

This is one of a series of periodic reports from NHeLP's Washington office, reporting briefly on recent and forthcoming developments relating to federal policy of interest to NHeLP advocates and friends. We would appreciate your feedback. Please email Glenda Booth at booth@healthlaw.org with your comments.

In this issue, we report on some of the "lesser noticed" bills of interest to NHeLP advocates and friends. When Congress returns in early September, we will again focus on the active, major Medicaid and SCHIP bills.

SUBJECTS COVERED:

SCHIP "Dip"
Disparities Data
Patients Bill of Rights
Community Health Centers
Nurse Training
A Right to Health Care?
Congressional Outlook
Resources
Federal Factoid

CHIP "DIP"

Senators Edward Kennedy (D-MA), Orrin Hatch (R-Utah), John Rockefeller (D-WV) and Lincoln Chafee (R-RI) on August 1 introduced S. 2860, to maintain the 2001 funding level for the State Children's Health Insurance Program (SCHIP) in fiscal years 2003 and 2004. Under current law, federal funding of SCHIP will drop by 26 percent over the next three years and 900,000 children could lose coverage.

Possible Action: Advocates wishing to do so could urge Senators to cosponsor and pass this bill.

DISPARITIES DATA

The Senate Appropriations Committee's report accompanying the FY 2003 appropriations bill for the Department of Health and Human Services (HHS) includes language urging the Department to strengthen the collection and reporting of data on health care enrollment, access and utilization by patients' race, ethnicity, primary

language and socioeconomic status. To see the specific language, visit www.thomas.gov. The bill number is S. 2766; the report number is S. Rpt. 107-216.

PATIENTS' BILL OF RIGHTS

Senate negotiations with the Bush Administration have broken off, which means there is little likelihood of enactment of a bill this year. Talks stumbled over several issues, chiefly liability and how much a patient could collect from an insurer in disputes over coverage. Another disagreement reportedly was the Administration's desire to preempt the independent complaint review processes already adopted in some states. Both the House and Senate have passed bills. Conferees to resolve the differences in the two bills have been stalemated for some time.

Possible Action: Advocates wishing to do so could urge Members of Congress to encourage the conferees to resolve differences in the House- and Senate-passed bills.

COMMUNITY HEALTH CENTERS

The Senate on April 16 passed S. 1533, a bill to reauthorize the community health centers program and the National Health Service Corps. It is now awaiting House action. Among other provisions, the bill would authorize HHS to award "linguistic access grants" to centers to provide translation, interpretation, and other such services for limited English-speaking clients. It includes some expansions of current rural health clinic activities, telemedicine, and school-based centers.

In extending the National Health Service Corps, a program that funds primary health care providers to serve in medically underserved communities, the bill includes among the populations that HHS may designate as a health professions shortage area, seasonal agricultural workers, migrant agricultural workers and residents of public housing.

Finally, the bill establishes a new Healthy Communities Access Program, grants to help communities and consortia of providers strengthen integrated health care delivery systems that coordinate health services for individuals who are uninsured or underinsured.

Possible Action: Advocates wishing to do so could urge members of the House of Representatives to pass this or similar legislation before adjournment.

NURSE TRAINING

On August 1, President Bush signed into law H. R. 3487, a bill to address the growing shortage of nurses. The bill establishes a Nurse Service Corps Program to provide new scholarships and loans for students who pursue nursing education. In return, students would have to commit to serve at least two years in a health care facility that has a nurse shortage.

Additionally, the bill includes language directing HHS, in awarding grants and contracts, to give priority to expanding nurse practices in non-institutional settings, to improve access to primary health care in medically-underserved communities, to provide care for underserved populations and other high-risk groups, to provide care needed to practice in organized health care systems, and to develop cultural competencies among nurses.

The U. S. will need 1.7 million nurses by 2020, but only around 600,000 will be available, says the HHS Health Resources Services Administration, the agency that will administer the new program.

Possible Action: Advocates wishing to do so could thank President Bush for signing the bill into

law.

A RIGHT TO HEALTH CARE?

Congressman Jesse Jackson (D-IL) has introduced H. J. Res. 29, proposing an amendment to the U. S. Constitution that reads as follows: "Section 1. All citizens of the United States shall enjoy the right to health care of equal high quality. Section 2. The Congress shall have power to implement this article by appropriate legislation."

CONGRESSIONAL OUTLOOK

With a targeted adjournment date of October 5 for the current Congress, there are few "legislative days" left. Here are some health issues that may receive consideration: Medicare provider payment rate increases, a temporary increase in Medicaid's matching rate (FMAP), the Family Opportunities Act (Medicaid buy-in for the disabled), reauthorizing "transitional Medicaid, and SCHIP eligibility for pregnant women. Action on renewing the welfare (TANF) program, on Patients' Bill of Rights (for private health insurance), and on a Medicare prescription drug benefit is unlikely.

RESOURCES:

* Medicaid & SCHIP Waivers, Beyond the Law?

Congress and HHS need to address Medicaid and SCHIP section 1115 waivers, reported the General Accounting Office (GAO) in a Congressionally-requested report (<http://www.gao.gov/cgi-bin/getrpt?GAO-02-817>).

According to GAO, Congress needs to clarify the law to specify that SCHIP funds are not available to provide health care coverage for childless adults. Congress should also consider requiring HHS to strengthen the public notification and involvement process at the federal level

to ensure that beneficiaries and groups affected by Medicaid and SCHIP section 1115 demonstration waiver proposals receive opportunity to review and comment on proposals before they are approved. Under section 1115 waivers, HHS can waive certain requirements of the federal Medicaid and SCHIP statutes for demonstration projects that promote the program's objectives. See NHeLP's website, <http://www.healthlaw.org>.

* **Navigation Help for Parents:**

A new bilingual booklet is out to help Hispanic parents learn about health insurance coverage available under Medicaid and the State Children's Health Insurance Program (SCHIP). The guide describes how to enroll eligible children and states that a parent's immigration status will not be affected by enrolling children. For more information, visit <http://www.insurekidsnow.gov> or call 1-877-KIDS-NOW.

* **Barriers to Care for Latino Children**

A July 3 article documents that Latino children, the largest minority group of children in the country, face many barriers to health services resulting in a high prevalence of poor health conditions, including dental cavities, depression, asthma, and infections. See <http://jama.ama-assn.org/issues/v288nl/rfull/jsc10397.html>.

* **Cancer Disparities:**

Certain cancers strike certain groups disproportionately, but outcomes from treatment are not the result of biological differences. A study reported in the August 7 Journal of the National Cancer Institute found that when African Americans and white patients get the same quality of treatment for certain colorectal cancers, both groups have similar outcomes or success. (<http://www.jncicancerspectrum.oupjournals.org/jnci> August 7, 2002).

An April study, conducted by New York's Memorial Sloan-Kettering Cancer Center, found that factors like medical conditions, income, insurance and time of diagnosis are more likely to

contribute to racial disparities in cancer survival rates than genetic or biological differences. Differences in treatment, stage of disease at presentation and mortality from other diseases not biological or genetic differences seem to explain most of the disparity," said Dr. Colin Begg, Memorial Sloan-Kettering. Visit <http://www.jama.ama-assn.org/issues> (April 24, 2002).

* Federal Factoid:

Federal funding has shifted dramatically from largely Democratic to largely Republican Congressional districts since 1994 when the Republicans became the majority in the U.S. House of Representatives, reported the Associated Press (Washington Post, August 6, 2002). In 2001, districts with a Republican representative received on average \$612 million more in federal spending than districts represented by Democrats.