



LEGISLATIVE REPORT

NOVEMBER 2007

OVERVIEW

Bipartisan legislation reauthorizing the State Children's Health Insurance Program (SCHIP) originally was passed by the House and the Senate in September and vetoed by President Bush on October 3 with the House falling short of the votes necessary to override the veto. SCHIP passed again and a second veto is pending while the House and Senate attempt to work out the differences between Congress and the White House. In the meantime the second Continuing Resolution includes a provision to continue the SCHIP at current levels through December 14. At the time of this writing it is unclear if and when final passage of a bill will occur that the president can sign into law. However there was a bright spot for children – the passage of the *Best Pharmaceuticals for Children Act (BPCA)* and the *Pediatric Research Equity Act (PREA)* along with the *Pediatric Medical Device Safety and Improvement Act*, a provision that will provide incentives for developing pediatric medical and surgical devices. The bill was signed and enacted into law by the president on September 27.

Another major task that still looms is passing the FY 2008 Labor-Health and Human Services-Education spending bill. While this process is supposed to be completed by October 1, the start of the 2008 fiscal year, as in years past, the second stopgap measures – continuing resolution- to allow health discretionary programs to continue to function was signed on December 14. This gives Congress three additional weeks to work out its differences with regard to health discretionary spending. The appropriations process has been contentious thus far, with debate turning heated at times. Because of the ferocity of this year's funding debate, it is absolutely essential that members of Congress hear from their constituents about the programs such as, Title VII, CHGME, EMSC, MCH, AHRQ and NIH that make a difference in the lives of children and adolescents in their district.

In light of the difficulty of the tasks that lie ahead, the following report is meant to assist you in your advocacy efforts on behalf of children and adolescents throughout the remainder of the first session and the beginning of the second session of the 110th Congress. It provides updates on federal legislative and regulatory topics of particular interest to the Ambulatory Pediatric Association. You are encouraged to share this information with your colleagues and to reach out to your Members of Congress to advocate on these vitally important issues. Your advocacy efforts really do make a difference!

This report includes information on the following issues:

- **Pediatric Workforce**
- **Access to Health Care**
- **FY 2008 Budget & Appropriations**
- **Maternal and Child Health Block Grant**
- **Environmental Health**
- **Pediatric Research**
- **Pediatric Drugs and Devices**
- **Immunizations**
- **Pandemic Influenza**
- **Emergency Medical Services for Children**
- **Congressional Calendar**
- **How to Contact Congress and the President**
- **AAP FAAN and Key Contact Programs**

PEDIATRIC WORKFORCE

Title VII Health Professions Program and Title VIII Nursing Professions Program –

Appropriations: The APA continues to participate in and support the advocacy efforts of the Health Professions and Nursing Education Coalition (HPNEC), led by the AAMC. The coalition supports adequate funding for the Title VII Health Professions Training Programs and the Title VIII Nursing Programs. This has been a particularly challenging task over the past several years. Title VII has received substantial funding cuts year after year. In FY 2005, Title VII received a final appropriation of \$300 million. However, in FY 2006 and FY 2007 funding was slashed. Congress passed and the president vetoed the FY 2008 Labor-HHS-Education appropriations conference agreement that provided \$212 million for Title VII, a \$27.3 million (14.8 percent) increase over FY 2007. However, Congress failed to override the president’s veto and a new funding agreement must be reached before December 14, the date of the continuing resolution expiration. The APA, during the weeks ahead must continue to push for at least the funding level allocated in the conference agreement- \$212 million – for Title VII until a final FY 2008 funding agreement has been reached.

The continued decrease in funding for the Title VII program is having a significant and adverse impact on the funding of new and continuing pediatric programs. APA members should use this opportunity to “tell your story” about the Title VII program in your institution and community. The ongoing objection that is raised by Congress and the Administration is proving the value of the Title VII program. The more specific examples that can be provided to your members of Congress the better. For further information and the amount of Title VII funding in your state visit the HPNEC web site at <http://www.aamc.org/advocacy/hpniec/start.htm>.

