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Federal Health and Human Services Legislation January 2008

This summary of federal human services legislation highlights major initiatives before Congress. Various resources were used in compiling this information, including summaries by the Children's Defense Fund, the American Public Human Services Association and the National Association of County Human Services Administrators.

Federal Fiscal Year (FFY) 2008 Appropriations: Bowing under the pressure of a promised presidential veto, Democrats in mid-December accepted the president's overall budget number for FY 2008 but made changes within the individual accounts and programs. Most Labor/HHS programs for FFY 2008 will be funded at FFY 2007 levels or will receive small, single-digit increases. Congress rejected the president's proposed 30 percent cut to the Social Services Block Grant and will fund it at the current \$1.7 billion level nationally. There was a totally unexpected cut to the discretionary spending account under the Promoting Safe and Stable Families (PSSF) program (Title IV-B, Subpart 2). While the administration, House and Senate all proposed level funding of \$89.1 million nationally, the program was cut to \$63.3 million in the final bill. The bill could not and did not cut the mandatory side of PSSF which also funds a number of new competitive grants recently awarded to states and counties for substance abuse and child welfare programs, many focusing on meth.

The bill also contained emergency funding for the Women's Infants and Children nutrition program. The program faced cutting benefits and/or beneficiaries due to recent price spikes in dairy products. The bill also contained a significant increase in the Low Income Home Energy Assistance Program, including \$250 million in emergency funding to help low-income families cope with an estimated 28 percent increase in home heating costs this winter. Another \$480 million was added to the appropriation above last year's level to an overall funding level of \$1.98 billion in FY 2008.

CHILD WELFARE LEGISLATION

College Cost Reduction and Access Act: Last year the president signed this bill into law (P.L. 110-084). The Act allows youth who have been adopted at or after the age of 13 to maintain access to financial aid, alters the definition of independent student to include older youth in foster care, and allows loan forgiveness for public child welfare staff.

Kinship Caregiver Support Act (H.R. 2188, S. 661): As expected, Congress did not act last year on this measure. The bill would take four important steps to assist children being raised by grandparents and other relatives. First, it establishes a Kinship Navigator Program to link grandparents and other relative caregivers to support groups, respite care programs, and other special services and benefits. Second, the Act would create a Kinship Guardianship Assistance Program to provide federal assistance to states for subsidized guardianship programs that assist relative caregivers and their children who have been in federally supported foster care. Third, the Act would require timely notice to relatives when children enter foster care. Finally, the Act would allow states to have separate licensing standards for relative and non-relative foster parents, provided that both standards maintained safety protections for children. The cosponsor list has grown to 33 members in the House and 22 in the Senate.

Foster Children Self-Support Act (H.R. 1104): This bill has not seen legislative action and will be revised if it is considered by the House due to some concerns that provisions will unnecessarily hamper

the ability of some states to manage their foster care programs appropriately and in the best interests of the child. The bill intends to enable foster children to maximize the use of their Social Security and Supplemental Security Income benefits to address their needs and improve their lives. The bill would ban the use of Social Security or SSI benefits paid to representative payees on behalf of foster children to reimburse foster care maintenance payments by states. It also requires states to develop a plan for each foster child receiving Social Security or SSI benefits that is designed to best meet the individual's current and future needs and enable the child to achieve self-support after leaving foster care. In addition, the bill calls for states to provide screening of foster children for eligibility for Social Security and SSI benefits and assistance.

Foster Care Continuing Opportunities Act (S. 1512): The bill would expand federal eligibility for children in foster care who have reached age 18 and elect to remain in foster care until reaching age 19, 20, or 21. The bill, through amending Title IV-E of the Social Security Act, provides federal funding to states to continue providing essential services such as food and housing. Such supports help these youth to achieve a better transition into adulthood.

Partnership for Children and Families Act (H.R. 4207): Introduced late last year by Rep. Berkley (D-NV) and cosponsored by Ohio Republican Representatives Tiberi and Hobson, the bill would allow states to reinvest federal IV-E foster care dollars into the child welfare system that would have been otherwise lost if states reduce the days in care for IV-E children. The measure would also de-link the old AFDC eligibility standards from the IV-E foster care program. Those standards were frozen in place in 1996 when the Temporary Assistance to Needy Families Program replaced AFDC.

