Legislative Update

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Senate rejects amendments to reduce gun violence

On June 20, the U.S. Senate voted against advancing two commonsense amendments to reduce gun violence supported by APHA and other public health groups. The first amendment, offered by Sen. Chris Murphy, D-Conn., would have expanded criminal background checks for all gun purchases, including those sold at gun shows and on the internet. The amendment was blocked by a vote of 44-56. The second amendment, sponsored by Sen. Dianne Feinstein, D-Calif., would have made it more difficult for known or suspected terrorists to purchase a gun. The Feinstein amendment was blocked by a vote of 47-53. Prior to the votes, APHA and more than 50 other public health and medical organizations sent a letter to the full Senate urging support for both the Murphy and Feinstein amendments. In addition, more than 4,000 messages were sent by APHA advocates and APHA Affiliate members to members of Congress in support of commonsense measures to prevent gun violence. APHA issued a statement expressing its disappointment with the Senate for failing once again to pass legislation to reduce gun violence. Following the first round of votes, the Senate also voted to "table" or kill an amendment by Sen. Susan Collins, R-Maine, which would have excluded only those individuals on the federal No Fly List or the Selectee List from purchasing guns. The motion to table the amendment failed by a vote of 46-52, and it is unclear as to whether the bill will receive an actual vote by the full Senate.

Senate Appropriations Committee passes Labor-HHS-Education bill with cuts to public health

On June 10, the Senate Appropriations Committee approved the fiscal year 2017 Labor-HHS-Education appropriations bill by a bipartisan vote of 29-1. While the bill would provide a boost of $2 billion to the National Institutes for Health, it would also cut other important public health programs. Specifically, the bill would reduce funding for the Centers for Disease Control and Prevention by $118 million, the Health Resources and Services Administration by nearly $35 million and the Agency for Healthcare Research and Quality by $10 million. Notably, it would eliminate the Racial and Ethnic Approaches to Community Health program and cut $30 million each from CDC heart disease and diabetes programs. Additionally, the bill continues to include language that would stifle federal gun violence research — continuing a 20-year trend — and fails to provide any additional funding for this critical research. On the positive side, the bill fully allocates the Prevention and Public Health Fund for public health and prevention activities and does not contain any significant policy riders aimed at dismantling the Affordable Care Act. Also, the bill would provide some additional resources for efforts to combat the opioid epidemic and antibiotic resistance. After the vote, APHA issued a statement calling the proposal an incomplete but important

start. You can view the bill and the accompanying report by visiting the Senate Appropriations Committee website. As of this writing, the House Appropriations Committee has not yet released its version of the health spending bill.

Congress fails to pass Zika funding

In the early morning hours of June 23, House Republican Leaders brought the conference report for H.R. 2577, the combined FY 17 Military Construction-VA appropriations and Zika funding bills, to the House floor for a vote without any debate. The conference report was agreed to without the support of any of the Democratic House or Senate conferees. The bill passed the House by a mostly party-line vote of 239-171. The move came in the midst of a 26 hour "sit-in" by House Democrats who were demanding a vote on several measures to reduce gun violence in the wake of the largest mass shooting in U.S. history that took place on June 12 in Orlando. The Zika funding portion of the bill would provide $1.1 billion in funding to various federal agencies— including CDC, the National Institutes for Health, the United States Agency for International Development and others— to help combat the Zika virus. Unlike the original version of the bill passed by the Senate earlier in June, which also provided $1.1 billion, but in emergency funding thus requiring no offsetting cuts to other health programs, $750 million of the conference package would be offset by cutting other health programs including funding intended to set up health exchanges in the U.S. territories, the Nonrecurring Expenses Fund at the Department of Health and Human Services and unspent funding from the 2014 Ebola outbreak. The bill contains another controversial provision that would suspend Clean Water Act permits for pesticide applications for 180 days. In addition, many Democrats have objected to funding restrictions around $95 million in Social Services Block Grants for areas with active Zika transmission such as Puerto Rico that appear to exclude family planning clinics. After the House vote, the White House issued a veto threat for the bill, stating that the funding level is inadequate and that the proposal would come at the expense of cuts to other important health programs. The Senate voted not to invoke cloture on H.R. 2577, the House-passed conference report, with a vote of 52-48 — 60 votes were required to end the debate and move to a final vote.

APHA and other health organizations sent a letter urging House and Senate leaders to immediately reconvene the conference committee and quickly pass a responsible Zika funding bill. Additionally, APHA issued a statement of disappointment in the wake of Congress' failure to fund Zika response.