In light of these allocations, the pediatric community will continue to advocate for increased funding for Title VII throughout the FY 2008 appropriations process. To that end, in September a group of pediatric residents and fellows from Johns Hopkins participated in HPNEC’s annual Capitol Hill Day. President-elect of the APA, Tina Cheng, MD, also attended. During that event, the member organizations of HPNEC visited multiple Capitol Hill offices advocating for increased Title VII funding. In addition, HPNEC is planning a February 2008 “Health Professions Open House” for Capitol Hill staff to educate and help staff understand what is and how Title VII programs work.

Title VII Health Professions Program—*Reauthorization*: It remains to be seen what action, if any, will take place during the 110th Congress on reauthorizing Title VII. There has been some interest by members of the Senate to move various parts of the Title VII program forward, but other Senate offices has expressed concern that a “piecemeal” approach to reauthorization will further damage a program already struggling for funds.

GME Financing for Children’s Hospitals (CHGME)—*Appropriations*: Children’s Hospitals GME is currently funded at \$297 million. The President’s FY 2008 Budget request for CHGME was a mere \$110 million—a 63% cut. The APA, working under the leadership of the National Association of Children’s Hospitals (NACH) in conjunction with the Academy and others, urged the House and Senate Appropriations Committees to increase funding for the CHGME program to \$330 million for FY 2008.

Congress passed and the president vetoed the FY 2008 Labor-HHS-Education appropriations conference agreement that provided \$307 million for CHGME. However, Congress failed to override the president’s veto and a new funding agreement must be reached before December 14, the date of the continuing resolution expiration. The pediatric community must continue to advocate for the \$307 million that was reached in the conference agreement until a new agreement can be reached.

Physician Shortages: In February, both the Senate and House introduced the bipartisan *Resident Physician Shortage Reduction Act*, S. 588/H.R. 1093. The legislation would increase the number of residency positions for which Medicare payments will be made to teaching hospitals in states with a shortage of resident physicians. Specifically, the bill would allow teaching hospitals in states that have resident physicians to 100,000 population ratios below the national median, to be eligible to increase their resident caps, pending an allocation method determined by the Secretary of Health and Human Services. According to the bill’s formula, teaching hospitals in 24 states would be eligible to receive additional resident cap slots. The Secretary is required to take into account whether the hospital will be able to fill the positions over a 3-year period, as well as whether the filled positions will be in primary care, preventive medicine, or geriatrics. The total number of additional cap slots granted to teaching hospitals in each eligible state cannot exceed 25% of the number of residents needed to increase that state to the national median. Overall, approximately 1,200 additional cap slots would be added to the national resident limit. Increases in the number of positions eligible for federal funding would be phased in over a 5-year period. The Senate bill has 8 cosponsors, while the House version has 49.

Higher Education Act: The House Committee on Education and Labor November 15 unanimously approved the *“College Opportunity and Affordability Act of 2007”* HR 4137 to reauthorize the Higher Education Act (HEA). Authority for the HEA expired on Sept. 30, 2003; however, several extensions have been enacted, making no policy changes but allowing uninterrupted administration of the programs authorized under the law. The current extension is set to expire March 30, 2008.

The bill authorizes a loan forgiveness program for medical specialties with residency training programs that require more than 5 years of training and have fewer U.S. medical school graduate applicants than the total number of training and fellowship positions available.

Several amendments were approved during the all day mark-up. Rep. Tom Price (R-GA), an orthopedic surgeon -- on behalf of Rep. Charles Boustany (R-La.), a heart surgeon, and himself - offered an amendment to require the Government Accountability Office (GAO) to conduct a study of education-related indebtedness of medical school graduates. The amendment was approved by a voice-vote.

