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LEGISLATIVE REPORT

April 2009

OVERVIEW

The first session of the 111th Congress officially convened on January 6, 2009. Congress and the new administration are faced with many critical child and adolescent health issues such as passing the FY 2010 Congressional Budget Resolution, passing 12 appropriations bills to fund the federal government for next year, including funding Children's Hospital GME program, health professions education and training (Title VII), community health centers, the National Institutes of Health, the National Children's Study, the Centers for Disease Control and Prevention, and the Agency for Healthcare Quality and Research to name just a few. In addition, countless other bills such as the *Pediatric Research Consortia Establishment Act*, a tobacco regulation bill, an under-age drinking bill and many others also need to be passed by Congress. The first two months of the new Administration have been very exciting for the pediatric and adolescent medicine community including two important legislative victories. The first is the reauthorization of the *Child Health Insurance Program* (CHIP) signed by President Obama on February 4th. The second victory was the signing of the economic stimulus legislation - *American Recovery and Reinvestment Act* - that included increased funding for several programs and agencies that impact children and adolescents including the National Institutes of Health, the Agency for Healthcare Research and Quality, additional funding for immunizations, comparative effectiveness research, health professions training, the National Health Service Corps, as well as additional funding for FMAP – Federal Medical Assistance Percentages - and Health Information Technology.

This report reflects the activities of all of the members of the Public Policy Council (PPC) which, as of October 2008, includes the Academic Pediatric Association (APA). The current and immediate past chair of the APA Public Policy and Advocacy Committee serve as the two representatives on the PPC.

The following is a summary of federal legislative and regulatory actions of interest to the pediatric academic community. We hope that this information will assist you in your advocacy during the months ahead. We encourage you to share this information with your colleagues.

The report includes information on the following issues:

- **Pediatric Workforce**
- **Pediatric Research**
- **Economic Stimulus – The American Recovery and Reinvestment Act of 2009**
- **FY 2009 and FY 2010 Budget/Appropriations**
- **Child Health Insurance Program/Access to Health Care**
- **Emergency Medical Services for Children**
- **FDA Tobacco Legislation**
- **Congressional Calendar**
- **PAS Annual Meeting - PPC sponsored scientific sessions**

PEDIATRIC WORKFORCE/CHILDREN'S HOSPITAL GRADUATE MEDICAL EDUCATION

GME Financing for Children's Hospitals (CHGME)

Appropriations: In conjunction with the Academy the Public Policy Council members continue its collaboration with the leadership of the National Association of Children's Hospitals (NACH) to urge the House and Senate Appropriations Committees to include funding for the CHGME at the authorized level of \$330 million in FY 2010. The CHGME is funded for the remainder of the fiscal year at \$310 million the largest funding in the program's history. During the March AMSPDC annual meeting a letter was circulated for the department chairs to sign supporting funding for the CHGME. This effort, for the 10th year, is coordinated by the NACH through the PPC staff.

Representatives Anna Eshoo (D-CA) and Mary Bono-Mack (R-CA) are circulating a "Dear Colleague" letter urging their fellow House members to support \$330 million in funding for the CHGME program. A similar senate effort is planned for later this spring.

Title VII Health Professions Program and Title VIII Nursing Professions Program

Appropriations: The pediatric societies continue to work closely with the Health Professions and Nursing Education Coalition (HPNEC), led by the AAMC, to urge Congress to increase funding for the Title VII and Title VIII programs. On March 18, on behalf of HPNEC, Tina Cheng, MD, MPH, FAAP, president of the Academic Pediatric Association, presented testimony before the House Appropriations Subcommittee on Labor, HHS, and Education. The coalition requested \$550 million for both Titles VII and VIII for FY 2010. Fortunately, under the FY 2009 omnibus spending bill Title VII and VIII is funded at \$222 million for Title VII and \$171 million for Title VIII. The

primary care medicine/dentistry cluster is funded at \$48 million. This is in stark contrast zero funding as proposed in previous budgets proposed by the White House.

