OBAMA-BIDEN TRANSITION PROJECT

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Priorities of the American Public Health Association

- Health policy priorities/goals in the short term

1. **Economic stimulus proposal**. We urge you to support provisions to strengthen the public health infrastructure including funding for health IT needs at the state and local level, support health center infrastructure building projects, strengthen epidemiology and public health laboratory capacity, direct transportation funds to health promoting transportation projects that would create vibrant, livable communities in proximity to transit, facilitate physical activity and support equitable access to jobs, healthy foods, recreation, and health care services. We have also provided a more detailed document on our recommendations for the stimulus package in a December 22 letter to President-elect Obama.

2. **Health Reform**. First, we believe that all individuals currently without health insurance coverage should be covered. Regardless of the scheme used to cover these individuals, we believe that there should be a public plan -- one idea would be an expansion of the current Medicare program -- that would be available as a choice for consumers who may not have access to or desire coverage through a private insurance plan. We urge you to resist efforts to eliminate or reduce funding from existing programs that provide services to the underserved and uninsured in an effort to fund health reform legislation. Covering all Americans with health insurance does not translate to access to care, particularly in rural areas and in localities hit hard by the economic recession. Furthermore, in addition to providing clinical care, many public health programs provide essential population-based services, such as targeted outreach, education, and referral and linkages to needed health and social resources. These activities, which fall outside of the purview of primary care and other providers, have demonstrated their effectiveness and value in reaching vulnerable populations with critical health services. While health reform holds great potential for improving the public's health, improvements will happen over time. The safety net, frayed as it is, must be in place to catch those who fall through the cracks, especially during this transitional period. Health reform legislation should include grants to support community-based prevention, education and outreach programs designed to improve access to health care, primary prevention activities, health promotion and disease prevention activities, and health literacy education and services. Health reform legislation should also significantly increase support for workforce-related programs that provide loans, scholarships and grants to support the training of public health personnel, primary care physicians, nurses, dentists, physician assistants, health educators, laboratorians and other health providers. Because cost is certain to be a major barrier to achieving broad and effective health reform, we strongly urge you to authorize and support CBO and/or OMB to develop methods for accurately scoring the costs savings associated with community-based programs. Finally, we urge you to resist efforts to take funding from existing programs that provide services the underserved and uninsured in an effort to fund health reform legislation. Many of these programs will still be necessary as individuals gradually transfer to other care and treatment under their new insurance plans. In addition, many of the programs provide benefits other that treatment, such as outreach, education and training as well as important public health statistics and data.

3. **Increase funding for vital public health agencies and programs.** We urge you to provide dramatic increased funding for the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA) and other public health service agencies. These increases need to be started immediately and sustained over time. Past budget cuts,

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coupled with new challenges and responsibilities, have caused these critically important agencies to do more with less and to struggle to provide basic public health services, like state-based chronic disease prevention programs, as well as to effectively respond to public health emergencies and natural or man-made disasters. While Congress has been supportive of restoring some of the previous administration's proposed cuts, public health agencies and programs will require your full support in order for Congress to provide them with the necessary resources to restore their effectiveness and adequately protect the health of the American public.

4. **Reauthorization of the State Children's Health Insurance Program**. APHA supported passage of the SCHIP reauthorization legislation during the 110th Congress and continues to make this a top priority. Covering America's uninsured children should be a top priority for your administration and Congress.

5. **FDA regulation of tobacco products**. We urge your support for legislation to authorize the U.S. Food and Drug Administration to effectively regulate the manufacturing, marketing, labeling, distribution, and sale of tobacco products. Legislation to give FDA this authority passed the House of Representatives overwhelmingly during the 110th Congress and we believe with your support it quickly become law next year.

6. **Climate change**. We urge you to work with Congress to ensure that strong provisions to address the public health consequences of climate change are included in any climate change legislation considered next year. We also request your support for new funding for CDC and the National Institutes of Health to help state and local health agencies and the public prepare for and adapt to the health consequences of global climate change.

7. **Transportation policy**. The federal transportation bill, the Safe, Accountable, Flexible, Efficient, Transportation Equity: A Legacy for Users (SAFETEA-LU), a nearly $300 billion federal investment in transportation infrastructure, is due to be reauthorized in 2009. Its reauthorization presents an opportunity to promote health as a critical consideration in transportation policies, to enforce and expand on existing provisions that promote health and safety, and to reform the US transportation system to meet today's demands. We look forward to working with you, Congress and the rest of the health community to ensure that the transportation bill supports the public's health.

- Health policy priorities/goals in the long term

1. **Health in all policies**. APHA supports requiring all new federal policies and programs to take into consideration all impacts, both positive and negative, on the public's health. CDC should develop a portfolio of best practices based on scientific evidence, and standardized tools and measures to assess the impact of policies and programs on the health of the community. A demonstration program should be created to provide grants and technical assistance to state and local governments to implement and evaluate these practices, tools and measures. We encourage you to examine legislation on health impact assessments included in the Health Impact Assessment Act of 2008, introduced by Sen. Menendez or the Healthy Places Act of 2007, introduced by Sen. Obama and Rep. Solis.

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2. **State of the nation's health report**. The federal government should devise a strategy for developing appropriate standardized measures and health status indicators, along with methods for collecting, reporting and analyzing such data. Data should also be collected on factors that affect health, such as social and environmental determinants, health care access, quality of care, and health outcomes. Patient-related data should include demographic information, such as race and ethnicity, gender, language status, socio-economic position, geographic location and health literacy, while ensuring appropriate privacy and security protections for the data. Data should be analyzed and findings should be reported in an annual "State of the Nation's Health" report.

- The mechanisms for achieving the goal (i.e., executive order, regulation, guidelines, policy change or legislation)

The majority of these goals can be achieved through legislation.

- Any budgetary or appropriations concerns or impact

As stated earlier, we caution against moving funding from critical health safety-net programs in order to fund new efforts on health reform and other health-related activities.

- Any other HHS related issue