

# ASPPH Policy & Advocacy

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## House Appropriations Committee Releases Report on HHS's FY 2020 Funding Bill

### *All ASPPH Priority Accounts Funded, Many with Increases*

The House Appropriations Committee on Tuesday released the [draft report](#) accompanying its version of the fiscal year (FY) 2020 Labor-HHS-Education Appropriations [bill](#). The full Appropriations Committee will mark up the draft bill on May 8, beginning at 10:30am ET. The mark-up will be webcast on the committee [website](#). Changes to the bill and report are

possible during the mark-up, but significant revisions are unlikely.

The FY 2020 bill and report released by the House Appropriations Committee funds all of ASPPH's priorities, all but one with a funding increase. Highlights of the bill:

### **National Institutes of Health**

FY 2019 Enacted	\$37,937,179,000	
FY 2020 House	\$39,937,179,000	(+\$2.0B or 5.27%)

#### *Provisions of Note:*

- The House Committee bill provides \$84.926 M (+\$6.817 M or +8.73%) for the Fogarty International Center.
- The Committee report says that it provides “at least \$25,000,000 to support research on the prevention of gun violence. Research should focus on biological, behavioral, and environmental mechanisms that underlie aggression, as well as prevention of self-directed violence.” The bill continues to include the Dickey Amendment, which prohibits advocating for gun control using federal funds.
- The House bill keeps the NIH salary cap at Executive Level II (currently \$192,300).
- In the report, the Committee says it “... is concerned that despite the legal requirement that all NIH advisory councils have at least two representatives from the fields of public health and the behavioral or social sciences, recent reviews of the membership of advisory councils reveal that not all Institutes and Centers are in compliance with this requirement. The Committee urges compliance with this statute and requests a report on the fields of public health and behavioral and social sciences that are represented on each advisory committee.”
- The Committee said it expects NIH to fund Clinical and Translational Science Awards at not less than the level provided in fiscal year 2018 (which was \$559.736 M).
- The House bill provides \$381.573 M for the Institutional Development Awards (IDeA) program, an increase of \$20 M or +5.2%.
- The House Committee again rejected the Administration’s proposal to fold the Agency for Healthcare Research and Quality (AHRQ) into NIH as a new institute.

### **Centers for Disease Control and Prevention**

FY 2019 Enacted	\$7,282,385,000	
FY 2020 House	\$8,203,005,000	(+\$920.629M or +12.6%)

*Other Provisions of Note:*

- The Committee provided \$32.461 M for the Prevention Research Centers, an increase of \$7 million (or +27.5%). The report states, “The Committee includes an increase of \$7,000,000 for additional institutions to join the national network committed to conducting prevention research and translating research results into policy and public health practice that address local public health needs.” Following the recent competition, 15 schools are listed on the “approved but unfunded” list for the program.
- The CDC Centers for Public Health Preparedness were level funded at \$8.2 M.
- The CDC Injury Control Research Centers received \$11 M, an increase of \$2 M or +22.2%.
- Within NIOSH the Committee provided the Agriculture, Forestry and Fishing Centers with a \$2 M increase (+7.8%) to \$27.5 M and the Education Research Centers a \$2 M increase (+6.9%) to \$31 M.
- The Committee said it includes \$100 M “for the first year of a multi-year initiative for CDC to lead the effort to improve public health data by providing support to Federal data modernization efforts including the National Center for Health Statistics, State, local, tribal and territorial partners, and to work with academic and private sector partners to innovate new tools and approaches for maximizing the public health impact of the data that keeps our communities safe and healthy.”
- The Committee provided \$25 M to the CDC for firearm injury and mortality prevention research “through a public health approach that focuses on data to understand its causes and to inform prevention strategies.” The Committee directs “CDC to focus on activities that will have the greatest potential public health impact including strengthen data collection to better understand firearm deaths and non-fatal injuries to help inform firearm injury prevention; and conduct evaluation and other applied research projects that align with the Institute of Medicine/National Research Council recommendations to better understand public health prevention strategies for reducing firearm injury and death. Projects should focus on addressing the gaps in knowledge, such as the characteristics of firearm violence, risk and protective factors for self-directed and interpersonal firearm violence, and effectiveness of interventions to prevent firearm injury such as safe storage practices.”
- For Global Health at CDC, the Committee provided \$513.621 M, an increase of \$25 M or +5.1%
- The Committee provided a \$34 M increase (or +16.2%) for the CDC’s National Center for Environmental Health for a total of \$243.350 M.
- Within NIOSH, the Committee includes an increase of \$2 M in the Other Occupational Safety and Health Research line for the Total Worker Health