In additional good news from the economic stimulus package Titles VII and VIII will receive an increase in funding to be used in the next two years of \$200 million. According to the conference agreement the funds are "allocated for all the disciplines trained through the primary care medicine and dentistry program, the public health and preventive medicine program, the scholarship and loan repayment programs authorized in Title VII (Health Professions) and Title VIII (Nurse Training) of the PHS Act, and grants to training programs for equipment. Funds may also be used to foster cross-State licensing agreements for healthcare specialists." There is also an additional \$300 million that is provided for the National Health Service Corps.

Reauthorization: There was no action in the 110th Congress on the reauthorization of the Title VII program. However, the pediatric community did begin a dialogue with congressional staff on the future of the program. A letter, outlining specific issues for consideration, was submitted to the Senate HELP Committee hearing record early in the process by the members of the Federation of Pediatric Organizations. The pediatric community also participated in discussions with the office of former Senator Hillary Clinton (D-NY) who introduced a bill to reauthorize Title VII in the final hours of the 110th Congress as a marker for beginning the discussions in earnest in 2009.

PEDIATRIC RESEARCH

Agency for Healthcare Research and Quality

Appropriations: Working with the Friends of AHRQ, the pediatric community's request is \$405 million for FY 2010, with a goal of \$500 million within the next few years. This is based on the slight boost in funding for FY 2009 to \$372 million. AHRQ's Effective Health Care Program will also receive a significant boost in funding of approximately \$300 million from the economic stimulus package.

Although there was some interest expressed by the Senate Health, Education, Labor and Pensions Committee (HELP) on the reauthorization of AHRQ, no action was taken in the 110th Congress but we do anticipate some renewed interest in the 111th Congress.

National Institutes of Health

NIH Transition Team - Obama-Biden Administration: The Public Policy Council, working with the chair of the American Academy of Pediatrics Committee on Pediatric Research, provided an outline of pediatric research issues and interests important to the pediatric community to the NIH Transition Team for the Obama - Biden Administration. The focus of our comments were: the importance of including children in clinical research, reviewing the current policy guidelines for inclusion of children in clinical research and the need for an enhanced commitment by NIH to include children in research. Although a formal meeting with the NIH Transition Team was not

feasible because of scheduling conflicts the information provided was acknowledge, in an informal discussion with members of the transition team, to be very helpful for the new Administration preparing its agenda for HHS and NIH in particular.

Appropriations: Under the FY 2009 omnibus appropriations bill - the NIH is funded at \$30.3 billion, an increase of \$938 million or 3.2% above FY 2008. The proposed FY 2010 funding level recommendation from the NIH advocacy community is at least an increase of 7% increase above current levels.

Economic Stimulus -2009 - 2010: In very exciting news, the pediatric academic societies working together with the Ad Hoc Group on Medical Research Funding, an umbrella coalition with over 300 organizations, supported additional funding in the stimulus package. Our collective efforts resulted in \$10.4 billion for the NIH to be available until September 30, 2010.

In a meeting held on February 18, with over 200 representatives from the scientific, medical and patient advocacy community, Acting NIH Director Raynard Kington, MD, PhD described the legislative allocation of the \$10.4 billion. It includes:

- \$8.2 billion to the Office of the Director for research priorities, of which \$7.4 billion will be transferred to the individual Institutes, Centers and the Common Fund;
- \$1 billion to the National Center for Research Resources (NCRR) for renovation, improvement and construction of extramural research facilities;
- \$300 million to (NCRR) for shared instrumentation;
- \$500 million to the buildings and facilities account intramural facilities; and
- \$400 million transferred from the Agency for Healthcare Research and Quality (AHRQ) for comparative effectiveness research.