The bill was referred to multiple House committees and it is unclear when it will reach the House floor. A final Manager's amendment of the bill with additional changes is expected to be released before the full House consideration. The Senate July 24 passed the "*Higher Education Amendments of 2007*" S.1642, its version of the HEA reauthorization.

ACCESS TO HEALTH CARE

BACKGROUND: Reauthorization of the State Child Health Insurance Program (SCHIP):

On August 1, the House voted 225-204 to approve legislation, H.R. 3162, the *Children's Health and Medicare Protection Act*, which would reauthorize the State Child Health Insurance Program (SCHIP) and make changes to the Medicare program. The legislation would increase SCHIP funding by \$50 billion over five years. On August 2, the Senate passed, by a vote of 68-31, the *Children's Health Insurance Program Reauthorization Act of 2007*, S. 1893/ H.R. 976. The 5-year, \$35 billion reauthorization package preserves the enrollment of 1.9 million beneficiaries who would likely lose coverage under current funding levels, enrolls 1.6 million SCHIP-eligible children not yet in the program, and expands SCHIP eligibility to 1.1 million more children. The funding increase is offset by 61 cents per pack increase in federal tobacco taxes and a series of SCHIP cuts beginning in FY 2014.

Veto and Veto Override: The President vetoed CHIPRA on October 3rd. The \$35 billion reauthorization was a compromise between the House-passed \$50 billion proposal and the Senate-passed \$35 billion proposal. The additional money was funded by a 61-cent per pack increase in tobacco taxes. The bill received a veto-proof margin in the Senate (67-29), but was approximately 13 votes short of a two-thirds majority in the House (265-159). The House failed an attempt to override the veto on October 18.

House Speaker Nancy Pelosi, D-CA, said the House would immediately begin work on another SCHIP bill to send to the Bush. Pelosi would not offer details about how the bill might change except to say that Democrats will not consider a different funding offset, and will demand that a new bill cover 10 million children, up from an estimated 6.6 million currently covered.

On October 25, House leaders brought up a modified SCHIP bill that they hoped would attract several more Republicans in order to achieve a veto-proof majority. The bill included stricter limits on federal poverty level eligibility, stricter coverage of childless adults, and stricter citizen documentation requirements. The bill passed but failed to sway any additional Republicans. It

moved on to the Senate, which passed the bill November 1. Congressional leaders have not sent the bill to the president, who would surely veto it, in order to allow more time to negotiate a compromise. As of the time of this writing negotiations have stalled and it is hoped that following the Thanksgiving recess the discussions will begin again. In the meantime, SCHIP is funded through the current CR that expires December 14.

CMS Guidelines: On late Friday evening, August 17, the Centers for Medicare and Medicaid Services (CMS) issued an advisory letter to states that took away the flexibility given to states under SCHIP. <http://www.cms.hhs.gov/smdl/downloads/SHO081707.pdf> CMS set new criteria for states that wish to raise eligibility for SCHIP above 250 percent of the federal poverty level (FPL), and instituted year-long waiting periods and other requirements to assure that children and adolescents are not leaving private health plans for public coverage. There is broad agreement that these requirements will be virtually impossible to meet. Tens of thousands of children and adolescents across the country could lose SCHIP coverage. Further, states would be prohibited from building on the program's success by expanding children's access to coverage in the future. There are several states that have or are planning to expand past 250% FPL – these include California, Connecticut, District of Columbia, Hawaii, Indiana, Louisiana, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, Vermont, Washington.

The APA vigorously opposed the CMS guidelines and expressed that in a press statement issued shortly after the guidelines were released urging “the White House to reverse the new guidelines and focus on working collaboratively with a bipartisan U.S. Congress to reauthorize and fund a strengthened SCHIP bill.” The press statement highlighted the important research of the APA membership that has shown that SCHIP has:

- Improved child health insurance coverage, covering millions of US children
- Improved preventive care, immunization rates, and primary care among children who enroll
- Enhanced the quality of care and quality of life of children who enroll and their families
- Improved quality of care for the most vulnerable children with chronic diseases such as asthma
- Reduced racial/ethnic disparities in access, unmet need, and continuity of care

FY 2008 BUDGET & APPROPRIATIONS

Following the release of the President's FY 2008 Budget proposal in February, the House and Senate drafted, debated and then finally completed their work on the FY 2008 Congressional Budget Resolution (S. Con. Res. 21) in mid-May.