program that funds Centers of Excellence that advance the overall safety, health, and well-being of the diverse population of workers in our nation.

### **Health Resources and Services Administration**

FY 2019 Enacted \$6,843,503,000  
FY 2020 House \$7,316,109,000 (+\$472.6 M or +6.9%)

#### *Other Provisions of Note:*

- The Committee provided \$19 M for Public Health and Preventive Medicine Training Grant Programs funding line. The Committee said that it was providing an increase of \$500K or +5.1% for the Public Health Training Centers. The Committee provided an increase of \$1.5 M for the Preventive Medicine Residency Training Program.
- The Committee provided \$400 M for Family Planning, an increase of \$113.5 M or +39.6%. The bill includes language directing the Secretary to carry out the Title X Family Planning program in accordance with the regulations that were in place on January 18, 2017.
- Maternal and Child Health received a +5.05% increase to \$972.751 M.

### **Agency for Healthcare Research and Quality**

FY 2019 Enacted \$338,000,000  
FY 2020 House \$358,217,000 (+\$20.217 M or 6.0%)

#### *Other Provisions of Note:*

- The House Committee again rejected the Administration's proposal to fold the Agency for Healthcare Research and Quality (AHRQ) into NIH as a new institute.

### **Other Provisions of Interest**

- Within the HHS Office of the Secretary account, the Committee said it added funds to the Teen Pregnancy Prevention Grant Program to provide existing grantees with a sixth year of funding. An effort by the Trump administration to end the awards early was later overturned by the courts.
- The Committee said it "strongly opposes the Secretary's reorganization of the Office of the Assistant Secretary for Health— in particular, the Secretary's misguided decision to merge the Office of Adolescent Health into the Office of Population Affairs and the decision to dismantle HHS Regional Offices that

currently administer the Title X Family Planning program. The Committee believes the reorganization will harm the Teen Pregnancy Prevention Program and its ability to provide evidence-based and medically accurate programs that reduce teen pregnancy. The Committee disagrees with the Secretary's decision to move forward with the reorganization after satisfying only the bare minimum of requirements for congressional notification. As a result, the Committee modifies reprogramming authority to remove the ability of the Secretary to reorganize offices unless the reorganization proposal is included in the President's budget request."

## **ASPPH Engages with the NAM Action Collaborative on Countering the Opioid Epidemic**

The National Academy of Medicine (NAM) [announced](#) on April 30 that ASPPH and more than 100 other organizations across the US have joined NAM in declaring their commitment to reversing national trends in opioid misuse and overdose. The announcement was made at a meeting of the NAM's Action Collaborative on Countering the US Opioid Epidemic. ASPPH has joined the Collaborative as a network organization. The Action Collaborative is a public-private partnership committed to developing, curating, and disseminating multi-sector solutions designed to reduce opioid misuse and improve outcomes for individuals, families, and communities affected by the opioid crisis. The ASPPH Task Force on Public Health Interventions to Address the Opioid Crisis is finalizing its report and recommendations, which are intended to inform all parties involved in litigation against opioid manufacturing and distribution companies, as well as to inform the Association's advocacy agenda. The Task Force's report and recommendations will be shared with the NAM Action Collaborative to help inform their agenda.

