5): Almost 4 ½ months behind schedule, the FY 2007 funding process finally reached closure on February 15, 2007, with President Bush signing the FY 2007 joint resolution, HJR 20. Due in large part to the advocacy efforts of the pediatric community and its many public health partners, the joint resolution (JR) included a \$2.3 billion funding increase for health and education programs over FY 2006 levels. NIH was one of the JR's biggest winners, receiving a funding increase of \$620 million over FY 2006. Community Health Centers also received a funding boost, gaining a \$207 million increase. The immunization program, section 317, received an additional \$32 million. The Title VII health professions program received a slight funding increase of \$40 million over last year. Programs that were proposed for elimination such as EMSC and universal newborn hearing screening were funded. However, the vast majority of other programs, including the Maternal and Child Health Block Grant and AHRQ, received flat funding at 2006 levels.

FY 2008 BUDGET

The President's 2008 budget proposal was released on February 5, 2007. This year's budget and appropriations process is anticipated to be even more complicated than in prior years, as “pay-as-you-go” legislation was instituted at the outset of the 110th Congress and President Bush will likely force the

Democrats' hand to make difficult political choices regarding which discretionary programs should receive funds in this tight fiscal climate. While the FY 2008 budget proposal in many places looked remarkably like the past two years there were a few notable exceptions – AHRQ received a modest increase of \$11 million, the FDA an increase of \$95 million, and an additional increase in funding for the Ryan White program. Stay tuned, as your advocacy will be essential as the funding process moves forward in the months ahead.

ACCESS TO HEALTH CARE

Deficit Reduction Act (DRA) Technical Corrections: In one of its final actions, the 109th Congress passed technical corrections to the 2005 Deficit Reduction Act (DRA) as part of the “tax extenders” bill passed on December 9 (H.R. 6111, the “*Tax Relief and Health Care Act of 2006*”). The language appears to solve some of the problems caused by the DRA for foster children, as they are now exempt from any requirement to document their citizenship and identification to qualify for Medicaid. Additionally, some of the cost-sharing provisions for the poorest Medicaid recipients appear to have been rescinded. However, technical corrections do not appear to have adequately addressed the changes the DRA made to the Early and Periodic Screening Diagnostic and Treatment (EPSDT) Program, nor do they appear to have rescinded the policy change for newborns that had formerly been deemed eligible for Medicaid coverage. As such, Congress may likely consider further technical amendments to the DRA during the 110th Congress.

State Child Health Insurance Program (SCHIP) Shortfall: Also in its final days of legislative activity, the 109th Congress agreed to act on the SCHIP funding shortfall expected in 14 states and threatening up to 500,000 children by attaching a “temporary fix” provision on to the National Institutes of Health reauthorization bill. The temporary fix reallocates money from states that did not use all of their SCHIP funding allotments in 2004 (\$125 million total) and 2005 (\$136 million total) to shortfall states. While it was initially believed that some states would begin to run out of funds and be forced to reduce enrollment, curtail benefits, increase patient fees or reduce provider payments as of May 4, 2007, some states are reporting their funds will be exhausted as soon as the end of February.

SCHIP Reauthorization: The 110th Congress is slated to reauthorize the SCHIP law, which is scheduled to expire on Sept. 30, 2007. Some of the key issues that must be addressed in reauthorizing SCHIP are (1) ensuring the program has sufficient funds to cover more children (2) eliminating red-tape barriers to enrollment, and (3) addressing quality and accountability in children’s health coverage.

PEDIATRIC RESEARCH

Stem Cells: On January 11, 2007, the House voted 253-174 to approve H.R. 3, the *Stem Cell Research Enhancement Act of 2007*, as part of the Democrats’ “100 hours” legislative priorities proposal. The legislation would expand the number of stem cell lines that are eligible for federal funding and allow federal funding for research using stem cells derived from embryos originally created for fertility treatments and willingly donated by patients. Currently, federal funding for embryonic stem cell research is allowed only for research using embryonic stem cell lines created on or before Aug. 9, 2001, under a policy announced by President Bush on that date.

The Stem Cell Research Enhancement Act of 2007 is the same bill President Bush vetoed in July 2006, the Stem Cell Research Enhancement Act of 2005, H.R. 810. The President has repeatedly vowed to veto the legislation again, should it reach his desk.