Adoption Equality Act of 2007 (S. 1462; H.R. 4091): While the bill has not seen legislative action, it would revise eligibility requirements for children with special needs in the federal adoption assistance program by amending Title IV-E of the Social Security Act. Children would no longer need to be eligible for federal public assistance in the home from which they were originally removed to be eligible for Title IV-E adoption assistance. To be eligible for adoption assistance payments in cases where the state has determined that out-of-home placement is the best option for the safety and well-being of the child, the child must be: a) in the care of a public or licensed private child placement agency or Indian tribal organization following a voluntary placement agreement, relinquishment, or involuntary removal of the child from the home; or b) reside in a foster home or child care institution with the child's minor parent following a voluntary placement agreement, relinquishment, or voluntary removal of the child from the home. A child may also qualify for adoption assistance if they meet all medical or disability requirements to be eligible for supplemental security income benefits.

INCOME AND OTHER FAMILY SUPPORT PROGRAMS

Child Care: While no new child care legislation is expected to be adopted in 2008, there has been heightened interest among lawmakers in early childhood development and program investment. Last May, House Speaker Nancy Pelosi (D-Calif.) convened the National Summit on America's Children to discuss current child development research and findings. Several bills have been introduced that address child care, including the Prepare All Kids Act and the Early Childhood Investment Act of 2007.

Child Support: The **Child Support Protection Act (S. 803; HR 1386)** was not attached to any must-pass vehicle last year, despite the efforts of many county and state officials urging passage in 2007. The bill would restore cuts made to the program in the 2005 Deficit Reduction Act. Attempts were made to place it on the very lean Medicare bill enacted in December, but no non-health legislation was accepted. Key House and Senate staff continue to have the issue very high on their 'to-do' list and efforts have been renewed in 2008. The bills continue to garner co-sponsors with 29 in the Senate and 70 in the House.

Elder Justice Act (S. 1070; H.R. 1783): Introduced again during the 110th Session of Congress, the bills would enhance federal involvement in preventing elder abuse, neglect and exploitation. The House measure has 87 cosponsors and the Senate bill has 19. The bills would also provide, for the first time, federal funding for adult protective services.

Food Stamp Program: Before it recessed for the year, the Senate approved its version of the farm bill, H.R. 2419, which reauthorizes the Food Stamp Program. A conference committee will begin meeting in soon to resolve differences between the Senate bill and the House bill, which was passed last July. Both bills include modest increases in food stamp benefits by modifying slightly the standard deduction, adding a few new income disregards and eliminating the cap on the dependent care deduction.

President Bush has criticized both bills and has issued a veto threats because they exceed the amount of funding his administration requested.

Temporary Assistance to Needy Families (TANF): There is little legislative action on TANF. States and counties still await the final regulations implementing a wide range of provisions from the Deficit Reduction Act of 2005 which increase the rules and documentation of work performed by TANF recipients. The final regulations are expected within weeks.

Workforce Investment Act (WIA): Despite a strong push from the workforce development community, WIA has not yet been reauthorized. Existing WIA legislation expired in September of 2003. The House Education and Labor Committee held two hearings on reauthorization last summer. There is little likelihood that a new bill will be adopted until after a new administration begins next year, given the large differences in approach between the Bush administration and Congress. Until then, the program will operate under the existing rules.

HEALTH ISSUES

Medicaid: Since Congress failed last year to override the president's veto of the State Children's Health Insurance (SCHIP) reauthorization bill (see below) which contained policy changes, there will be no new flexibility for states and counties in determining Medicaid citizenship through verifying Social Security Numbers, so the Deficit Reduction Act requirements remain in force for Medicaid.

The Medicare bill that was adopted does contain moratoria on federal implementation of the rehabilitative and school-based regulations through June 30, 2008. Both regulations would have the effect of restricting the use of Medicaid to pay for those services. Earlier this year, Congress enacted a moratorium until May 2008 on a rule limiting Medicaid reimbursement to government operated providers (public hospitals). So, Congress will have to act on a number of those Medicaid items by mid-year at the latest or they will go into effect. In fact, even most of the just-passed Medicare extensions only go through June 30, 2008, so given the pressure they will get from the Medicare doctors and others, Congress will have to do something by then. Congress took no action on the pending regulations on Targeted Case Management, and none was expected, given that these regulations would implement a statutory provision in the Deficit Reduction Act.