To provide an opportunity for organizations to discuss and share plans of action, the NAM recently called for and has collected statements describing current work and future goals to counter the opioid epidemic in the areas of health professional education and training; opioid prescribing guidelines and evidence standards; prevention, treatment, and recovery; and research, data, and metrics. The statements, including ASPPH's commitment statement, are available [on-line](#).

Dr. Alan Leshner, former head of both NIDA and AAAS, and Dr. Victor Dzau, the president of the National Academy of Medicine, wrote a viewpoint [essay](#) in the current issue of *JAMA* on the underutilization of medication-based treatments to address opioid use disorder. The recent National Academy study on MAT is available on-line [here](#).

## House Approves Climate Bill

### *Bill Prohibits Federal Funds from Being Used to Withdraw from the Paris Climate Agreement*

The House of Representatives on May 2 approve [H.R. 9](#), the Climate Action Now Act, by a vote of [231-190](#). Three GOP members (Vern Buchanan of Florida, Brian Fitzpatrick of Pennsylvania, and Elise Stefanik of New York) joined all Democrats in supporting the bill. The measure is not considered likely to clear the Senate. The Congressional Research Service's [summary](#) of the 10-page bill reads, "This bill requires the President to develop and update annually a plan for the United States to meet its nationally determined contribution under the Paris Agreement on climate change. Specifically, the plan must describe steps to (1) cut greenhouse gas emissions by 26%-28% below 2005 levels by 2025, and (2) confirm that other parties to the agreement with major economies are fulfilling their announced contributions. In addition, the bill prohibits federal funds from being used to withdraw from the agreement."

On April 29, ASPPH and 15 other organizations belonging to the Healthy Air Coalition [wrote](#) to Congressional leaders in support of the bill. The organizations said, "The bill would help ensure that the United States adheres to the science-based targets in the Paris Agreement and develops a plan to meet them, both essential steps to protecting public health from the impacts of climate change."

## House Panel Approves Funding to Re-Establish the Office of Technology Assessment

The House Legislative Branch Appropriations Subcommittee on May 1 approved their FY 2020 funding bill. Included in the [bill](#) is an appropriation of \$6 million in initial funding to re-establish the Office of Technology Assessment (OTA). OTA was created in 1972 and operated until funding was discontinued in 1995. However, authorization for the Office was never repealed. According to the Subcommittee, "A re-opened OTA will provide unbiased expert assistance to help Congress understand the potential and the risks of technological developments and the policy options for addressing issues those developments raise."

## Lancet Commission Reports on the Legal Determinants of Health

### *Commission Asserts the Law's Capacity to Advance Public Health Remains Underutilized*

*Lancet* on April 30 released a *Lancet* Commission [report](#), "The Legal Determinants of Health: Harnessing the Power of Law for Global Health and Sustainable Development." The report, "...articulates the crucial role of law in achieving global health with justice,

through legal instruments, legal capacities, and institutional reforms, as well as a firm commitment to the rule of law. The Commission's aim is to enhance the global health community's understanding of law, regulation, and the rule of law as effective tools to advance population health and equity.” The Commission was co-chaired by Lawrence Gostin (O’Neill Institute for National and Global Health Law at the Georgetown University Law Center) and John Monahan (Office of the President, Georgetown University).

