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recovery, stress on Medicaid budgets and rising health care costs is likely to produce an increase in the number of uninsured. Even in this difficult environment, however, opportunities for March of Dimes volunteers and staff

to help improve access to health insurance coverage are ongoing and will improve over time.

**From the March of Dimes Data Book
for Policy Makers...**

How many women of childbearing age (15 to 44) were uninsured in the U.S. in 2001? How many in your state?

This fact—and more—is found in the 2003 Data Book.

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

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Children's Health Discussions Underway

In the midst of the Medicare debate, two children's health provisions quietly moved a step closer to becoming law. Included in the Senate's version of the Medicare prescription drug bill is a provision allowing states to expand Medicaid and the State Children's Health Insurance Program (SCHIP) to legal immigrant pregnant women and children. Since the enactment of welfare reform in 1996, immigrants who have been in the country for fewer than five years have been barred from federally-financed health insurance programs. Recognizing the importance of continuous health care for pregnant women and children, many states with large immigrant populations use state-only funds to provide coverage to these groups. The Senate provision

lifts the ban on federal assistance to help states shoulder the costly burden of caring for the health needs of this population. The provision survived challenges in committee and again during debate by the full Senate, where it garnered strong bipartisan support. However, the House Medicare bill does not include a similar provision. Senate and House conferees have begun meeting to reconcile the differences between the two bills.

Headed to conference is a separate bill pertaining to SCHIP funding. The House and Senate passed similar versions of this bill during a break in the Medicare debate. The measure would allow states to reclaim \$1.2 billion in unspent SCHIP funds from FY 1998 and FY 1999 that

reverted to the federal treasury on October 1, 2002 and to retain FY 2000 allocations that are scheduled to revert to the treasury on October 1, 2003. FY 2000 and FY 2001 funds totaling more than \$1.5 billion would be reallocated to states using a new formula and would be available for two additional years. The Senate bill contains a provision not found in the House bill, the Senate provision would allow states that expanded Medicaid to children with higher family income prior to enactment of SCHIP to use a portion of their SCHIP funding to cover some state costs of children enrolled in Medicaid. Conferees are expected to be appointed soon to resolve differences between the two bills.



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FY 2004 Appropriations Process Moves Forward

Working within very tight budget constraints, both the House and Senate have made progress towards funding health programs in FY 2004. On July 10, the House of Representatives passed their version of the FY 2004 Labor, Health and Human Services and Education Appropriations bill by a vote of 215 to 208. The Senate Appropriations Committee has approved its' version and the bill is awaiting action by the full Senate. The Labor/HHS bill funds many of the discretionary programs of interest to the March of Dimes (including NIH, CDC, and HRSA). Earlier this year March of Dimes President, Dr. Jennifer L. Howse testified before the House Appropriations Subcommittee on Labor, Health and Human

Services and Education. Below are highlights from both bills.

Prematurity. Both bills contain language urging the National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health to increase support for research on the causes of preterm labor and delivery. Both Committees recommend that funding for NICHD be increased (\$39 million in the House bill, versus \$45 million in the Senate measure).

Birth Defects. The two bills recommend that funding for the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention be increased by either \$8 million (House bill) or \$13 million (Senate bill). The FY03 funding level is \$98 million.

The Senate bill also contains a recommendation that funding for the 10 regional Centers for Birth Defects and Research be increased by \$1.5 million. The House bill contains a recommendation for an additional \$300,000 for the folic acid education campaign.

Newborn Screening. Both House and Senate bills include language supporting the implementation of Title 26 of the Children's Health Act – the grant program designed to strengthen state newborn screening programs. However, the Committees recommend no new funding for this program.

Once the Senate bill has been approved, House and Senate conferees will be appointed to work out differences between the two measures.

Illinois Chapter Visits Washington

On June 23rd, representatives from the Illinois Chapter traveled to Washington, DC, to appear on "Perfect Union", a cable access television show hosted by Congressman Jesse Jackson, Jr. (D-IL). The Chapter representatives discussed the problem of prematurity, signs of preterm labor and the March of Dimes campaign. During the taping Rep. Jackson pledged his support for increasing the federal government's investment in prematurity-related research. The program will air throughout the Chicago area in late August.

"Perfect Union" is Congressman Jackson's 30-minute cable access television report from Washington to the people of the Second District of Illinois. Many Members of Congress host similar television shows that can be used to increase public awareness and to inform government officials of March of Dimes mission activities.

While in DC, the group also met with Representatives Luis Gutierrez (D-IL), Rahm Emanuel (D-IL), Danny Davis (D-IL) and Bobby Rush (D-IL) to discuss the Prematurity Campaign and ask for their support for increased federal research

funding.

Answer to June Data Book Question

Phenylketonuria (PKU) and congenital hypothyroidism are the only disorders for which all newborns are tested in all states.

Public Policy Advisory Council Meets

The March of Dimes Public Policy Advisory Council, which provides guidance on March of Dimes public policy research and advocacy activities, met on June 27th in Washington, D.C. The 23-member Council is chaired by long-time March of Dimes volunteer and former Trustee Sheila M. Smythe. Bruce Vladeck, Ph.D., serves as the Council's liaison to the Board of Trustees. The Council is made up of individuals with public policy expertise who offer a variety of perspectives including public policy research, health care delivery, and advocacy. Several Council members have held elective office or served as presidential or gubernatorial appointees.

This year's meeting opened with

an update on March of Dimes advocacy activities from Trustee Bruce Vladeck and Marina L. Weiss, Senior Vice President Public Policy and Government Affairs. Dr. Michael Katz, Senior Vice President for Research and Global Programs gave a presentation on the March of Dimes research program.

Much of the Council meeting was devoted to a discussion of the effect of tight state budgets on programs of importance to the March of Dimes. Guest speaker Susan Allan, M.D., Director of the Arlington County, Virginia Health Department described the impact of recent emphasis on emergency preparedness on local health department resources available for maternal and child

health and immunization programs.

Several Council members shared concerns about actions taken in some states to tighten eligibility for Medicaid and the State Children's Health Insurance Program, either through changing income eligibility requirements or by stepping back from enrollment simplification procedures that have helped increase the number of insured children in recent years. For example, some states are reinstating asset tests or increasing the frequency and complexity of eligibility re-determinations. Keeping children enrolled once they are eligible is an important part of reducing the number of uninsured. In the short term, the combination of a jobless economic

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Mississippi Implements All Nine Metabolic Tests Recommended by March of Dimes

On June 1, 2003, the Mississippi State Department of Health implemented its expanded NBS program to include testing for 40+ disorders including all 9 metabolic tests recommended by the March of Dimes.

Mississippi Chapter Public Affairs volunteers and staff have worked for 2 years with the state Genetics Task Force, the Genetics Advisory Committee and the Department of Health to make these program improvements. In 2001, with the strong support of the March of Dimes, the Mississippi Legislature approved a bill requiring

that every newborn be tested for 5 of the 9 metabolic conditions on the March of Dimes recommended screenings list.

In 2002, Chapter volunteers and staff worked with key legislators in the House to further expand the state's list of mandatory newborn screening tests. In April of 2002, Governor Musgrove signed into law "The Ben Haygood Comprehensive Newborn Screening Program" bill, named for a north Mississippi baby who died of MCAD. This measure made it possible for the Health Department to add the remaining 4 metabolic

tests recommended by the March of Dimes to the state's screening panel. The Haygood family and other March of Dimes volunteers and staff participated in the bill signing ceremony.