Dr. Kington repeatedly emphasized that these dollars must be obligated within two years and if a researcher or institution could not spend the funds in that period of time they should not apply. He also outlined that the intent is to allocate the dollars through the peer review process based on three “big buckets” – RO1 and related mechanisms, supplements to existing grants and the new NIH challenge grants. The NIH has been sending out regular notices on the availability of funding. Most of the information can be found on the NIH website – <http://www.nih.gov/recovery/index.htm>

New National Children’s Study Centers (NCS): Last October, the NCS announced the 25 new Study Centers that will manage operations in approximately 30 additional locations of the National Children's Study. Mike Genel, MD, an immediate past member of the NCS advisory council and chair of the Public Policy Council, at the request of the Academy, represented the pediatric community at this teleconference briefing. The newly-awarded Study Centers were selected from a pool of applicants assessed through a competitive process. This announcement builds on the momentum of earlier major Study milestones, including the release of the Study Plan and Study locations in 2004, the establishment in 2005 of the first 7 Study Centers, referred to as Vanguard Centers, and the announcement of 22 new Study Centers in 2007.

In January, the NCS initiated field work for the pilot/feasibility study in two of the seven Vanguard locations – Queens, NY and Duplin, NC. The remainder will be included later in the year.

Pediatric Research Consortia Establishment Act (S.353/ H.R. 758)

In late January, both the House and the Senate introduced bipartisan bills to amend Title IV of the Public Health Service Act to establish the National Pediatric Research Consortia. Senators Sherrod Brown (D-OH) and Kit Bond (R-MO) introduced S.353; it has four cosponsors. H.R. 758 was introduced by Rep. Dianna DeGette (D-CO) and now has 30 co-sponsors. The Public Policy Council, as well as the members of the Federation of Pediatric Organizations all provided their support for this important legislative effort.

The *Pediatric Research Consortia Establishment Act* authorizes up to 20 National Pediatric Research Consortia at institutions throughout the country. The consortia will conduct both basic and translational research. Each consortium will partner with satellite facilities. The peer reviewed awards will be made for five years with each consortium receiving initially no more than \$2.5 million per year and renewable for another five years contingent on evaluations by a peer review panel and Director.

The February 3rd Capitol Hill day sponsored and coordinated by the Coalition for Pediatric Medical Research, representing 19 children's hospitals was very successful with visits to the House and Senate by the almost 50 participants who attended. Academy/PPC staff provided an overview of the current legislative priorities of the 111th Congress at that time to help put this issue of pediatric research into the broader context of not only NIH research funding but the wide array of issues important to the pediatric community including the passage of the Child Health Insurance Program and adequate funding for the Children's Hospitals GME program.

ECONOMIC RECOVERY

On February 13, 2009, the House and Senate passed the \$787 billion *American Recovery and Reinvestment Act of 2009* (ARRA). The law provides a combination of new spending and tax cuts to states, communities, and families in an effort to stimulate the failing economy. In the House the vote was 246 - 183 with no Republicans voting in favor of the bill. In the Senate, the final vote was 60 to 38, with three Republicans - Senators Susan Collins (R-ME), Olympia Snowe (R-ME) and Arlen Specter (R-PA) - joining all of the Democrats.

The 1100-page stimulus plan includes an investment in, support for, and increased funding for several programs and activities important to children and families. These include:

- \$10.4 billion is provided for the National Institute of Health (NIH).
- \$1 billion for a Prevention and Wellness Fund, including \$300 million for immunizations (section 317 program), \$650 million for community prevention programs, and \$50 million for reducing healthcare associated infections. In addition, \$500 million was included for bolstering the health and public health workforce.
- \$500 million to the Health Resources and Services Administration (HRSA) for health professions workforce development through scholarships, loan repayment, and grants to training programs for equipment = \$200 million for Title VII and VIII programs and \$300 million for the National Health Service Corps.

- \$1.1 billion for comparative effectiveness research of which \$400 million will be transferred to the Office of the Director at NIH, \$300 million for AHRQ and the remaining \$400 million will remain in the Office of the Secretary of HHS.
- \$87 billion allocated for an FMAP increase to protect the nation's more than 30 million poor and disabled children and adolescents enrolled in Medicaid, whose families are particularly vulnerable during times of economic distress.
- \$19 billion in incentives for HIT adoption, which includes incentives through the Medicaid and CHIP programs, that would better enable pediatricians to purchase Health IT systems.
- There are also additional funds provided for the Child Care Development Block Grant (\$2 billion), Head Start and Early Head Start (\$2.1 billion), Indian Health Services (\$415 million for Indian Health Facilities and \$85 million for health information technology activities), community health centers, and funding for child nutrition programs including WIC and school lunch and food stamps.