## Tobacco Briefs:

- **ASPPH Endorses Tobacco to 21 Act:** ASPPH formally [endorsed](#) the proposed Tobacco to 21 Act, legislation introduced in Congress on April 30 that prohibits the sale of tobacco products to anyone under the age of 21 nationwide. Lead sponsors of the legislation ([summary](#), [S. 1258](#) text, and [H.R. 2411](#) text) are Sens. Brian Schatz (D-HI), Todd Young (R-IN), Dick Durbin (D-IL) and Mitt Romney (R-UT) and Reps. Diana DeGette (D-CO) and Chris Stewart (R-UT). ASPET thanked the members for introducing this bipartisan legislation intended to help prevent young people from starting down a path that often leads to addiction, disease and premature death.
- **ASPPH Comments on FDA Draft Guidance on Deemed Tobacco Products:** ASPPH and 35 other public health and medical organizations submitted formal [comments](#) to the Food and Drug Administration on April 30 on the “Draft Guidance for Industry on FDA’s proposed Modifications to its Compliance Policy for Certain Deemed Tobacco Products.” The organizations said, “... on balance we believe the Draft Guidance to constitute an insufficient response to the current crisis of youth e-cigarette use, as well as to the continuing adverse public health consequences of youth cigar smoking...” The organizations said that under the Draft Guidance, flavored e-cigarettes could remain on the market for years to come without FDA public health review and that the restrictions on youth access to flavored e-cigarettes at retail stores and on-line proposed in the Draft Guidance are likely to be inadequate to address the youth e-cigarette epidemic. The letter was organized by the Campaign for Tobacco-Free Kids.
- **Canada Finalizes Cigarette Packaging Changes:** The Canadian Press [reports](#) that the Canadian government has finalized cigarette package design changes that will become effective on November 9. The packages won’t be able to use creative designs or brand colors and fonts. Instead, packages will have to be plain, in “drab brown with standardized layouts and lettering.” The Canadian Press story on the government action featured a cigarette pack with a picture of a oral cancer patient’s mouth.

## In Brief:

- **CBO Issues Report on Single Payer Health Care Systems:** The Congressional Budget Office on May 1 released a new report that describes the primary features of single-payer health systems, and details some of the design considerations and choices that policymakers will face in developing proposals for establishing such a system. The report does not include a scoring of the cost of any particular single payer system. Rather, the 34-page [report](#), “Key Design Components and Considerations for Establishing a Single-Payer Health Care System,” spells out the implications of major decisions lawmakers designing a single-payer system need to make, including who would be covered, how they'd be enrolled, what would happen to existing government programs like Medicaid and, how it could be funded.
- **The Rural Hospital Problem:** A new [essay](#) in *JAMA Forum* focuses on the challenges facing rural hospitals. The report found that 15 of the 21 hospitals that closed in 2016 were in rural communities, and since 2010, nearly 90 rural hospitals have shuttered. The article reports that rural hospitals face key challenges related to the drop in rural populations, the failure of some states to expand Medicaid, and Medicaid work requirements.
- **Lessons from Africa’s HIV Response:** Researchers from Columbia University, West Virginia University and the Fenway Institute authored an [article](#) in the new issue of the *New England Journal of Medicine* on “what we can learn from Africa’s HIV response in order to control the HIV epidemic in the United States.” The first lesson cited, “...is to use a public health approach. This strategy involves bringing services to everyone who needs them, rather than focusing on the privileged few who have the resources to obtain and pay for treatment.” Another [article](#) in the same issue focuses on “Lessons from Scott County — Progress or Paralysis on Harm Reduction?” The Indiana county faced a major outbreak of HIV and hepatitis C virus in 2015, in part related to the use of opioids in the county.
- **Strategies to Reduce the Rate of STD:** The HHS Office of HIV/AIDS and Infectious Disease Policy on May 2 posted a [request for information](#) (RFI) seeking “input from stakeholders on what strategies can be implemented by federal agencies to improve the efficiency, effectiveness, coordination, accountability, and impact of our national response to increasing rates of STDs.” Comments are due in 30 days.
- **Overdose Death Rates Continue to Increase:** The CDC [reported](#) in the May 3 issue of *Morbidity and Mortality Weekly*, “Overdose deaths involving cocaine and psychostimulants continue to increase. During 2015–2016, age-adjusted cocaine-involved and psychostimulant-involved death rates increased by 52.4% and 33.3%, respectively. From 2016 to 2017, death rates involving cocaine and psychostimulants increased across age groups, racial/ethnic groups, county urbanization levels, and multiple states. Death rates involving cocaine and psychostimulants, with and without

opioids, have increased. Synthetic opioids appear to be the primary driver of cocaine-involved death rate increases, and recent data point to increasing synthetic opioid involvement in psychostimulant-involved deaths.”

