

Policy and Advocacy Update #9  
July 22, 2011

### United States Congress

**Cut Cap and Balance:** The House, on Tuesday, was set to vote on HR 2560 a bill that would cut federal funding, cap future funding to 19.9% of GDP, and align the legislation with HJR1 that would require Congress to balance future budgets. The legislation sets funding for FY12 discretionary spending at \$1.027 trillion.

You can read the legislation in its entirety by going to: <http://www.gpo.gov/fdsys/pkg/BILLS-112hr2560ih/pdf/BILLS-112hr2560ih.pdf>

President Obama, through a Statement of Administration Policy (SAP), indicates he would veto HR 2560 if it was presented to him. To read the SAP go to: [http://www.whitehouse.gov/sites/default/files/omb/legislative/sap/112/saphr2560r\\_20110718.pdf...](http://www.whitehouse.gov/sites/default/files/omb/legislative/sap/112/saphr2560r_20110718.pdf...)

**Balanced Budget Amendment:** The House and Senate are also preparing to discuss legislation that would add an amendment to the US Constitution that would require the Congress to balance the budget. The legislation, HJR 1, would also limit future federal spending to 18% of the gross domestic product (GDP). The federal government will spend about 24% of GDP in FY2011. The last time federal spending was 18% of GDP was back in 1999 when the National Institutes of Health had an appropriation of \$20 billion.

Similar legislation, S1340, has been introduced in the Senate. It is not clear if or when the legislation might see action in the Senate.

The text of HJR 1 is available at: <http://www.gpo.gov/fdsys/pkg/BILLS-112hjres1rh/pdf/BILLS-112hjres1rh.pdf>

**What does this all mean?:** Making sense of the many proposals is difficult. Filtering out reality from political grandstanding is even more difficult. To balance the budget in a truly balanced manner will require consideration of all federal programs and also expenditures and revenues. In short, the majority of programs of interest to academic pharmacy are those that make up the bulk of the non-defense, discretionary budget. As you can see from the chart below, you could eliminate ALL of these programs and still not balance the budget. It is also clear that discretionary programs will bear the brunt of funding reductions if all programs and approaches are not included in budget negotiations.

GDP 2010	18% GDP	19.9% GDP	2010 federal expenditures for non-defense and defense	President's FY 12 total budget request	President's FY12 budget request for discretionary programs	HCR 34 House Budget Resolution Total request
\$14.871	\$2.68	\$2.96	\$1.056 trillion	\$3.7 trillion	\$1.2 trillion	\$3.54

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[http://www.bea.gov/newsreleases/national/gdp/2011/pdf/gdp1q11\\_3rd.pdf](http://www.bea.gov/newsreleases/national/gdp/2011/pdf/gdp1q11_3rd.pdf)

<http://www.omb.gov/>

<http://www.gpo.gov/fdsys/pkg/BILLS-112hconres34pcs/pdf/BILLS-112hconres34pcs.pdf>

AACP is working with partner organizations coordinated through the Coalition for Health Funding to bring to the attention of members of the Senate and the House of Representatives that balancing the budget is important, but not at the expense of our health and communities. The Coalition has developed and now distributed a series of agency specific one-page briefs describing the importance of the agency. Feel free to share these documents with you member of Congress! The documents are available at: <http://publichealthfunding.org/hillinfo.html>

Appropriations: The Senate still is without direction regarding consideration of FY12 appropriations bills. The funding levels for each appropriations subcommittee, referred to as 302B allocations, have not been established. The House continues to move appropriations legislation with five of the thirteen passed by the House and four passed out of the full Appropriations Committee.

Appropriations bills that AACP tracks are available on the AACP website at:

<http://www.aacp.org/issuesandadvocacy/advocacy/budgetappropriationstables/Pages/AppropriationsTables.aspx>

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@aacp.org](mailto:wlang@aacp.org)

**Health and Human Services**

Comment opportunity on mobile apps: FDA publishes mobile medical application draft guidance: The Food and Drug Administration (FDA) seeks comments on their draft guidance regarding mobile medical applications. The intent of the FDA guidance is to ensure that mobile medical applications do not place the public at risk anymore than a non-mobile medical device does.

You can read the draft guidance and find information about forwarding your comments by going to: <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm263280.htm>

Comment opportunity on research costs: The White House Office of Science and Technology Policy seeks comments on how costs connected to federal grants and contracts are calculated. The current approach outlined in Circular A-21 is being reviewed to determine, based on public input, whether the calculations and other associated data inputs might be streamlined to reduce the burden on the grantee or contractor.

AACP members are encouraged to forward their comments on this matter. Directions for submission are available at: <http://www.whitehouse.gov/blog/2011/06/29/feedback-circular-21-invited>

### **Rural Health Policy**

Independent pharmacies still at risk: The Rural Policy Research Institute (RUPRI) of the University of Iowa has released a report that indicates a continued decline in the number of independent pharmacies, including those that are the sole-community pharmacy, in rural communities. This report is a follow-up to reports from the North Carolina and Iowa rural health centers. The continued decrease in sole-community pharmacies places rural communities at risk for losing access to pharmacist-provided services at the pharmacy and at other healthcare entities such as nursing homes, rural clinics, and hospitals.

The report is available on the RUPRI web site:  
<http://cph.uiowa.edu/rupri/publications/policybriefs/2011/Independent%20Pharmacies.pdf>

If you have any questions or comments, please contact:

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