Continuing Resolution: Fiscal Year 2008 began on October 1, 2007, with a continuing resolution (CR) – a short-term, stopgap funding bill - to fund the federal government at the same level as FY 2007, until November 16. The CR was necessary because Congress was not able to complete and send the 12 appropriations bills to the president for his signature. The CR also includes the extension of SCHIP. The second CR was signed by the president on November

13. It extends funding until December 14. It is anticipated that there may be at least one more CR's that will need to be passed before final resolution. Senior appropriations staff recently indicated that it was their belief that this issue will not be resolved until very late December

FY 2008 Conference Agreement – Labor –HHS-Education Appropriations Bill:

On November 8, the House passed the fiscal year 2008 Labor HHS, Education conference report, by a vote of 274 – 141. The bill went to the President and he vetoed the legislation on November 13. The President vetoed the bill because it included more funding than his budget request. The final Labor, HHS, and Education appropriations bill totals \$150.7 billion and is \$9.8 billion more than the President requested, and \$6.2 billion or 4.3 percent over the 2007 level. The conference report is \$1.0 billion below the House bill and \$841 million over the Senate bill.

To override the President's veto two-thirds of the House and Senate must vote for the measure, which is 290 in the House and 67 in the Senate. A large advocacy campaign involving hundreds of health and education organizations, including the pediatric community, worked tirelessly together to urge Congress to support this appropriations bill by a veto-proof margin, and to ultimately override a potential Presidential veto. However, by a vote of 277 to 141, the House failed to override the president's veto. This was a great disappointment since this was just two votes shy of the votes needed to override. There is now a very strong potential that the programs in the Labor-HHS-Education spending bill will suffer severe cuts proposed by the president, which total \$3.6 billion below the current level for this appropriations bill.

The federal agencies are currently operating on a second short term continuing resolution through December 14, 2007.

MATERNAL AND CHILD HEALTH BLOCK GRANT

The President's FY 2008 budget requested \$693 million for the Maternal and Child Health Block Grant. This is the same amount the program received in FY 2006 and in the current fiscal year, FY 2007. The APA joined the Academy and others as part of the Friends of Title V to request \$750 for the program, a request that the House-passed L-HHS-E Appropriations Bill granted. . The FY 2008 Labor-HHS-Education conference agreement includes \$683 million for Title V. Although it appears that this is less funding than in FY 2007 it is our understanding that the bill separates some existing funding from a SPRANS (Special Projects of Regional and National Significance) set aside and creates a new line item called Autism and Related Developmental Disabilities. This new line item in the MCHB budget provides \$37 million for autism and other developmental disorder initiatives that support surveillance, early detection, education and intervention activities as authorized in the Combating Autism Act of 2006. The autism funding was increased by \$17 million above the FY 2007 funding level. The conference report also designates \$103,666,000 of MCH block grant funding for SPRANS projects. Some of the state grants that are included in this funding are: resources to help women preparing for childbirth and first time parents, oral health demonstration projects, sickle cell community demonstrations, continuing newborn and child screening for heritable disorders, and fetal alcohol syndrome demonstrations.

PEDIATRIC RESEARCH

Agency for Healthcare Research and Quality (AHRQ): As a member of the “Friends of AHRQ,” the APA urged the House and Senate Appropriations Committees to include \$350 million for AHRQ in the FY 2008 spending bill. AHRQ received \$319 million in FY 2007, while President Bush requested \$329.6 million for the Agency in his FY 2008 Budget. Both the House-passed bill and the Senate Appropriations Committee followed the President’s lead, providing \$329.6 million for AHRQ for FY 2008. Out of this total, both the House and Senate Committees allocated \$30 million for comparative effectiveness research and \$78.9 million for patient safety initiatives.