Supreme Court strikes down Texas abortion restriction law

On June 27, the U.S. Supreme Court ruled on Whole Woman's Health v. Hellerstedt, striking down a Texas law that imposed harmful and medically unnecessary restrictions on abortion clinics and clinicians. Texas lawmakers passed House Bill 2 in 2013. The measure included a requirement for physicians to have admitting privileges at a hospital within 30 miles of the location where the abortion is performed, and another requiring abortion facilities to meet standards designed for ambulatory surgical centers. The two requirements would have forced the majority of legal abortion providers in the state to close. This was the Supreme Court's first major abortion case since 2007. The new and clearly defined standards established in the decision will allow medically unnecessary laws in other states to be challenged. In addition, the ruling puts pressure on state legislatures that consider passing so-called

'health and safety' laws in the future, as they now have a new standard upon which new legislation will be tested. APHA issued a statement applauding the Supreme Court ruling.

In advance of the decision, APHA, joined by 59 leading public health deans, chairs and faculty, submitted a friend-of-the-court brief for the Texas abortion Supreme Court case.

Advocates oppose Senate attempts to weaken menu labeling

APHA and other partner organizations sent a letter urging Senate democrats to oppose any further attempts to weaken or delay implementation of the national menu labeling law in the FY 17 Agriculture, Rural Development, Food and Drug Administration and Related Agencies Appropriations Act and oppose the so-called Common Sense Nutrition Disclosure Act, S. 2217. The FY 16 spending bill already provided restaurants and other food service establishments an additional year to implement menu labeling, over seven years after passage of the law. Advocates stressed that there is no need for further delay and that common concerns raised by industry regarding menu labeling have been addressed through guidance, or can be addressed through technical assistance from FDA. Further accommodation for industry would reduce access to understandable, readily available nutrition information for consumers. Instead of providing modest flexibility as touted, S. 2217 would weaken and repeal key parts of the national menu labeling law making it more difficult for Americans to make informed choices about how many calories to eat.

APHA applauds Sen. Durbin's opioid bill

APHA sent a letter to Sen. Dick Durbin, D-Ill., thanking the senator for his leadership in taking a comprehensive, upstream approach to addressing the opioid epidemic and in support of Durbin's recently introduced bill, S. 3075, the Addiction Prevention and Responsible Opioid Practices Act. After rising steadily over the past 20 years, drug overdose deaths are now the leading cause of injury deaths in the United States. Deaths involving prescription opioid pain relievers have been a major driver of the rise in drug overdose deaths. Nearly 19,000 people died from an overdose of prescription opioids in 2014. Additionally, heroin-related overdose deaths have more than tripled since 2010. The strongest risk factor for heroin addiction is addiction to prescription opioid pain relievers. The increase in number of deaths has followed the trend of the increase in amount of opioids prescribed. The Addiction Prevention and Responsible Opioid Practices Act would limit the quantity of opioids entering the market, increase accountability to ensure responsible opioid prescribing and strengthen efforts to reduce drug diversion. The enhanced oversight, requirements, recommendations, guidance and tools would work together to reduce the flood of prescription opioids.

Health equity legislation reintroduced in the House

Since the 108th Congress, the Health Equity and Accountability Act has been introduced to provide a roadmap to eliminating health disparities and achieving health equity. This year's introduction of HEAA, H.R. 5475, was introduced by Rep. Robin Kelly, D-Ill., chair of the Congressional Black Caucus Health Braintrust, along with co-sponsors representing the Congressional Asian Pacific American Caucus and Congressional Hispanic Caucus. The legislation builds on the progress of the Affordable Care Act and

signals the ongoing need to establish additional federal resources and policies, and identifies the infrastructure necessary to improve access to quality care and improve health outcomes for racial and ethnic minorities and other underserved populations who face barriers to care. HEAA 2016 includes provisions to address a wide spectrum of inequities that persist in health care access, quality and outcomes. The bill would also enhance meaningful data collection to better inform our understanding of health disparities and strengthen the network of care delivery through the support of community-based organizations. APHA and other advocates sent a letter to caucus leaders in support of HEAA 2016.

Health organizations oppose addition of tobacco riders in Senate agriculture spending bill

In April, the House passed their agriculture spending bill, H.R. 5054, out of committee with two policy riders that would weaken FDA's authority to regulate tobacco products. Then in May, the Senate Appropriations Committee passed their agriculture spending bill, S. 2956, which did not include these harmful policy riders. However, tobacco prevention advocates were still concerned that the problematic House riders could be offered as amendments when the full Senate considers the bill. The first rider, section 749 of the House bill, would block FDA from using funds to implement or enforce FDA's recent final rule that enables the agency to begin overseeing cigars, e-cigarettes and other tobacco products unless the rule excludes large and premium cigars from FDA oversight. The rider also defined large and premium cigars so broadly that it could exempt some cheap, machine-made, flavored cigars that are widely used by children. The exemption would also create a loophole for tobacco companies to modify their products to qualify for the exemption. The second rider, section 761 of the House bill, would change the grandfather date to exempt e-cigarettes, cigars and other tobacco products now on the market that FDA is beginning to oversee from an important product review requirement. In advance of full Senate consideration, APHA and other leading health organizations sent a letter to the full Senate asking that they oppose any amendments that would weaken FDA's authority over tobacco products.

