

March of Dimes

November 2002

Advocacy Update *from the Office of Government Affairs*



Congressional Update as Session Comes to a Close

Labor/HHS Appropriations Bill

As of press time, only two—Military Construction and the Defense Department Appropriations—of the 13 annual appropriations bills have been signed into law.

The fiscal year ended September 30 forcing Congress to pass a stopgap continuing budget resolution in order to maintain federal funding for health and other programs. Congress is scheduled to return November 12 for a “lame duck” session at which time votes may be taken on the remaining appropriations bills.

SCHIP Expansion Bill

On October 2, the Bush Administration published a rule permitting states to expand State Children’s Health Insurance Program (SCHIP) coverage to unborn children as a way of extending prenatal care, labor and delivery benefits to their mothers. In a statement

issued by the March of Dimes, Dr. Jennifer L. Howse stated that “Regrettably, the benefits package states may offer under this regulation falls short of the clinical standards of care established by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. The March of Dimes is deeply troubled that postpartum coverage for healthy pregnancies as well as treatment of complications that may include hemorrhage, infection, episiotomy repair, and postpartum depression are not included within the scope of this regulation.” The March of Dimes continues to support the “Mothers and Newborns Health Insurance Act of 2001” (S. 724), legislation that would provide states with the option to expand SCHIP to provide comprehensive maternity coverage to income eligible pregnant women age 19

and older.

On October 2 and 8, Senators Jeff Bingaman (D-N.M.), Christopher Bond (R-Mo.), and Blanche Lincoln (D-Ark.) attempted to obtain Senate approval of S. 724. Each time, an objection was raised and the legislation did not pass.

On October 24, Senator Bingaman held a hearing in the Senate Health, Education, Labor and Pensions Committee on S. 724. Dr. Nancy Green, March of Dimes medical director, testified on behalf of the Foundation.

Dr. Green discussed the problem of the uninsured and the importance of health insurance to timely use of health care services. She noted that the State Children’s Health Insurance Program (SCHIP) is the only

Continued on page 3



Inside

- Public Affairs Issues and Year 2003 Priorities (page 2)
- News You Can Use (page 3)
- Win in Hawaii (page 3)
- Dr. Howse Receives CDC Award (page 3)
- CA Restores Funding (page 4)
- NCBDD Holds First Conference (page 4)

Public Affairs Issues and Year 2003 Advocacy Priorities

The March of Dimes Public Affairs agenda focuses on public policies and programs that relate to the Foundation's mission— improving the health of babies by preventing birth defects and infant mortality — and on issues that pertain to non-profit organizations. Public Affairs efforts are organized into the four general categories listed below (specific examples are listed for each category). A star in the left margin indicates that the issue is a Foundation-wide advocacy priority for the year 2003. Federal advocacy on any of the issues on this list will also require selective chapter participation.

I. ACCESS TO HEALTH CARE FOR WOMEN OF CHILDBEARING AGE, INFANTS, AND CHILDREN

- ★ Federal and state initiatives to expand newborn screening and treatment.
- ★ Federal and state policies regarding Medicaid, SCHIP and other publicly-supported coverage and subsidies to improve enrollment and access to health care.
- Standards of care for mothers and children enrolled in health plans.
- Standards to protect patient privacy and prohibit genetic discrimination.
- Federal and state initiatives to improve maternal and child health care.
- Initiatives to improve the health of preterm and low birthweight infants and children living with birth defects.

II. RESEARCH TO PREVENT BIRTH DEFECTS AND INFANT MORTALITY

- ★ Birth defects surveillance, research and prevention programs at the state, federal, and international levels.
- Research funded by the National Institutes of Health, the Centers for Disease Control and Prevention and other Federal agencies to increase knowledge relating to the prevention of birth defects, prematurity and infant mortality.

III. PREVENTION AND TREATMENT PROGRAMS TO IMPROVE MATERNAL, INFANT, AND CHILD HEALTH

- ★ Smoking prevention and cessation programs affecting women of childbearing age and children.
- Substance abuse prevention and treatment for pregnant women and their infants.
- Programs to improve prematurity risk detection and prevent preterm births.
- Food and nutrition education programs such as WIC - Supplemental Food Program for Women, Infants and Children.
- Preconception programs and services including increased use of folic acid.
- Programs to reduce racial and ethnic disparities in health care.
- Programs to immunize infants and children, research to develop new vaccines, and efforts to eradicate polio worldwide.
- Programs to reduce exposure to environmental and reproductive hazards that are associated with birth defects.

IV. INSTITUTIONAL CONCERNS FOR NONPROFIT ORGANIZATIONS

- Federal and state laws and regulations related to non-profit organizations.
- Postal reform and rate changes.
- Tax treatment of charitable contributions.