The Labor-HHS-Education conference agreement includes \$334 million for FY 2008. This is an additional \$5 million than proposed by the House and Senate. This additional funding is provided for activities to reduce infections for methicillin-resistant staphylococcus aureas (MRSA) and related infections. There is also a \$30 million allocation to AHRQ overall budget, consistent with the House and Senate for comparative effectiveness research.

At this time, the long overdue reauthorization of AHRQ is not on the agenda of either the House or Senate.

National Institutes of Health (NIH)—Appropriations: The President requested \$28.858 billion for the National Institutes of Health for FY 2008—a \$511 million cut from the FY 2007 funding level. The Ad Hoc Group for Medical Research, which includes the APA as a participant, spearheaded an effort to increase NIH funding by 6.7% over FY 2007 levels, totaling \$30.8 billion for FY 2008. However, When the House and Senate Appropriations Committees completed work on their chambers’ respective Appropriations bills, the results were mixed. The House-passed bill allocated \$29.650 billion, while its Senate Committee-passed counterpart dedicated \$29.9 billion to the NIH for FY 2008.

The FY 2008 Labor-HHS- Education conference agreement included \$30 billion, a 3.8 percent increase above the FY 2007 enacted level. This includes the full \$300 million NIH request for the Global AIDS Fund and also included \$111 million for the National Children’s Study (NCS). The latter was the culmination of a strong effort lead by the pediatric community in conjunction with the March of Dimes. It will be very important as the FY 2008 appropriations bill is renegotiated to ensure that these funds for the NCS are maintained.

National Children’s Study— Research Plan: The National Children’s Study Research plan was made available for public review and comment in July. The Research Plan describes the Study’s background, design, measures, and the rationale for those selections in sufficient detail so that readers can understand the basis of the Study and how it will be carried out. The Plan is available online at: http://www.nationalchildrensstudy.gov/research/research_plan/index.cfm. On July 26, an official request for public comments was published in the *Federal Register*. Comments were due in late September 25. In addition to seeking public comment, the NCS Program Office has sought review by the National Academy of Sciences (NAS). The NAS had commenced their review of the plan, which was anticipated to take approximately 6-9 months. .

Further information and updates on the NCS may be found at:
<http://www.nationalchildrensstudy.gov>.

NIH Consultation Meeting on Peer Review with Professional Societies: On July 30, 2007, the Peer Review Working Group of the Advisory Committee to the Director of the National Institutes of Health (NIH) hosted a consultation meeting with professional societies on the NIH peer review process. Dr Elias Zerhouni, Director of the NIH, and Drs. Keith Yamamoto and Lawrence Tabak, Co-Chairs of the Peer Review Working Group, were the moderators. Tina Cheng, MD, President-Elect of APA; Renée Jenkins, MD, President-Elect of AAP; Phyllis Denney, MD, President of SPR; and Elizabeth Goodman, MD, liaison to the AAP's Committee on Pediatric Research, representing the Society for Adolescent Medicine; and Washington Office staff represented the pediatric and adolescent health community at the meeting. Participants commented on a variety of topics, including who should serve on study sections, how the review process should be structured, how the burden on reviewers can be decreased, and how the plethora of NIH grant mechanisms can be consolidated or simplified to streamline the review process.

Comments on NIH National Center for Research Resources (NCR) Strategic Plan: On July 6, the National Institutes of Health (NIH) National Center for Research Resources (NCR) published a notice in the *Federal Register* requesting comments and input as it develops a new Strategic Plan covering 2009 - 2013. The purpose of the plan is to ensure that NCR remains responsive to the emerging needs of biomedical researchers and provides them with the infrastructure, tools, and training they need to understand, detect, treat, and prevent a wide range of diseases. The NCR requested input from biomedical scientists, by August 31, to define future needs for shared research resources and technologies that facilitate NIH-supported biomedical research. Widely disseminated in the pediatric community with individual pediatricians encouraged to submit comments through the web site. One of the notable comments expressed was the concern that the Clinical and Translational Science Awards' (CTSA) current configuration and focus on "institution-specific awards" may bring unintended consequences and potentially jeopardize pediatric clinical research. The pediatric community, including APA, will continue to monitor this issue.

