

March of Dimes

February 2003

Advocacy Update *from the Office of Government Affairs*



Prematurity Campaign National Launch

On January 30, the March of Dimes kicked-off its new 5-year Prematurity Campaign at the National Press Club in Washington, DC. The campaign's goals are to increase awareness of the growing problem of prematurity, expand research to find the causes, and thereby decrease the incidence of preterm birth.

The March of Dimes is calling for a \$50 million increase in federal funding for prematurity related research which is done under the auspices of the National Institute of Child Health and Human Development (NICHD). The Foundation is particularly interested in expanding two research networks supported by NICHD—the Maternal-Fetal Medicine Units (MFMU) and the Neo-

natal Intensive Care Units (NICU). The MFMU was established to conduct perinatal studies to improve maternal and fetal outcome, particularly the continuing problem of preterm birth. The NICU network was established to improve the outcome of neonates, especially very-low birthweight infants, using randomized controlled trials, studies and outcomes research. These networks are made up of investigators from university-based clinical centers and include a data coordinating center.

The January 30 launch began with a press conference at which Dr. Jennifer L. Howse, president of the March of Dimes described the Foundation's campaign; Dr. Louis

Sullivan, honorary chairman of the Prematurity Campaign and former Secretary of the US Department of Health and Human Services, explained the impact of prematurity on families and society; Dr. Charles Lockwood outlined the most promising avenues of biomedical and epidemiological research and, the Hendersons, March of Dimes' 2003 National Ambassador Family, told their story.

The press conference was followed by a luncheon hosted by Dr. Howse and Dr. Sullivan. Representatives of four federal agen

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March of Dimes Federal Funding Priorities

In this confusing budget year, the President’s proposed budget for FY 04 was released on February 3, despite the fact Congress had not completed work on the current year’s budget (FY 03). Shortly thereafter on February 14, Congress approved eleven of the thirteen FY 03 appropriations bills that were left over from the last congressional session. The FY 03 Omnibus Appropriations bill was signed by the President on February 20.

Program	In Millions of Dollars			
	Actual FY 2002 Funding	MOD Proposal for FY 2003	Actual FY 2003 Funding	President’s FY 2004 Budget Proposal
National Institutes of Health (Total)	23,274	27,335	27,067	27,893
National Institute of Child Health and Human Development	1,110	1,296	1,214	1,245
National Human Genome Research Institute	428	500	468	478
National Center on Minority Health and Disparities	158	187	187	193
Health Resources and Services Administration (Total)	6,075	7,500	6,473	5,672
Maternal and Child Health Block Grant	731	850	735	751
Newborn Screening (Title 26 of Children’s Health Act)	0	25	NA	NA
Newborn Hearing Screening	10	11	10	0
Consolidated (Community) Health Centers	1,343	1,545	1,515	1,627
Healthy Start	99	99	99	99
Centers for Disease Control and Prevention (Total)	4,387	7,900	4,507	4,341
Center on Birth Defects and Developmental Disabilities	90	115	99	87
Immunizations	627	696	641	621
Polio Eradication	102.4	106.4	106.4	NA
Agency for Healthcare Research and Quality	299	390	304	304
Agency for International Development-Polio Eradication	27.5	30	27.5	NA

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cies—the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Agency for Healthcare Research and Quality (AHRQ)—were present. Guests heard remarks from Dr. Elizabeth Duke, administrator of HRSA; Dr. Duane Alexander, director of NICHD; and, Dr. José Cordero, director of the National Center for Birth Defects and Developmental Disabilities.

Many Chapters also launched their Prematurity Campaigns in states across the country. Thirty-six Chapters have reported integrating public affairs into their campaign activities. Examples of

successfully integrated activities took place in the New Hampshire and Virginia Chapters.

The New Hampshire Chapter began its Prematurity Campaign with a news conference and luncheon at which speakers incorporated mention of advocacy priorities into their remarks. Dr. William Kassler, state medical director of the Department of Health and Human Services, who is also the chairman of the state Prematurity Campaign, presented information about the problem of prematurity in New Hampshire. First Lady Denise Benson spoke about the significance of the campaign and the importance of volunteerism. Many members of the state legislature were present.

