

## **Policy and Advocacy Update #11**

August 12, 2011

### **United States Congress**

**Debt limit legislation signed into law:** After months of negotiation the US Congress sent legislation to the President allowing the debt ceiling to be increased. The “Budget Control Act of 2011,” (Senate Bill 365, PL 112-25) was signed by the President on August 2, 2011. The legislation allows the debt ceiling to be increased in two increments: \$400 billion now to keep the US solvent through September 2011 and a second increment of \$500 billion to keep the US from default through the end of the year as long as 2/3 majority of each chamber of Congress does not vote against the increase.

Early in 2012 the President will have the opportunity to increase the debt limit by another \$1.2 - 1.5 trillion to keep the US from defaulting on its obligations through November 2012. Again, this could happen as long as 2/3 majority of each chamber of Congress does not vote against the increase.

The legislation also requires that FY2012 and FY2013 discretionary spending be capped at \$1.043 and \$1.047 trillion respectively. During these two years there is a “firewall” that would keep non-defense discretionary programs from being used to offset defense discretionary program spending and vice versa. No such firewall is established for FY14 and beyond. This is one of the concerns raised when spending is “capped:” how are the funds divided amongst programs. Spending caps mean that non-defense discretionary spending, which is the bulk of funding for programs of interest to pharmacy faculty, students and colleges and schools of pharmacy, will require consistent and persistent advocacy for those programs! Get ready for an active couple of years to maintain programs that you care about!

The debt limit provisions are just part of the total legislation. Also included are provisions requiring that federal spending be slowed or revenue increased over the next decade. On average discretionary programs would increase by a mere 2% annually. Determining how we can reduce the deficit by \$1.5 trillion will now become the responsibility of a new super-committee comprised of 12 members, 3 Republicans and 3 Democrats, from each chamber of the US Congress. This committee will be responsible for recommending \$1.5 trillion in program funding reductions or revenue increases by November 23. The Congress then votes on the recommendations by December 23<sup>rd</sup>. If agreed then the reductions take place. If the

recommendations are not agreed to then money is reduced from programs in an across the board manner.

Members of the "Gang of 12" are:

Co-chairs: Senator Patty Murray (D-WA) Rep. Jeb Hensarling (R-TX)

Senators Max Baucus (D-MT), John Kerry (D-MA), Jon Kyl (R-AZ), Pat Toomey (R-PA) and Rob Portman (R-OH)

Representatives Dave Camp (R-MI), Fred Upton (R-MI), James Clyburn (D-SC), Xavier Becerra (D-CA), and Chris Van Hollen (D-MD)

Anyone with a good working relationship with any of these members should contact them immediately to discuss the relevance of funding for federal public health programs and federal student financial assistance programs to your institution, faculty, students and community. Let Will Lang at AACP know if you need assistance!

As bleak as this sounds there is a bit of good news. The non-defense discretionary FY12 spending limit of \$359 billion is nearly \$34 billion more than the House funding level established for programs in the Labor-HHS-Education appropriations bill.

**Education policy in the BCA:** The Budget Control Act includes \$17 billion in supplemental funding for FY12 and FY13 to support the Pell Grant program. This additional funding will allow the maximum Pell Grant to remain at \$5500 for FY12 and anticipates a maximum grant of \$5620 in FY13. Good news for Pell means bad news for graduate and professional students who will no longer be eligible for in-school interest deferment for the federal loans. The legislation also prohibits the Secretary of Education from allowing future interest rate reductions for borrowers that are repaying their loans in a timely manner. This will certainly increase the cost of graduate and professional education.