A strategic planning forum will be held by NCR in December 2007. Additional information on the strategic plan is available online at: <http://www.ncrr.nih.gov/strategicplan>.

Stem Cells: For the second time in two years, President Bush vetoed the *Stem Cell Research Enhancement Act of 2007*, S. 5, on June 20, 2007. This 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.

On the day following the veto, June 21, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, attached a stem cell provision to the L-HHS-E Appropriations bill that would allow federal funding for embryonic stem cell research if the embryos were derived before June 15, 2007, while adding ethical guidelines for

such research. No such provision was included in the House L-HHS-E Appropriations bill. In the final conference agreement on the Labor-HHS-Education bill this provision was not included.

Genetic Information Nondiscrimination Act (GINA): H.R. 493/ S.358 *The Genetic Information Nondiscrimination Act (GINA)* was reintroduced in the House of Representatives and the Senate in January. The House bill passed, by a vote of 420-3, on April 25. The Senate bill still awaits a vote on the Senate floor. A vote had been scheduled to occur prior to adjournment for the August congressional recess; however, Senator Tom Coburn (R-OK) placed a hold on the legislation delaying such a vote from moving forward.

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. The APA continues to support genetic nondiscrimination legislation.

PEDIATRIC DRUGS AND MEDICAL DEVICES

The *Pediatric Research Equity Act (PREA)* and the *Best Pharmaceuticals for Children Act (BPCA)* was reauthorized this year. The president signed the *Food and Drug Revitalization Act of 2007* (P.L. 110-85) legislation into law on September 27. PREA gives FDA the authority to require pediatric studies of drugs for the on-label indication only, i.e., when the pediatric use for the product would be the same as the designated adult use. When PREA was codified in 2003, it for the first time established the presumption that certain new drugs and biologics must be tested for children and be produced in formulations (e.g., liquids or chewable tablets) appropriate for children. BPCA provides an incentive to drug manufacturers of an additional six months of marketing exclusivity for conducting pediatric studies of drugs that the FDA determines may be useful to children.

Pediatric Medical Device Safety and Improvement Act of 2007: As part of the *Food and Drug Revitalization Act of 2007* the *Pediatric Medical Device Safety and Improvement Act of 2007* was included and as such was signed into law on September 27. The legislation provides incentives to the medical device industry to produce new pediatric devices by lifting restrictions on profit from the Humanitarian Device Exemption (HDE) and creating new consortia to stimulate device development from idea to marketplace. The law gives FDA additional regulatory mechanisms to track pediatric device needs as well as provide increased post-market surveillance for adverse events in children as recommended by IOM.

IMMUNIZATIONS

Section 317 Program: The APA, the Academy and their immunization advocacy partners have urged Congress to provide \$802 million for Section 317 in FY 2008. This funding recommendation includes: \$387 million for purchase of childhood vaccines, \$88 million for purchase of adult vaccines, \$200 million for childhood immunization operations/infrastructure grants to states (consistent with the Institute of Medicine recommendation), \$45 million for adult operations/ infrastructure grants to states and \$82.4 million for CDC prevention activities. The comparable FY 2007 funding level was \$520 million. The President's FY 2008 funding request was a mere \$407 million. The conference agreement includes \$493 million an increase of \$41 million. Now with the failure to override the veto of the Labor-HHS-Education conference agreement, APA must work with other advocates who support the 317 immunization program to ensure that these funds are available. The additional funds will provide vaccines to an addition 41,000 children, adolescents and adults who are served by the 317 program.

