

This issue is part of a series of periodic reports from the National Health Law Program's Washington office, reporting briefly on recent and forthcoming developments in federal policy of interest to NHeLP advocates and friends. We always appreciate your feedback and comments. Please send them to Sarah Lichtman Spector at lichtmanspector@healthlaw.org. For updates and information on NHeLP publications, go to <http://www.healthlaw.org>.

SUBJECTS COVERED Health Reform

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Senate Health, Education, Labor, and Pension Committee Bill

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to read a searchable version. Click

[here](#)

for a Section by Section summary of the bill developed by House staff. See the Resources section below for links to substantive summaries and analyses.

On July 17, the House Education and Labor Committee completed its markup and voted their portion of the bill out of committee (26-22). All Republicans voted against the bill, and three Democrats joined the Republicans in opposition. Two amendments of particular interest passed. One amendment added an EPSDT benefit for children under the age of 21 to the benefits offered by private plans that will be certified by a newly established "Exchange," similar system to the Massachusetts Connector. Another amendment allows a state to establish a state-wide single payer system.

Also, on July 17, the Ways and Means Committee completed its markup and voted its portion of the bill out of committee (23-18). The Energy and Commerce Committee is continuing to

mark-up the legislation and is expected to complete markup of its portion of the bill prior to the August recess.

The projected schedule in the House is:

- Late July: Complete markups in committees
- August 1 – September 8: August Recess
- September: Votes in full House on legislation

In the Senate, two committees – Health Education Labor and Pensions (HELP) Committee and the Finance Committee – are developing separate bills. On July 15, the HELP Committee completed its markup and approved the Affordable Health Choices Act (13-10), on a strict party-line vote. For the full text of the bill, click [here](#) and [here](#) (coverage sections). The Senate Finance Committee has not yet released its bill or scheduled a markup, although it is working hard to do so prior to the August recess. It is anticipated that the Senate bills will be merged prior to consideration on the floor, although the process for doing that remains unclear.

The projected schedule in the Senate is:

- Early August: Senate Finance markup possible
- August recess, August 10 – September 7: Legislation from the HELP and Finance Committees combined into one bill, if Senate Finance markup is completed
- After Labor Day: Votes by full Senate on health care reform legislation
- September: Conference committee works to combine House-passed and Senate-passed legislation
- October: Votes by full House and Senate on conference report/single bill

BILL OF INTEREST *Health Equity and Accountability Act of 2009 – H.R. 3090* The Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus (the “Tri-Caucus”) introduced H.R. 3090, the Health Equity and Accountability Act of 2009, which comprehensively addresses minority health issues. The Tri-Caucus has sent a letter to the House Speaker, Majority Leader, and Committee Chairmen requesting any health reform legislation include sections of H.R. 3090 regarding language services, workforce diversity, data collection, and evaluation and accountability, in addition to lifting all waiting periods for legal immigrants in Medicaid.

Selected highlights include:

- Language Access – The bill extends increased reimbursement of language services, currently available to children on Medicaid and CHIP, to adult Medicaid and Medicare recipients. The bill establishes a federal clearinghouse to conduct translations of vital documents for providers and sets up a toll-free telephone number for LEP persons to call for

assistance with federal health care programs and language services.

- **Data Collection** – The bill increases and standardizes collection of race, ethnicity, and language data throughout federally conducted and funded health programs such as Medicare, Medicaid and SCHIP.
- **Immigrant Inclusion** – The bill makes all persons who are lawfully present in the United States eligible for Medicaid, CHIP and Medicare – without a five-year bar. Further, it makes all children and pregnant women eligible for Medicaid and CHIP regardless of immigration status.

Possible Action: Those wishing to do so, could contact their elected officials in the House and Senate to urge them to include these important provisions in health reform legislation.

EXECUTIVE AGENCY ACTIONS *Rescission of Medicaid Regulations* On Monday, June 29, the U.S. Department of Health and Human Services rescinded three Medicaid regulations that were each subject to the Congressional moratoria that expired on July 1, 2009. These regulations, if left in effect, would have severely affected Medicaid transportation to low-income students and administrative outreach by the schools, limited the scope of outpatient hospital and clinic service benefits, and restricted access to case management services. In addition, the Secretary also delayed the enforcement until June 30, 2010, of a fourth Medicaid regulation concerning a clarification of limits on health care related tax programs.