In the January 11 vote, the House was 37 votes shy of the 290 votes needed to override a presidential veto. Thirty-seven Republicans and 216 Democrats voted for the legislation, and 158 Republicans and 16 Democrats voted against it. Eighteen more House members voted for Stem Cell Research Enhancement

Act of 2007 than voted for the *Stem Cell Research Enhancement Act of 2005*. Most of the new votes for the legislation came from the 32 new House Democrats who were elected in November 2006, while some came from lawmakers who changed their position since last year's vote.

On January 19, 2007, the Senate Health, Labor and Pensions Committee held a hearing on stem cell research. At the hearing, Story Landis, Director of the NIH's Institute of Neurological Disorders and Stroke, stated that President Bush's limits on federal funding for human embryonic stem cell research have blocked potential medical breakthroughs. It is extremely rare to hear a political appointee publicly criticize a president's policies—particularly on such a controversial issue.

The Senate is expected to pass a measure identical to the House-approved bill, rather than to consider the House version. That way, when the President vetoes the legislation, as is anticipated, the bill would return to the Senate first, where Democrats believe they have sufficient votes to override the veto. The senate bill currently has 36 bipartisan cosponsors. It is not believed that the House will have sufficient votes to override a veto.

Genetic Information Nondiscrimination Act (GINA): H.R. 493, *The Genetic Information Nondiscrimination Act (GINA)*, was reintroduced in the House of Representatives on January 16, 2007. A bipartisan group of 143 original cosponsors—90 Republicans and 53 Democrats—joined the bill's sponsors—Representatives Slaughter (D-NY), Biggert (R-IL), Eshoo (D-CA), and Walden (R-OR)—in its introduction. The bill now has 205 cosponsors. *GINA* prohibits discrimination on the basis of genetic information with respect to health insurance and employment. Its purpose is to establish basic legal protections that will enable and encourage individuals to take advantage of genetic screening, counseling, testing, and new therapies that will result from the scientific advances in the field of genetics. The legislation also prevents health insurers from denying coverage or adjusting premiums based on an individual's predisposition to a genetic condition, and prohibits employers from discriminating on the basis of predictive genetic information. Additionally, *GINA* would stop both employers and insurers from requiring applicants to submit to genetic tests, maintain strict use and disclosure requirements of genetic test information, and impose penalties against employers and insurers who violate these provisions. In prior congresses, similar legislation has been passed in the Senate, but has never passed in the House. In his remarks at a NIH Roundtable on Advances in Cancer Prevention on January 17, President Bush urged Congress to pass legislation that makes genetic discrimination illegal.

Following the adoption of an amendment offered by Rep. John Kline (R-MN) to clarify record keeping requirements for employers and the rejection of an amendment offered related to the unborn, the House Committee on Education and Labor voted on and approved *GINA* on February 14. The House Committee on Energy and Commerce will consider *GINA* next.

National Institutes of Health (NIH) Reauthorization: In the final hours of the 109th Congress, the NIH reauthorization bill appeared dead, as the Senate refused to take up the measure for a variety of reasons both substantive and political. However, in the final moments of the second session of the 109th Congress, an amended bill did pass in both chambers following significant negotiations with Senators Arlen Specter (R-PA.) and Tom Harkin (D-IA), the chair and ranking member of the Senate Labor-HHS-Education Appropriations Subcommittee, and Senators Mike Enzi (R-WY) and Edward Kennedy (D-MA), the chair and ranking member of the 109th Congress' Senate Health, Education, Labor, and Pensions (HELP) Committee and Representative Barton (R-TX). The amended version of the bill increases the *authorization* levels for NIH to \$30.3 billion in FY 2007 and \$32.8 billion in FY 2008, which represent increases of 7 percent and 8.2 percent respectively. The bill also authorizes "such sums as may be necessary" for FY 2009. The final bill eliminated the 50% funding formula for the common fund, replacing it with a provision leaving common fund funding to the discretion of the NIH Director.

The final version of the bill also included a Clinical and Translational Science Award (CSTA) provision added by the Senate and supported by the National Association of Children's Hospitals. The provision requires the NIH Director to establish a mechanism within CTSA program "to preserve independent funding and infrastructure for pediatric clinical research by allowing the appointment of a secondary

principal investigator under a single CTSA with direct authority over a separate budget and infrastructure for pediatric research, or otherwise securing institutional independence of pediatric clinical research centers with respect to finances, infrastructure, resources, and research agenda." The Director is to provide an evaluation and comparison of outcomes and effectiveness in these programs as part of a biennial report to Congress.

President Bush signed the reauthorization legislation into law on January 15, 2007, as P.L. 109-482.