PANDEMIC INFLUENZA

One-Year Progress Report— *National Strategy for Pandemic Influenza Implementation Plan:* In July 2007, one year after the Bush Administration's release of its federal pandemic influenza preparedness plan, the *National Strategy for Pandemic Influenza Implementation Plan*, the White House Homeland Security Council reported that 86% percent of the plan tasks that were to be completed by 2007 were finished. The remaining 14% were expected to be completed by the end of the year. The White House reported that the federal government still has limited capacity to detect a disease outbreak and track its progress across the country. The nation also has little extra capacity in its hospitals and other health care facilities to deal with a huge surge in need that would accompany a mass disease outbreak. Further, the government has little ability to ensure that during an outbreak, when many workers would stay home, limited Internet capacity would go to essential work and not to children playing video games. A White House spokesperson also said that a decision had been made to keep U.S. borders open if a pandemic flu outbreak occurs somewhere in the world. The Administration noted that a significant remaining challenge is that the country has grown tired of pandemic flu warnings. More information on the *National Strategy for Pandemic Influenza* can be found at: <http://www.whitehouse.gov/homeland/pandemic-influenza-oneyear.html>.

At-Risk Populations Listening Session: Also in July, the Interagency Committee on Pandemic Influenza's Work Group on Pandemic Influenza and At-Risk Populations hosted a listening session for non-governmental organizations to seek information about gaps, barriers and best practices for addressing the needs of at-risk populations in State and local Pandemic Influenza plans. The session was moderated by Dr. Daniel Dodgen, Human Services Policy Coordinator in the Office of the Assistant Secretary for Preparedness and Response. Staff from the Washington Office attended the meeting and relayed some of the pediatric community's concerns regarding children and pandemic influenza, such as the need for further testing on the use of N95 masks by children and the ramifications of prolonged school closure on children's emotional and physical health and well-being.

Pandemic Influenza: Warning, Children at Risk – an issue brief from the Trust for America’s Health and the American Academy of Pediatrics: The Trust for American’s Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. (<http://healthyamericans.org/>). TFAH works on a number of public health related issues including immunizations, obesity, pandemic influenza to name just a few. In late April, TFAH approached the Academy to discuss the possibility of doing a report focused on children and pandemic influenza. The intent of the report is to look at a number of issues that have been raised related to children and pandemic influenza but little has been done, such as the use of Tamiflu, N-95 masks, closing schools and child care etc. The outcome of this report was to develop a set of policy recommendations. The report was issued on October 17, 2007.

Among the report’s key policy recommendations for reducing the impact of pandemic flu on children are:

- The Federal government should ensure that the Strategic National Stockpile includes sufficient pediatric doses of antiviral medications to ensure treatment of 25 percent of the nation’s children and adolescents, or about 18.4 million individuals.
- HHS should conduct additional studies on vaccine efficacy in young children, support the development of additional flu vaccine products, and conduct more studies of antiviral agents for infants.
- HHS should immediately convene an independent task force to study and make specific recommendations about the use of surgical masks, N95 respirators, and other personal protective equipment by children.
- HHS should conduct further studies on the feasibility of prolonged school and childcare center closures, including a more precise assessment of the long-term interruption of the school meals program and how to mitigate the impact on students who rely on them.
- Educators and school administrators should be encouraged to get an annual influenza vaccination and should remind families that public health experts recommend annual flu vaccines for 1) all children with high risk conditions who are 6 months of age and older, 2) all healthy children ages 6 months through 59 months, 3) all household contacts and out-of-home caregivers of children with high risk conditions and of children younger than 5 years if age, and 4) all health care professionals.
- CDC and state and local health departments should encourage and support seasonal flu vaccination clinics in school settings to maximize flu vaccine coverage rates.

This report can be accessed at <http://www.aap.org/new/KidsPandemicFluflnl.pdf>.