- **New NIDCD Director Named:** National Institutes of Health Director Francis S. Collins, MD, PhD, on Thursday [announced](#) the appointment of Debara L. Tucci, MD, MS, MBA, to lead the National Institute on Deafness and Other Communication Disorders (NIDCD) as its new director. Dr. Tucci currently is professor of surgery and director of the cochlear implant program in the Division of Head and Neck Surgery & Communication Sciences at Duke University. She is expected to join NIH on September 3. Judith Cooper, PhD, has been serving as NIDCD’s acting director since the retirement of long-time director James F. Battey, Jr., MD, PhD, last May.
- **Education Department Has Rejected 99% of PSLF Applications:** The Department of Education on May 1 submitted a [report](#) to Congress on the status of the Public Service Loan Forgiveness Program. Congress mandated the report last year. According to the Department, more than half of student borrowers denied loan forgiveness failed to make enough payments to qualify or to have been unable to document such payments. The first students became eligible for forgiveness in November 2017. From then until the end of March, 864 borrowers qualified for forgiveness - about 1 percent of all applications the department has processed. Under the Public Service Loan Forgiveness Program, qualified public and nonprofit workers can have their loans discharged after 10 years, or 120 monthly payments. According to the department, 53 percent of applicants haven’t made enough qualifying payments. About 25 percent of applications were rejected because of missing information, while another 16 percent of applications weren’t eligible because the borrowers didn’t go through the direct loan program. For those who did qualify, an average of \$59,244 was forgiven.
- **Term Limits for NIH Lab Chiefs:** *Science* [reported](#) on Friday that NIH is instituting a 12-year term limit on its 272 lab and branch chiefs. According to the article, 54 of the current 272 lab chiefs have served at least 20 years in the position and 17 have served for more than 30 years. The policy change is intended to promote diversity in the NIH intramural research leadership.
- **CBO Reports on the Budget Red Ink:** The Congressional Budget Office (CBO) on May 2 issued its new ten-year [budget projections](#). CBO projects a deficit of \$896 billion for 2019—\$1 billion less than the deficit it projected in January. Federal debt held by the public is projected to grow from 78 percent of gross domestic product in 2019 to 92 percent in 2029. According to CBO, “Revenues and outlays are both projected to rise through 2029, but the gap between them is projected to persist, resulting in large deficits and rising debt. According to CBO’s estimates, the deficit now projected for 2019, \$896 billion, would grow to \$1.3 trillion by 2029. However,

outlays for 2029 are affected by shifts in the timing of certain federal payments. Without those shifts, the projected deficit in 2029 would be \$1.4 trillion.”

- **Pregnancy Deaths:** The CDC has issued a new [report](#) on deaths related to pregnancy. According to the report, “Every pregnancy-related death is tragic, especially because about 60% are preventable. Still, about 700 women die each year from complications of pregnancy. A pregnancy-related death can happen during pregnancy, at delivery, and even up to a year afterward (postpartum). For 2011-2015: about 1/3 of deaths (31%) happened during pregnancy; about 1/3 (36%) happened at delivery or in the week after; and about 1/3 (33%) happened 1 week to 1 year postpartum.” The report highlights significant racial and ethnic disparities in the mortality data.
- **A Death of Note:** Stan Collender died on Friday at age 68. He had battled Merkel Cell cancer for several years. Stan was considered one of Washington’s foremost experts on both the politics and substance of federal budget politics. He spoke at an ASPPH Annual Meeting several years ago and had regular columns in *USA Today* and *Forbes*. *USA Today* has [posted](#) an appreciation of Stan, one of their most popular columnists.

## Distribution of the ASPPH Advocacy and Policy Newsletter

This newsletter is a benefit of ASPPH membership. It is distributed only to ASPPH primary representatives and section members. We encourage primary representatives to redistribute the newsletter to faculty and staff as they see fit.

[Forward Newsletter](#)

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