

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 Deborah Reid at reid@healthlaw.org. For updates and information on NHeLP publications, go to www.healthlaw.org.

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SCHIP DEVELOPMENTS

Medicare, Medicaid and SCHIP Extension Act of 2007:

On December 29, 2007 President Bush signed the "Medicare, Medicaid and SCHIP Extension Act of 2007" into law. The bill funds state SCHIP program enrollments at current levels until March 31, 2009. Although funding is also included to address states' SCHIP funding shortfalls through March 31, 2009, it is anticipated that at least 25 states will still face overall budget shortfalls in FY 2009, which could cause states to cut eligibility for public health programs such as SCHIP and Medicaid.

The legislation also extends the Transitional Medical Assistance program (TMA) until June 30, 2008. TMA provides continuing health insurance for Medicaid beneficiaries who transition into employment, and has generally enjoyed bipartisan support in Congress.

The Act provides a six-month suspension of proposed CMS regulations restricting the provision of rehabilitative and school-based services. It also includes an extension of the Qualified Individual (QI) Program, until June 30, 2008, through a total allocation of \$200,000,000. Lastly, the new law provides \$10 million to improve federal data collection efforts on uninsured populations.

SCHIP Override:

January 23, 2008 marked the failure of the House to override President Bush's second veto of the "Children's Health Insurance Program Reauthorization Act of 2007" (H.R. 3963). The purpose of the bill was to expand the SCHIP program by an additional \$35 billion over the next five years, financed by an increase in the tobacco tax. The override was rejected by a vote of 260-152, which was 15 votes short of the two-thirds majority needed to override the administration's veto.

THE ECONOMY

Economic Stimulus Package:

In an effort to avoid a national recession, the Bush Administration and House leadership introduced a \$145 billion economic stimulus package on January 25. The proposal contains tax incentives to promote consumer spending that would provide rebates to 117 million families and \$50 billion in incentives to businesses, as well as provisions to assist individuals in obtaining and refinancing home mortgages. The House stimulus package does not include other measures to assist the elderly and individuals with lower incomes, such as a temporarily increased federal financial participation rate in Medicaid, funding for food stamps, or extensions in unemployment insurance. However, seven Michigan representatives recently sent a letter to House and Senate leaders that urged the inclusion of extended unemployment benefits and increased federal Medicaid funds in the House package.

President Bush urged the Senate during his final State of the Union Address to approve the package without delay. Subsequently, on January 29, the House approved its stimulus package by a vote of 385-35, without including a provision for additional federal Medicaid matching funds.

Meanwhile, Senate leadership is formulating its own version of an economic stimulus proposal. Senate Majority Leader Harry Reid (D-NV) commented that the Senate's plan will include such measures as a 13 to 16 week extension of unemployment benefits, funding for public works programs, increased home heating subsidies, and additional food stamp benefits. In addition, Senate Finance Committee Chairman Max Baucus (D-MT) noted that his economic stimulus proposal would include extensions of unemployment insurance, as well as increased tax rebates to low-income senior citizens who do not qualify for them under the House stimulus package. Other senators are reportedly considering further measures for the plan such as including more state assistance through increasing the federal Medicaid matching rate, in order to stimulate the economy. The Senate is expected to vote on its economic stimulus proposals during the week of February 3.

OTHER BILLS OF INTEREST

Indian Health Care Improvement Act Amendments of 2007:

The Senate is currently considering S. 1200, a bill to amend and reauthorize the Indian Health

Care Improvement Act. Senate Indian Affairs Committee Chairman Byron Dorgan (D-ND) is the sponsor of the legislation that seeks to improve the status of health care for Native Americans. Among other provisions, the Act supports increasing funding for health promotion programs, extending the reauthorization of appropriations through FY 2017 for behavioral health programs, expanding efforts to enroll eligible Native Americans in SCHIP and Medicaid programs, improving efforts to recruit Native Americans to health professions, and allowing Native Americans the opportunity to establish their own health priorities and set goals that reflect their unmet health needs. In addition, the bill directs the Secretary of the Department of Health and Human Services to conduct a feasibility study on the idea of considering the Navajo Nation as a state for Medicaid purposes.

On January 22, Senator David Vitter (R-LA) offered S. Amdt. 3896, an amendment to the bill that would exclude funding for providing abortion services or use of Indian Health Services facilities for this care in most circumstances.

Possible Action: Those wishing to do so could contact their elected officials and urge them to support reauthorization of the Indian Health Care Improvement Act Amendments without S. Amdt. 3896.

Prevention through Affordable Access Act:

The Prevention through Affordable Access Act (H.R. 4054) would amend Title XIX of the Social Security Act; in order to restore a Medicaid discounted price for covered outpatient drugs to college health centers, as well as other non-profit entities and safety net providers under the Public Health Service Act. Previously, college health care centers and safety net provider clinics were able to obtain a discounted price for certain outpatient drugs because of a statutory nominal price exception (NPE) in the Medicaid rebate program for pharmaceutical sales to charitable and other safety-net entities.

When the Deficit Reduction Act of 2005 was signed into law in February 2006, it limited the circumstances in which NPEs would be offered, and university health centers and other safety net providers were no longer included. As a result, college and safety net health centers across the country have been faced with escalating costs for contraceptives, which advocates fear will lead to an increase in unwanted pregnancies.

The Prevention through Affordable Access Act was introduced in the House of Representatives, with a companion bill (S. 2347) in the Senate, in November 2007. Both bills would reinstate the nominal price exception provision for colleges and public or nonprofit providers pursuant to the Public Health Service Act. H.R. 4054 and S. 2347 are currently awaiting action in the House Committee on Energy and Commerce and the Senate Committee on Finance, respectively.

Possible action: Those wishing to do so could contact their elected officials in the House and Senate and urge their support of H.R. 4054 and S. 2347.

HYDE AMENDMENT PETITION CAMPAIGN

In response to the Hyde Amendment, which prohibits federal funding for abortion services, except in cases of rape, incest, or danger to the life of the woman, the Hyde Amendment Petition Campaign is a collective effort to ensure that low-income women on Medicaid have equal access to comprehensive reproductive health services. More information about the Hyde campaign and petition can be found at: www.hyde30years.nnaf.org/petition.html

RESOURCES

The National Health Law Program and the National Economic & Social Rights Initiative recently released a new publication, "Pursuing A New Vision For Health Care: A Human Rights Assessment of the Presidential Candidates' Proposals." This analysis demonstrates how applying human rights principles to discussions on health care reform in the United States can assist in determining appropriate approaches to obtaining improved health access and quality. In addition, the report examines the 2008 presidential candidates' health reform proposals through the lens of human rights principles. For further details, go to www.healthlaw.org/library/item.176974

In an effort to address the impact of the most deadly of gynecologic cancers, the Ovarian Cancer National Alliance has released the "State Resources Guide on Ovarian Cancer." The guide is an education and advocacy tool to locate comprehensive information on the status of ovarian cancer laws and regulations in each state and the District of Columbia, and to raise awareness about the symptoms of ovarian cancer. The guide can be found at: <http://tinyurl.com/2lqhf2>