The Public Policy Council was very involved in lobbying with other health and medical organizations in insuring that research and health related programs were adequately addressed in the stimulus bill. On February 17th President Obama signed the recovery package into law – P.L. 111-5. Agencies will have 60 days to present spending plans to the White House, and once allotted, the spending of the supplement funding must be completed by September 30, 2010. The allocation of the economic stimulus funding can be followed at www.recovery.gov

FY 2010 BUDGET/FY 2009 OMNIBUS SPENDING BILL

FY 2010 Budget – President’s Overview: Facing a deficit of over \$1.75 trillion, the detailed FY 2010 Budget proposal of the Obama-Biden Administration is schedule to be introduced in May. The overview of the fiscal year budget – A New Era of Responsibility – Renewing America’s Promise - was released on February 26. It did not have in-depth details but it did outline the policy priorities of the new president.

The budget overview assumes \$675 billion in non-defense discretionary spending, including \$78.7 billion for the Department of Health and Human Services, a 1.7 percent decrease (\$1.4 billion) below the FY 2009 comparable estimate. The economic stimulus bill provides an additional \$22.4 billion in FY 2009 and FY 2010 spending. There are several items of interest to the pediatric academic community that are highlighted in the budget overview: \$6 billion for cancer research at the NIH, “as past of the Administration’s multi-year commitment to double cancer research funding.” The budget overview “expands research comparing the effectiveness of medical treatments.” This provision builds on the \$1.1 billion comparative effectiveness research included in the economic stimulus package. The budget overview includes funding to expand “support for individuals, families, and communities affected by Autism Spectrum Disorders (ASD).” The budget includes \$211 million in HHS for “research into the causes of and treatment for ASD, screening, public awareness, and support services.”

There is \$330 million included “to address the shortage of health care providers in certain areas.” It refers to loan repayment programs for physicians and other health professionals serving in underserved areas, nursing school capacity, and dental workforce development grants.

Guided by eight principles, the Obama-Biden Administration budget overview also establishes a \$634 billion reserve fund (over 10 years) to finance certain “reforms to our health care system.” The principles are:

- Protect families financial health;
- Make health coverage affordable;
- Aim for universality;
- Provide portability of coverage;
- Guarantee choice (health plans and physicians);
- Invest in prevention and wellness,
- Improve patient safety and quality care; and,
- Maintain long-term fiscal sustainability.

The reserve fund is partially financed (\$316 billion over 10 years) by: reducing Medicare overpayments to private insurers through competitive payments, reducing drug prices, improving Medicare and Medicaid payment accuracy, improving care after hospitalizations and reduce hospital admissions rates, expanding the hospital quality improvement program, reforming the physician payment system to improve quality and efficiency and reducing itemized deduction rate for families with incomes over \$250,000.

FY 2010 Congressional Concurrent Budget Resolution: Both the House and Senate Budget Committees’ introduced their version of the FY 2010 budget concurrent resolution on March 25 and both plan to begin floor debate on their respective versions the week of March 30. The congressional concurrent budget resolution is essentially an internal congressional document, non-binding on other committees and does not need to be signed by the President. The Budget Resolution however, does offer an important spending blueprint and sets in motion the process in which decisions on spending and taxes must be made – Appropriations and Reconciliation respectively.

On March 25, 2009, the House Budget Committee on a party line vote of 24 – 15, passed its \$3.6 trillion version of the budget resolution for FY 2010. The House Budget Committee will now prepare their resolution for what is sure to be a contentious House floor debate. House Budget Committee Chairman John Spratt’s (D-SC) FY 2010 budget proposal includes cutting the deficit in half in four years (2013), includes energy and education investments as well as reconciliation instructions health care reform as requested by President Obama.