National Children's Study: The FY 2007 joint funding Resolution signed into law by President Bush on February 15, 2007, included \$69 million for the National Children's Study for FY 2007. This represented a major victory for children and came largely as a result of the long and hard-fought advocacy efforts on Capitol Hill from many in the pediatric community including the APA in collaboration with the March of Dimes and several other organizations on behalf of the NCS.

Adequate funding for the NCS was a prime concern during the December 5 NCS Advisory Committee meeting. In addition to funding issues, the Committee discussed the following:

- Within the next 18 months, the writing of the study protocol and the peer review of the protocol should be completed.
- A special notice for additional study centers was published in the Federal Register in October 2006. The notice stated that there was an intent to post a request for proposals (RFP) for awards in 2007, but that doing so was conditional on FY 2007 funding. In the case of a CR funding the NCS at FY 2006 levels for FY 2007, it is likely that, although the study will continue, no new centers will be opened.
- As funding for the NCS is a continued concern, the Committee might need to consider ways to cut costs without damaging the credibility of the study. While the sample size and the longitudinal-nature of the study should not be changed, cost-savings could be achieved by opening new centers incrementally.
- An informed consent video/interactive tool is being developed for the study. The prototype video describes the study itself and the study's goals, outlines the benefits (no direct benefit to participants), and the risks (i.e. duty to report suspected child abuse) involved in participation. The prototype version is directed to already pregnant women, but there will eventually be two additional tools—one directed at women who are not yet pregnant and one at fathers.

Further information and updates are available at <http://www.nationalchildrensstudy.gov>.

IMMUNIZATIONS

CDC Childhood Immunization Programs: Funding for the section 317 national immunization program in FY 2007 under the joint resolution is a total of \$519.6 million for the vaccine grant program and operations. The president's request in FY 2008 is \$507.6 million.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Emergency Medical Services for Children (EMSC)/Appropriations: For the second year in a row, President Bush proposed terminating the Emergency Medical Services for Children (EMSC) program when he released his FY 2006 budget request last February. House and Senate appropriators rejected this request. It is level-funded at \$19.8 million.

Emergency Medical Services for Children (EMSC)/Reauthorization: The EMSC program's authorization expired in late-2005 and has yet to be reauthorized. On the first day of the 110th Congress, Senator Inouye (D-HI) reintroduced the EMSC reauthorization bill, S. 60, also known as the *Wakefield Act*.

PLENARY SESSION: The PPC and APA state of the art plenary session, entitled "**Healthcare for Immigrant Children**," will explore the numerous issues entailed in addressing the health needs of immigrant children and youth in the US and Canada. A panel of speakers will review what we know about the health of immigrant children, the barriers to care experienced by these children (including issues of language, culture, and race) and strategies to address these barriers and improve health for these children and their families. Panelists include **Marie DesMeules**, Public Health Agency of Canada, Centre for Chronic Disease Prevention and Control; **Glenn Flores, MD, FAAP**, Medical College of Wisconsin, Center for the Advancement of Underserved Children; and **Mara Youdelman, J.D., LL.M.**, of the National Health Law Program. **Lisa Simpson, MB, BCh, MPH, FAAP**, Chair, APA Public Policy and Advocacy Committee will moderate this session. This two- hour session begins at **4:15 on Sunday, May 6.**

SPECIAL PLENARY SESSION: "The National Children's Study: Update and Future Plans" begins at **12:15 p.m. on Monday, May 7.** This special symposium will present an update on the National Children's Study, which is prepared to begin recruitment of subjects for an ambitious, longitudinal study. However, in 2006, budget problems surfaced that threatened the implementation of the study. The panel presenters will discuss the current status of the project, the anticipated budgetary outlook, options to implement the study and respond to questions from the audience. Panelists include Duane Alexander, Director, National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD; Peter C. Scheidt, Director, National Children's Study, National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD; and Alan R. Fleischman, Chair, National Children's Study Federal Advisory Committee, New York Academy of Medicine, New York and National Institutes of Health, Bethesda, MD.

2007 CONGRESSIONAL CALENDAR (110th Congress – First Session)

April 2 – 9: Easter Recess (Senate)
April 2 – 13: Easter Recess (House)
May 28 - June 1: Memorial Day Recess
July 2 - 6: July 4th Recess
August 6 - Sept. 3: August Recess
October 26: Target Adjournment (House)

HOW TO CONTACT YOUR MEMBER OF CONGRESS

Write: The letter remains the most popular choice of communication with a congressional office. If you decide to write a letter, remember to be courteous, to the point, and include key information and examples to support your position. Address only one issue in each letter and, if possible, keep the length to one page.