AACP would be interested in gaining a better understanding of what the loss of the interest deferment means to your graduate and professional students. Medical and dental programs estimate that the cost to their students could range from \$4200 to over \$9500 during the course of their professional education. Please forward your estimates to Will Lang at [wlang@aacp.org](mailto:wlang@aacp.org)

The Chronicle of Higher Education published an article that provides a good outline of the impact of the BCA on higher education policy <http://chronicle.com/article/Debt-Deal-May-Offer-Only/128468/>

The text of the Budget Control Act is available at: <http://thomas.loc.gov/cgi-bin/bdquery/z?d112:SN00365:@@R>

To read more about the super-committee and its timeline the NY Times provides a good article: <http://www.nytimes.com/interactive/2011/07/22/us/politics/20110722-comparing-deficit-reduction-plans.html#panel/11th-hour-deal?partner=rss&emc=rss>

### **United States Department of Health and Human Services**

**New CHC grants:** The US Department of Health and Human Services has awarded over \$28 million in grants to new community health centers (CHC). The location of the new CHCs is listed in the announcement and includes several states. The early development stages of a new CHC would be an ideal opportunity for faculty at colleges and schools of pharmacy to discuss the opportunity to integrate clinical pharmacy services as a patient-care service.

The list of new CHCs is available at:

<http://www.hrsa.gov/about/news/2011tables/110809newaccesspoints.html>

**Build awareness of your partnerships:** As some of you heard from Dr. Greg Holzman at the annual meeting, the Office of State, Tribal, Local and Territorial Support wants to hear from you! The OSTLTS has just put together two new communication vehicles. The first "Have You Heard? Facts From the Field" is the perfect opportunity for faculty at colleges and schools of pharmacy to heighten the awareness of policy makers, public health departments and the general public about the partnerships you develop with state, local and tribal health departments. Information about your partnerships and the benefits to patients and communities would be worthwhile additions to this communication vehicle that is shared via email and on the CDC website.

The second communication vehicle is "Did You Know." This is a weekly feature from the OSTLTS "to inform your prevention activities." This could be very useful information to build your partnerships with state, local and tribal health departments.

The "Have You Heard" page is available at:

<http://www.cdc.gov/ostlts/haveyouheard/index.html?source=govdelivery>

The "Did You Know" page is available at:

<http://www.cdc.gov/ostlts/didyouknow/index.html>

**CDC seeking nominees:** This fall the Centers for Disease Control and Prevention will begin the review of nominations to the Advisory Committee on Immunization Practices (ACIP).

The ACIP advises the CDC and HHS regarding the control of vaccine-preventable illness. With the increasing number of pharmacists participating in immunization delivery programs representation by pharmacy faculty on this advisory committee is essential. Candidates should electronically submit the following items to the person below and prior to the November 18 deadline:

Current curriculum vitae, including complete contact information (telephone numbers, fax number, mailing address, e-mail address)

At least one letter of recommendation from person(s) not employed by the U.S.

Department of Health and Human Services

Ms. Stephanie Thomas, c/o ACIP Secretariat, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop A-27, Atlanta, Georgia 30333, E-mail: [SThomas5@cdc.gov](mailto:SThomas5@cdc.gov).

The entire notice was published in the August 11, 2011 edition of the Federal Register available at: <http://www.gpo.gov/fdsys/pkg/FR-2011-08-11/html/2011-20479.htm>

### **Request for information**

**What do your Collaborative partners think?:** At the annual meeting, during the Council of Faculty business meeting, attendees were asked to reach out to their partners in the HRSA Patient Safety and Clinical Pharmacy Collaborative. Specifically attendees were asked to seek input from their partners regarding their interest in having a full-time clinical pharmacist on staff. Current law does not allow pharmacists to participate in the National Health Service Corps loan repayment program. Community health centers and other entities eligible to seek National Health Service Corps providers, are not able to seek pharmacists through this highly competitive but well supported incentive program. We need input from your partners to help members of Congress understand and appreciate the need for community health centers and other entities eligible to seek pharmacists through the National Health Service Corps loan repayment program. Please consider asking your partners the following questions:

- Do you currently employ primary care providers that are supported by National Health Service Corps (NHSC) loan repayment program (LRP)?
- Would you seek NHSC LRP to bring a pharmacist into care team if LRP was available for pharmacists?
- Do you currently utilize pharmacy residents to provide care?
- Would your organization be without pharmacist services if the school partnership was not able to maintain relationship through the collaborative?

Please forward your responses to Will Lang at AACP [wlang@acp.org](mailto:wlang@acp.org)