EMERGENCY MEDICAL SERVICES FOR CHILDREN

EMSC—*Reauthorization:* The EMSC program’s authorization expired in late 2005, but the program has yet to be reauthorized. On the first day of the 110th Congress, Senators Inouye (D-HI) and Hatch (R-UT) introduced an EMSC reauthorization bill, S. 60, the *Wakefield Act*. Representatives Matheson (D-UT), Capps (D-CA) and King (R-NY) introduced a companion

bill, H.R. 2464, in the House on May 23rd, National Emergency Medical Services for Children Day. No floor action has occurred in either chamber.

EMSC—Appropriations: The President’s FY 2008 Budget once again zeroed-out funding for the EMSC program. In May, the APA joined a sign-on letter to Senate and House Appropriations Committee members urging that they provide \$25 million for the EMSC program in FY 2008. In July, the House Appropriations Committee voted to restore EMSC funding to the FY 2007 level of \$19.8 million in FY 2008. Subsequently, during floor debate on the House bill, Rep. Reichert (R-WA) offered an amendment to add \$2.5 million to the House Committee’s allocation, for a total of \$22.3 million. The amendment passed. In June, the Senate Appropriations Committee allocated \$20 million for EMSC in FY 2008. The vetoed conference agreement included an additional \$100,000 for the EMSC program - \$19.9 million.

2007 CONGRESSIONAL CALENDAR (110th Congress – First Session)

December 4	Congress returns from Thanksgiving recess
December 14	Second Continuing Resolution expires
December 14	<i>New Target Adjournment (House/Senate)</i>

HOW TO CONTACT YOUR MEMBER OF CONGRESS:

Write: If you decide to write a letter, remember to be courteous, to the point, and include key information and personal examples to support your position. Address only one issue in each letter and, if possible, keep the length to one page. Due to increased security on Capitol Hill, you should fax or e-mail your letter, instead of using regular mail, to ensure that your communication arrives in a timely manner.

To a Senator:	To a Representative:
The Honorable (name)	The Honorable (name)
United States Senate	United States House of Representatives
Washington, DC 20510	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 www.senate.gov or 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 www.senate.gov or 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 – This is an excellent time to contact the president to urge him NOT to veto the SCHIP reauthorization bill when it comes to his desk!!

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

FEDERAL ADVOCACY ACTION NETWORK (FAAN)

The Federal Advocacy Action Network (FAAN) is comprised of all AAP members for whom the Academy has an email address. FAAN alerts are sent when federal legislative efforts require large-scale advocacy efforts by the Academy's entire membership.

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 needed to persuade their legislators. The Members Only Channel (<http://www.aap.org/moc>) has tools to make advocacy work easy. Find the names of congressional representatives, contact legislators via e-mail, read about congressional activity, and register to become a Key Contact.

If you have questions about the FAAN or if you have not been receiving FAAN alerts, please contact Priscilla Ring, AAP Department of Federal Affairs, pring@aap.org, or (800) 336-5475, ext. 3304.

KEY CONTACT PROGRAM

If APA members, who are members of the Academy, want to do more federal advocacy than responding to the FAAN alerts, we encourage pediatricians to join the American Academy of Pediatrics Key Contact program. Key Contacts have an interest in developing a stronger working relationship with their congressional delegation, and usually work on several AAP legislative issues. Key Contacts are contacted on a regular basis (approximately once a month when Congress is in session). Key contacts receive all the latest information and news, advocacy tips and tools, suggestions for improving relationships with members of Congress and more sophisticated advocacy assignments, such as media work and congressional visits (all with help from AAP staff).

To sign up to be an AAP Key Contact, log on to <http://www.aap.org/moc> (Member Login required, use your AAP member ID, it can be found on the AAP News or Pediatrics mailing label) and click on "Federal Affairs." For more information on the Key Contact program, contact Priscilla Ring, AAP Department of Federal Affairs, 800-336-5475, ext. 3304, or pring@aap.org.

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/legupdate.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 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.

November 2007