The Virginia and National Capi-

tal Area Chapters linked their Prematurity Campaign kick-off press conference with their Lobby Day at the State Capitol. At the press conference, Steve Farbstein, state Prematurity Campaign Chair, announced that the campaign would begin with the formation of a state prematurity task force and Jane Woods, Virginia Secretary of Health and Human Resources described the task force and the work it will be doing to develop a public policy agenda. Several members of the state legislature were present. The press conference was followed by visits to legislators and recognition of the March of Dimes and its new campaign from the floor of both the state House and the Senate.

SCHIP Enrollment Update

The number of children enrolled in the State Children's Health Insurance Program (SCHIP) rose from 4.6 million in FY 2001 to 5.3 million in FY 2002, an increase of nearly 700,000 or 15 percent according to recently released but still preliminary U.S. Centers for Medicare & Medicaid Services (CMS) SCHIP enrollment data. The data summary can be found at <http://www.cms.gov/schip/schip02.pdf>.

FY 2002 SCHIP Enrollment by State

Ala.	83,359	La.	87,675	Okla.	84,490
Alaska	22,291	Maine	22,586	Ore.	42,976
Ariz.	92,705	Md.	125,180	Penn.	148,689
Ark.	1,912	Mass.	116,699	R.I.	19,515
Calif.	856,994	Mich.	71,882	S.C.	68,928
Colo.	51,826	Minn.	NR	S.D.	11,183
Conn.	21,346	Miss.	64,805	Tenn.	NR
Del.	9,691	Mo.	112,004	Tx.	727,452
D.C.	5,060	Mont.	13,875	Utah	33,808
Fla.	368,180	Neb.	16,227	Vt.	6,162
Ga.	221,005	Nev.	37,878	Va.	67,974
Hawaii	8,474	N.H.	8,138	Wash.	8,754
Idaho	16,895	N.J.	117,053	W.Va.	35,949
Ill.	68,032	N.M.	19,940	Wis.	62,391
Ind.	66,225	N.Y.	807,145	Wyo.	5,059
Iowa	34,506	N.C.	120,090		
Kan.	40,783	N.D.	4,463		
Ky.	93,941	Ohio	183,034		

Note: Number of children ever enrolled during fiscal year 2002
 Source: Centers for Medicare & Medicaid Services, *The State Children's Health Insurance Program Preliminary Annual Enrollment Report for Fiscal Year 2002*, January 30, 2002

Congress Revisits Issues Left Unresolved During Last Session

Several March of Dimes priority issues were left unresolved at the close of the last congressional session. Two bills that include provisions of particular importance have been reintroduced this year and are beginning to move.

Birth Defects Prevention Act Reauthorization

Both the Energy and Commerce Committee of the House of Representatives and the Senate Health, Education, Labor, and Pensions Committee have approved bills to reauthorize the Birth Defects Prevention Act of 1998. If enacted, these bills will direct the National Center on Birth Defects and Developmental Disabilities at

the Centers for Disease Control and Prevention to conduct a range of data collection and research activities related to the prevention of birth defects and developmental disabilities.

The next step in Congress is for the full House and Senate to vote on the bills.

CARE Act

The "Charity Aid, Recovery, and Empowerment Act" (CARE Act) has been reintroduced in the Senate and approved by the Senate Finance Committee. The CARE Act is made up of numerous provisions, two of which are amendments to the tax code which are strongly supported by the

March of Dimes:

1. A provision allowing taxpayers who do not itemize to deduct charitable contributions in addition to claiming the standard deduction. Once taxpayers have contributed more than \$250 for individuals (or \$500 for joint filers), enactment of this bill would permit deductions of up to \$250 in contributions for individuals and \$500 for joint filers; and,

2. A provision that would allow donors to make contributions from their Individual Retirement Arrangements (IRA) without incurring income tax on the gift.

Senate leaders have indicated that the CARE Act will be taken up within the next few weeks.

Chapter Recipients of Public Affairs Grants

Members of the National Public Affairs Committee and the staff of the Office of Government Affairs congratulate the twenty-nine Chapters that received a public affairs grant award to help defray the cost of state consultant services. These funds will support contracts with consultants who work with Chapter public affairs volunteers and staff to advance the Foundation's legislative and regulatory priorities. Chapters receiving grants are:

Northern Region

CT, IL, IN, MA, MI,
MN, NJ, NY, PA, RI,
VT

Southern Region

DC, FL, GA, KY, MO,
MS, NC, SC, TN, VA,
WV

Western Region

AZ, CA, CO, ID, KS,
TX, UT

The *Advocacy Update* delivers legislative news about March of Dimes issues on a monthly basis.

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