On March 26, the Senate budget resolution introduced by Chairman Kent Conrad (D-SD) was approved on a party-line vote of 13 – 10. The senate proposes cutting the deficit in half by 2012 and by two-thirds by 2014. It also addresses the priorities of President Obama including energy, education and health reform. It also includes tax relief for the middle class, and includes additional funding for the war costs. It is anticipated that the Senate floor debate will be very difficult.

FY 2009 Appropriations – Omnibus Spending Bill [through September 30, 2009]

Despite aggressive advocacy efforts including the efforts of the Public Policy Council, Congress was unable to complete its work on all 12 funding bills including the FY 2009 Labor-HHS-Education appropriations bill at the end of the 110th Congress. Instead Congress passed and President Bush

signed a continuing resolution (CR) – a short-term spending bill - that provided funding for the nine remaining federal government agencies through March 6, 2009. Needing a few extra days to complete its work, Congress passed and the President signed a second CR until March 11, at which time the final FY 2009 omnibus spending bill was passed and signed by President Obama. The omnibus bill includes the following funding levels of interest to the Public Policy Council:

- \$30.317 billion for the NIH (3.2% increase)
 - National Children’s Study - “*up to \$192 million*”
- \$222 million for Title VII (14.3% increase)
 - \$48.5 million for Primary Care Medicine and Dentistry
- \$372 million for AHRQ (11.2% increase)
 - \$50 million for clinical effectiveness research
- \$2.1 billion for the FDA
 - \$2 million for Pediatric Devices –Demonstration Grants
- \$20 million EMSC
- \$135 million for the National Health Service Corps (9.3% increase)
- \$310 million for the Children’s Hospital GME (2.8% increase)
- \$6.670 billion for the Centers for Disease Control and Prevention (3.7% increase)

CHILDREN’S HEALTH INSURANCE PROGRAM/ACCESS TO HEALTH CARE

On January 29th, the Senate voted 66-32, to approve the Child Health Insurance Program (CHIP) legislation. The bipartisan legislation preserves the health coverage of 7 million children and extends it to 4 million uninsured children who are currently eligible for, but not enrolled in SCHIP and Medicaid. The measure, which increases CHIP spending by \$32.8 billion over the four-and-one-half-year period, is funded by a 62-cent-per-pack increase in the federal cigarette tax, and expands coverage to an additional four million children by 2013. No Senate Democrats voted against the bill, and nine Republicans, including Senators Snowe, Collins, Specter, Lugar, Corker, Alexander, Murkowski, Hutchison, and Martinez, voted in favor of the legislation. Following the Senate vote Speaker Pelosi and House Majority Leader Hoyer said that because the House and Senate versions of the bill were so similar, the House would clear the Senate bill and send it to President Obama without holding a conference on the legislation.

On February 4th the House passed CHIP by a vote of 290-135, with 40 Republicans joining almost all Democrats in approving it. The same day President Obama signed the legislation into law. During the signing ceremony the President called the bill “a down payment” on his pledge to provide health insurance coverage to all Americans and said the reauthorization is particularly urgent because of the deepening economic crisis.

Working closely with the American Academy of Pediatrics throughout this short three week process of the new Administration, the Public Policy Council members were significantly engaged on multiple advocacy levels to get this important legislation passed and signed by the President.

In addition to the great success of CHIP reauthorization, on February 4th President

Obama sent an official Presidential memo to the Department of Health and Human Services calling on the Secretary to rescind the August 17th directive. The directive, issued by the Centers for Medicare & Medicaid Services on August 17, 2007, in a letter to state officials, would have required states to enroll 95 percent of children from families with incomes below 200 percent of the federal poverty level before expanding coverage to those above 250 percent of the FPL.