APHA summer advocacy campaign off to a running start

APHA recently launched its annual Public Health Action, or PHACT, campaign to support APHA members, Affiliates and other advocates in educating their members of Congress on important public health issues. The campaign is a concerted effort to mobilize advocates across the nation focusing on specific public health issues to result in a loud and resounding public health voice. Advocates are already attending public forums, meeting congressional staff and publishing op-eds!

Members of Congress will be more accessible to constituents while they are at home during the summer congressional recess, which stretches from July 18-Sept. 2, and the fall congressional recess from Oct. 3-Nov. 10. (Note that the Senate is scheduled to be in session Oct. 4-7 during the fall recess.) There are multiple opportunities to communicate with your members of Congress, including attending public forums, using social media, setting up a meeting or inviting your members of Congress to visit your program, sending a letter, email or action alert, calling your members of Congress, or publishing a letter to the editor or op-ed in your local paper.

The PHACT campaign web page offers all of the tools needed to be a successful advocate, including fact sheets on each PHACT campaign advocacy priority. Additional materials will also be available to help

with your efforts, including state fact sheets, sample questions for public forums, and sample tweets and action alerts for each of the PHACT priority issue areas: public health funding, the Prevention and Public Health Fund, child nutrition and climate change.

Let us know about your PHACT campaign success stories by emailing us at phact@apha.org and your advocacy efforts may then be featured through APHA channels.

Policy watch: State and international updates

New law makes Maryland a leader in contraceptive access and equity

In May 2016, Gov. Larry Hogan signed into law the Maryland Contraceptive Equity Act, which expands access to contraception in the state. Starting in January 2018, the law requires insurance companies to cover over-the-counter emergency contraception at the point of purchase and prohibits co-payments for all types of contraceptive drugs, devices and procedures approved by the federal government for Medicaid and state-regulated plans. In addition, the law eliminates preauthorization requirements for long-acting reversible contraception and allows women to obtain six months of birth control pills at one time. The law will also prohibit out-of-pocket costs for vasectomies. The new Maryland law will increase access to both male and female contraception. Other states including California and Oregon have passed similar laws, but none as expansive as the Contraceptive Equity Act, making Maryland the state with the widest and most equitable access to contraception in the nation.

Community-wide effort in West Virginia to curb opioid epidemic met with success

Huntington, West Virginia, a city with a drug overdose death rate of about 10 times the national rate, has implemented a promising community needle exchange program. With federal and state support, a team led by Mayor Steve Williams created an Office of Drug Control Policy to create a new strategic plan detailing a community-wide effort to address the heroin epidemic in Huntington. One of the most utilized and successful components of the plan is the evidence-based harm reduction and needle-exchange program that provides needles, syringes and sterile water, cotton filters, heroin cookers and alcohol swabs at no charge to those who come to the clinic. The program also offers users the opportunity to spend time with recovery coaches, free screening for HIV, hepatitis and sexually transmitted diseases, pregnancy tests, contraceptive services and first aid for wounds. The clinic has averaged 150 visitors per week since its opening in 2015, and overdose deaths were down by 40 percent in the first quarter of 2016 in comparison to the previous year.

Transforming primary care through addressing social determinants of health

For the past 30 years, the Bromley by Bow Centre has worked in east London with the mission of removing the label ‘deprived’ from the neighborhood in which it works. A third of the center’s activities are traditional clinical health services, funded by the National Health Service, and the remaining two-thirds of activities are social programs. In addition to clinical services, the center has a nursery, community garden, internet connection center and art therapy center and offers a wide range of workshops focusing on employability skills, vocational training, health awareness, money management,

debt and welfare. This wide range of services aims to address social and economic factors such as employment status, education, early childhood development, food insecurity and social exclusion that influence the health of Bromley by Bow community members. Clinicians have developed holistic consultations intended to explore wider social needs in patients and can refer patients to the social programs through a 'social prescription.'

Another core principle of the Bromley by Bow Centre is creating solutions for health and well-being that are community-based. Since its establishment, the development of the center has occurred through a practice of co-creation with the members of the community that it serves. In this way, it continues to offer locally relevant services and to celebrate the assets of the community in which it operates.