Final Guidelines Issued for Stem Cell Research

On July 6, 2009, National Institute of Health issued final Guidelines that expand taxpayer-funded research using embryonic stem cells. These Guidelines establish policy and procedures under which the NIH will fund such research. To read the Guidelines, information about applications for awards, and other information on stem cell research, click [here](#). *Proposed Regulation Removes HIV Infection as a Barrier to Entry into the United States Under Immigration Laws*

A proposed Centers for Disease Control and Prevention (CDC) regulation would reverse current policy that aliens are inadmissible into the United States based solely on the grounds they are infected with HIV, and they would no longer have to undergo HIV testing as part of the routine medical examination. The regulation states “while HIV infection is a serious health condition, it does not represent a communicable disease that is a significant threat for introduction, transmission, and spread to the U.S. population through casual contact.” Click

[here](#) to read the proposed regulation in full. Comments are due to CDC by August 17, 2009.

HHS Announces \$40 Million Outreach and Enrollment Efforts for Medicaid and CHIP

HHS has announced the solicitation for the first round of outreach grants funded through the recent CHIP reauthorization. Two-year grants of \$25,000 to \$1,000,000 will be awarded to

successful applicants. Applicants may include: state or local governments; tribal organizations; federal health safety net organizations; national, state, local or community-based public or non-profit organizations; faith-based organizations; and elementary and secondary schools. Applications submitted electronically are due by August 6, 2009. Applications submitted by mail are due by August 10, 2009. Grants will be awarded by September 30, 2009. Click [here](#) for more information and a link to the applications.

STATUS OF PRESIDENTIAL APPOINTEES *U.S. Census Bureau:* On July 13, Dr. Robert Groves was confirmed as the Director of the U.S. Census Bureau. Dr. Groves was most recently head of the University of Michigan Survey Research Center.

U.S. Health and Human Services:

On July 13, Dr. Regina M. Benjamin was nominated to be the next U.S. Surgeon General. She is a family practice doctor who runs her own medical practice, the Bayou La Batre Rural Health Clinic, which treats predominately poor patients in Bayou La Batre, Alabama.

On July 8, Dr. Francis Collins was nominated by President Obama to serve as the Director of the National Institutes of Health. Dr. Collins helped lead the breakthrough unraveling of the human genetic code through the Human Genome Project.

SENATE UPDATE On July 7, 2009, Al Franken took the oath of office, bringing the number of Senators voting with the Democrats to 60, the number needed to prevent a filibuster. The Supreme Court of Minnesota held that Franken had won “the highest number of votes legally cast,” ending the legal battle for the Senate seat with former Senator Norm Coleman. However, Senator Ted Kennedy remains away from the Senate due to his battle with cancer. Senator Franken has been seated on the Health, Education, Labor, and Pensions (HELP) and Judiciary Committees.

RESOURCES *Health Reform:* Kaiser Family Foundation has an [Interactive Comparison Tool](#), and the George Washington University School of Public Health and Health Services has launched the [National Health Reform Law and Policy Project](#). Each has developed summaries and comparative tools to analyze the multiple legislative health reform proposals.

The Center for Children and Families has a [fact sheet](#)

that summarizes the House Health Reform provisions on Medicaid, CHIP, and those that most impact low-income children and families.

Initial National Priorities for Comparative Effectiveness Research (CER), Institute of Medicine. This report establishes a working definition of CER, and develops a

priority list of 100 research topics to be undertaken with the available funding under the recently enacted American Recovery and Reinvestment Act. The report states that the HHS Secretary should use the funds primarily to improve the health care delivery system. To read the full report, click

[here](#)

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Hospital Compare Web site,

administered by the Centers for Medicare and Medicaid Services, has been updated to include data for over 4,400 hospitals nationwide. Data offered includes reports on how frequently patients return to a hospital after being discharged, 10 measures that capture patient satisfaction with hospital care, 25 process of care measures, and two children's asthma care measures. The website can be found

[here](#)

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Health Information Technology and the Recovery Act of 2009, Centers for Medicare & Medicaid Services (CMS). The website has information on the privacy and standards implementation issues of HIT under the Recovery Act. Click [here](#) for the link.