State Children's Health Insurance Program: After two State Children's Health Insurance Program reauthorization (SCHIP) bills were vetoed by President Bush, the House and Senate passed an 18-month extension of current SCHIP law and funding. This extension was included in the Medicare Medicaid SCHIP Extension Act (S. 2499) and will provide funds to states to March 31, 2009. Funding will allow for normal program growth but no new expansions. The extension allocates \$5 billion for each of Fiscal Years 2008 and 2009. Congress may revisit the reauthorization in the summer of 2008.

The bill did not void the SCHIP directive issued by the Centers for Medicare and Medicaid Services which generated bipartisan opposition from many in Congress and governors alike. The August 17, 2007 State Health Official letter will make it extremely difficult, if not impossible, for states to either continue or expand coverage above 250 percent of the federal poverty level if the directive goes into effect in August of this year.

Mental Health Parity Bills (S. 558/H.R. 1424): The Senate adopted its bill by unanimous consent last spring. It would provide parity between health insurance coverage of mental health benefits (including substance abuse treatment) and benefits for medical and surgical services. The bill ensures that in the case of a group health plan with more than 50 employees (or health insurance coverage offered in

connection with such a plan) that provides both medical and surgical benefits and mental health benefits, such plan or coverage would have financial requirements and treatment limitations that are not more restrictive for mental health benefits than they are for other medical and surgical benefits covered by the plan.

The House has a similar bill which awaits floor action called the Paul Wellstone Mental Health Equitable Treatment Act of 2007 (H.R. 1424) It is similar to the Senate measure but is more proscriptive by requiring equal coverage for all mental health conditions listed in the Diagnostic and Statistical Manual of Mental Disorders, which is the comprehensive guide used by behavioral health professionals. The bill would specifically prohibit health insurance plans from imposing inpatient hospital, day, and outpatient visit limits and from applying different deductibles, co-payments, out of network charges and other financial requirements for mental health treatment.

Keeping Families Together Act of 2007 (S. 382/H.R. 687): These identical bills would establish a state family support grant program designed to end the practice of parents having to relinquish custody of their children with serious emotional disturbances to state agencies for the sole purpose of obtaining mental health services for them. This bill would provide competitive grants to states to establish systems of care to provide mental health services to all eligible children and youth. To be eligible for funds, states must develop laws or policies to ensure that eligible children receive appropriate mental health services. Priority will be given to states that have: established a history of developing and supporting systems of care and inter-agency collaboration; taken steps to broaden access to community-based services for this population; provided reasonable estimates of eligible children and youth; established or will establish sufficient mental health service capacity; and agreed to involve the court system in the planning and oversight of the program. The bill also expands the number of children with serious emotional disturbances who will be eligible for the Home and Community-based Waiver under Medicaid. Neither bill has seen legislative action.

EDUCATION ISSUES

Head Start Reauthorization: In December 2007, the president signed into law a reauthorization of the Head Start program (P.L. 110-134). The new Act builds on the current program by helping more children arrive at school ready to succeed. The Act's provisions are intended to improve teacher and classroom quality, expand access to the program, increase coordination between Head Start and state and local early childhood services, and strengthen program accountability. It also maintains Head Start's current federal-to-local structure. The Act also includes important child welfare provisions that highlight the role Head Start programs can play in helping prevent abuse and neglect and/or protecting and ameliorating the effects of maltreatment.

Education Begins at Home Act (S. 667/H.R. 2343): While there is no legislative movement to date, this bill would authorize competitive grants to enable states to deliver early childhood home visitation services to pregnant women and parents of children from birth until kindergarten entry, which will promote parents' ability to support their children's optimal cognitive, language, social-emotional and physical development. Home visiting programs must meet certain basic quality standards. The bill is also designed to improve Early Head Start programs and expand early childhood home visitation programs so as to more effectively reach and serve families with English Language Learners and families serving in the military.

It also establishes a public education and awareness campaign concerning the proper care of infants and young children and makes parenting classes available for parents of newborn children.

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