To a Senator:
The Honorable (name)
United States Senate
Washington, DC 20510

To a Representative:
The Honorable (name)
United States House of Representatives
Washington, DC 20515

Dear Senator _____: Dear Representative _____:

Fax: Currently it is best to fax and **not** mail your letter to Congress. Fax numbers are available through the Capitol Hill Switchboard (202) 224-3121, or you can look up your members of Congress on "Thomas" the official website for Congress, available at <http://thomas.loc.gov/>, by going to "House Directory" or "Senate Directory" from the front page.

Call: : You can contact your Senators and Representative's offices by calling the U.S. Capitol Hill Switchboard at (202) 224-3121. If you do not know who your Representative is, the switchboard operator will be able to direct you to the proper office. Ask to speak to the staff member who works on health care issues. Be prepared to leave a very short message as well as your name and address. You can also call

your legislators in their home districts; if you are a member of the American Academy of Pediatrics, information about local offices is available on the AAP Member Center website, www.aap.org/moc. You can also go directly to <http://www.senate.gov> or <http://www.house.gov> for this information.

E-mail: All of members of Congress now have e-mail addresses, but there is no set format for them. On some members web sites there is a mechanism to directly email most notably if you are a constituent. We suggest calling the congressional office to get an accurate e-mail address or <http://www.senate.gov> or <http://www.house.gov> for this information. Be sure to identify, in the subject line, that you are a constituent along with the legislative topic of the email correspondence.

HOW TO CONTACT THE PRESIDENT

Write: The Honorable George
W. Bush
The White House
1600 Pennsylvania
Avenue
Washington, DC 20500

Call: 202-456-1414

Fax: 202-456-2461

E-mail: president@whitehouse.gov

CONSIDER JOINING THE AAP FEDERAL ADVOCACY ACTION NETWORK (FAAN)

The American Academy of Pediatrics invites you to become a member of the Federal Advocacy Action Network (FAAN). Coordinated by the AAP Department of Federal Affairs, FAAN is a network of AAP members who help support federal legislative and regulatory activities from their position as constituents. FAAN members play an important role in passing federal legislation that benefits children and pediatricians.

The AAP Department of Federal Affairs gives FAAN members the information and tools you need to persuade your legislators. For example, each month via e-mail you will receive FAAN MAIL with updates on AAP legislative priorities in Washington, D.C. We will keep you up to date with timely information with "THIS JUST IN." You will also receive "SPECIAL ALERTS" when immediate action is needed by you on a key issue.

To join FAAN go to the Member Center of the AAP web site, www.aap.org/moc, and click on Federal Affairs, then click on Join FAAN and follow the easy directions. The Members Only Channel has some great tools to make your advocacy work easy. Find the names of Congressional representatives, contact legislators via e-mail, read about daily congressional activity, view actual bills and use the media contact list.

If you are already a member of FAAN, thank you! If you are interested in joining FAAN and have questions, please contact Priscilla Ring (pring@aap.org) in the AAP Department of Federal Affairs at 800/336-5475. Together we can make a real difference for children and pediatricians!

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To join FAAN go to the Members Only Channel of the AAP web site--www.aap.org/moc, click on Federal Affairs, then click on Join FAAN and follow the easy directions. The Members Only Channel has some great tools to make your advocacy work easy. Find the names of Congressional representatives, contact legislators via e-mail, read about daily congressional activity, view actual bills and use the media contact list.

If you are already a member of FAAN, thank you! If you are interested in joining FAAN and have questions, please contact Priscilla Ring (pring@aap.org) in the AAP Department of Federal Affairs at 800/336-5475. Together we can make a real difference for children and pediatricians!

Submitted by:

Lisa Simpson, MB, BCh, MPH, FAAP Chair
APA Public Policy and Advocacy Committee

This legislative report is also available on the APA website at
http://www.ambpeds.org/legislative_update.cfm.

Additional information and resource materials on these and other child and adolescent health care issues is available from: Karen M. Hendricks, JD, khendricks@aap.org or Stephanie A. Russell, JD, srussell@aap.org, c/o AAP, Department of Federal Affairs 601 13th Street, NW, Suite 400 North, Washington, D.C. 20005, phone: 800/336-5475 fax: 202/393-6137.

March 1, 2007