Federal Medical Assistance Program: Under the stimulus package, states will not face any scheduled reduction in the FMAP through 2011; they will receive a minimum 6.2% increase in their FMAP rate for spending October 1, 2008 to December 31, 2010; and this increased FMAP will be adjusted based on increased state numbers of the unemployed. States are required, however, to ensure that their Medicaid eligibility and enrollment/renewal procedures are no more restrictive than they were on July 1, 2008 in order to receive the increased payment. In addition, states must ensure compliance with prompt payment requirements. As states must meet with these requirements to receive the increased FMAP, states now have a very strong incentive not to cut eligibility or slow physician payment.

Medicaid Moratorium: In addition to the Medicaid FMAP increase, the bill includes a new moratorium on some of the Medicaid regulations promulgated by the Bush Administration. (On June 30, 2008, President Bush signed the 2008 defense supplemental into law which included a moratorium on six Medicaid regulations through April 1, 2009.)

The moratorium in the economic recovery package does and does not include the following provisions:

- The legislation extends the existing moratorium on three regulations that have already been delayed by Congress: targeted case management, provider taxes, and school-based administration and transportation services. These regulations will now be delayed through June 30th, 2009.
- The legislation enacts a moratorium - also through June 30th - on the outpatient hospital regulation that became final in December.
- The legislation does not include a moratorium on the graduate medical education, public provider, and rehabilitation services regulations included in the 2008 defense supplemental. All three of these regulations are in proposed form only. Therefore, when the current moratorium lapses on April 1st, these regulations do not automatically go into effect. Rather, the Obama Administration will have an opportunity to decide whether to finalize these regulations or to rescind the proposed rules.
- The legislation includes a non-binding "sense of the Congress" statement that HHS should not promulgate final regulations on these three regulations. The remaining rules, which are under a moratorium only through the end of March, will not go into effect unless the administration takes affirmative steps to finalize them. Therefore, omitting those rules from the new moratorium will not cause beneficiaries, providers or states immediate harm. We know that groups most concerned with the graduate medical education, public provider, and rehabilitation services proposed rules are conveying their views to the administration to help ensure that if any of these rules are finalized, the final rules address the concerns that all of us have raised. Of course, the administration also could choose not to finalize these rules.

MEDIKIDS

On January 6th, the first day of the 111th Congress, Congressman Pete Stark (D-CA), Chair Health Subcommittee of the Ways and Means Committee, reintroduced the *MediKids Health Insurance Act*. The bill, HR 194, was updated to include a new quality section similar to the robust quality section included in the SCHIP reauthorization legislation. Chairman Stark has repeatedly emphasized the importance of access to care for all children and looks forward to working with President-elect Obama to achieve his goal of covering all children.

EMERGENCY MEDICAL SERVICES FOR CHILDREN

Last year, the *Wakefield Act*, a bill to reauthorize the Emergency Medical Services for Children (EMSC) program, passed in the House of Representatives by a vote of 390-1. The APA supported the efforts of the AAP, to secure the discharge of the bill from the Senate Health Committee in order to allow a vote by the full Senate. These efforts were nearly successful; unfortunately, they were blocked by a single Senator, who would not allow the bill to move forward before the conclusion of the 110th Congress.

The *Wakefield Act* was recently reintroduced in the House and the Senate. The bill, H.R. 479/S. 408, is nearly identical to the House-passed version of the bill from the 110th Congress. The bill authorizes appropriations of \$25 million for the first year, and a five percent increase for each of the following five years. The APA is again supporting the efforts of the AAP to gather support from Congressional offices, in order to move the bill through the legislative process early in the 111th Congress. The bill is scheduled for floor action in the House the week of March 30.

FDA TOBACCO BILL

Although the legislation did not become law in the 110th Congress, the bill to give FDA strong regulatory authority over tobacco made historic progress. The House passed the bill, the *Family Smoking Prevention and Tobacco Control Act* (H.R. 1108/S. 625), for the first time ever. It was not taken up in the Senate although it did have 57 cosponsors. Prospects for passage in the 111th Congress look very favorable. President Obama is a strong supporter of the bill. The bill's lead sponsor in the House, Rep. Henry Waxman (D-CA), is now chair of the powerful Energy and Commerce Committee. He reintroduced the *Family Smoking Prevention and Tobacco Control Act* (HR 1256) on March 3, 2009, with over 120 cosponsors; it now has 178 cosponsors.