Institute of Medicine Report

A new report from the Institute of Medicine (IOM), "Health Insurance is a Family Matter," highlights the importance of insurance to pregnant women and newborns as part of its examination of how lack of health insurance affects families.

IOM concludes that "[L]ike Americans in general, pregnant women's use of health services varies by insurance status. Uninsured women receive fewer prenatal care services than their insured counterparts and report greater difficulty in obtaining the care that they believe they need. Studies find large differences in use between privately insured and uninsured women and smaller difference between uninsured and publicly insured women." A study funded by the March of Dimes and cited by the report shows that some

18.1 percent of uninsured pregnant women in 1996 reported going without needed medical care during the year in which they gave birth. That compares with 7.6 percent of privately insured pregnant women and 8.1 percent of pregnant women covered by Medicaid (Bernstein, 1999). Other sections of the report look at coverage patterns of families and their significance; insurance transitions over the family life cycle; financial characteristics and behavior of uninsured families; and health interactions within the family.

Limited copies of the report are available from the March of Dimes Office of Government Affairs. To receive a copy while supplies last, please contact Tony Eason at 202-659-1800 or teason@marchofdimes.com.

Continued from page 1

federally funded health insurance program that denies eligibility to pregnant women but covers their babies once they are born. "This inconsistency is an anomaly that should be fixed," stated Dr. Green. She added that "when a new mother goes home following delivery, the March of Dimes wants to be sure that she is healthy enough to support herself, to breast feed and care for her newborn, and to participate fully in her family's life. S. 724 makes it possible for states to provide comprehensive maternity services—including postpartum care—through their SCHIP programs to income eligible pregnant women. Such care is important to the health of both a new mother and her baby." Dr. Green's testimony can be found on the March of Dimes web site at www.marchofdimes.com.

2003 Public Affairs Issues & Advocacy Priorities Set

The March of Dimes Public Affairs Issues and Advocacy Priorities for 2003 appear on page 2. The Public Affairs policy issues and advocacy priorities were developed under the guidance of the National Public Affairs Committee of the Board of Trustees. By identifying Foundation-wide advocacy priorities the March of Dimes is better able to speak with one voice about the Foundation's legislative and regulatory agenda.

Chapters and the Office of Government Affairs use this document to help set advocacy objectives. Work to advance Foundation-wide advocacy priorities helps Chapters qualify for the Public Affairs component of the President's Team Award.

Win in Hawaii

After several years of working behind the scenes to establish a state-wide birth defects surveillance program, the Hawaii Chapter stepped up its efforts to create a program and led the advocacy effort to a successful conclusion. Chapter volunteers prepared background information and fact sheets, testified before the legislature, placed newspaper articles, and lobbied key legislators.

On July 1, 2002 Hawaii Gov. Benjamin Cayetano (D) signed Senate Bill 2763 into law. The bill directs the Department of Health to establish a state-wide Hawaii Birth Defects Program to collect information on incidence, trends and causes of birth defects and other adverse birth outcomes. The bill also requires that a portion of marriage license fees be used to provide funding for the program's activities.

Dr. Howse Receives CDC Award

On September 18, Dr. Jennifer L. Howse, president of the March of Dimes, was awarded the CDC Director's Distinguished



Dr. David Fleming, deputy director, CDC; Dr. Howse; Dana Reeve, Christopher Reeve Paralysis Foundation; Dr. Jose Cordero, director, NCBDDD.

Service Award for outstanding contributions to disease prevention and/or health promotion.

CA Restores Funding

On September 5 when Gov. Gray Davis (D) signed the state budget, the March of Dimes celebrated an important victory. In his proposed budget, the governor recommended cutting the California Birth Defects Monitoring Program budget by \$1.6 million. However, March of Dimes volunteers and staff mounted a successful advocacy effort to restore to the program a portion of the funding reduction (\$960,00).

The restoration of funding was approved after months of hard work including testimony before assembly and senate committees as well as a postcard signing campaign at WalkAmerica sites—over 15,000 signed postcards were sent to the governor, assembly speaker, and sen-

ate president pro tem. In addition, Chapters obtained media coverage of the March of Dimes Capital Day and visits to legislative district offices.

NCBDDD Holds First Conference

On September 17-19 in Atlanta, the National Center on Birth Defects and Developmental Disabilities held its first national conference. More than 900 attended the conference that focused on establishing a comprehensive national research and prevention strategy, identifying future research and prevention opportunities, and promoting collaboration between the Center and its stakeholders.

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

Editor:
Christina F. Manero

If you have questions or comments about the *Advocacy Update*, contact:

**March of Dimes
Birth Defects Foundation
Office of Government Affairs
1146 19th Street, N.W.
6th Floor
Washington, D.C. 20036
Telephone: (202) 659-1800
Fax: (202) 296-2964**

copyright © March of Dimes
November 2002



Office of Government Affairs
1146 19th Street, N.W., 6th Floor
Washington, D.C. 20036