This legislation will provide the FDA with broad new authority and resources to regulate the manufacture, marketing, labeling, distribution and sale of tobacco products, including advertising. The marketing provisions include banning advertising near schools and tobacco sponsorship of sporting events. The bill would require tobacco company disclosure of cigarette constituents as well as larger and stronger health warnings on cigarette packs. It would also give the FDA the authority to regulate the amount of nicotine in cigarettes, ban flavored cigarettes, and prevent the marketing of products labeled as "reduced harm." This enhanced power can reduce tobacco use by adolescents and young adults, thus limiting the number of people exposed to tobacco's health-compromising and life-threatening risks.

At the time of this writing, the bill is tentatively scheduled to go to the House floor the week of March 30.

2009 CONGRESSIONAL CALENDAR (111th Congress –First Session)

January 19	Martin Luther King, Jr. Holiday
January 20	Inauguration Day
February 16-20	President’s Day State Work Period (Senate and House)
April 6-17	Spring State Work Period (Senate and House)
May 25-May 29	Memorial Day State Work Period (Senate and House)
June 29-July 3	Independence Day State Work Period (Senate and House)
August 3-Sept. 4	Summer District Work Period (House)
August 3- Sept. 7	Summer State Work Period (Senate)
October 30	Target Adjournment (House)

2009 PEDIATRIC ACADEMIC SOCIETIES ANNUAL MEETING

Three outstanding scientific sessions have been scheduled.

Saturday -May 2, 2009 – 3:15 p.m. Convention Center: Celebrating its 15th collaborative year, the Public Policy Council (APS, SPR, AMSPDC) will join with the APA's Public Policy & Advocacy Committee to convene a major public policy plenary symposium entitled *Personalized Medicine: Social & Ethical Issues in Screening for Genetic Disease and Susceptibility*. In an era of personalized and individualized medicine, this state of the art plenary session will contemplate its implications for pediatrics such as testing for genetic diseases i.e., newborn screening. Among the topics and questions the speakers will address are testing for genetic susceptibility, false positive screenings, what are the ethical considerations, should screening be voluntary or mandatory and what is the impact of parents opting out of newborn screening. This session also will examine implications of genetic variations that are associated with increased susceptibility to common disorders with multi-factorial causation. **Speakers** for this outstanding session are: Ed McCabe, MD, PhD, Mattel, Children’s Hospital of UCLA, Alan Guttmacher, MD, National Human Genome Research Institute/National Institutes of Health, and Jeffrey Botkin, MD, University of Utah. The PPC chair, Myron Genel, MD, Yale University, will moderate this session. Prior to the meeting, background reading materials on personalized medicine will be posted at www.aps-spr.org

Monday - May 4, 2009 – 7:00 a.m. – Convention Center: Expanding Health Care Coverage for all Children and Adolescents in the 111th Congress: Having achieved reauthorization of the state Child Health Insurance Program (CHIP) within the first two weeks of the Obama-Biden Administration, attention is now focused on the more difficult task of securing comprehensive health

care reform. This session will update participants on specific features of the CHIP reauthorization, including funding for development and measurement of quality standards as well as ongoing efforts to ensure that children's health issues are embedded in whatever comprehensive health system reform emerges from the current ferment in Washington. Speakers are: Jay Berkelhamer, MD, Children's Health Care of Atlanta, Atlanta, GA (confirmed) and Peter Szilagyi, MD, University of Rochester, Rochester, NY (invited respondent).

Monday - May 4 – 12 noon – Convention Center: For the fifth year *An Update on the National Children's Study* will be provided during the PAS meeting. Participants include Drs. Ruth Brenner (NCS scientific update), Leo Trasande (urban focus), and Emanuel Walter, Jr. (rural focus). SPR president, Elena Fuentes-Afflick, MD, MPH has convened this session.

PUBLIC POLICY COUNCIL MEMBERS 2008 - 2009

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