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**ACTION NETWORK FOR SOCIAL WORK EDUCATION AND RESEARCH (ANSWER)
LEGISLATIVE PRIORITIES**

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The Steering Committee of ANSWER met in late September to discuss the status of and future action on the legislative priorities of the coalition. ANSWER decided to continue to push for introduction of the National Center for Social Work Research Act in the House. The Committee also decided to continue advocacy efforts on the Title IV-E child welfare training program, loan forgiveness, and the reauthorization of the Health Professions Education Act and the National Institutes of Health.

NIH Reauthorization: Reauthorization of the National Institutes of Health (NIH) is in progress. NIH has not been reauthorized for more than 10 years. There is interest in placing more power in the role of the director of NIH and collapsing some of the special institutes that have developed over the past 10 years.

Health Professions Act: The Health Professions Education Act is also up for reauthorization, but it is not clear whether it will be reauthorized or its authorization will merely be extended.

Appropriations Report Language: NASW was successful in inserting report language requested by ANSWER into the House and Senate FY 2006 Labor, Health and Human Services, and Education Appropriations bills (H.R. 3010).

NIH: Report language accompanying funding for the National Institutes of Health (NIH) applauds the work of the NIH Child Abuse and Neglect Working Group and calls on the group to continue its collaboration across institutes and agencies to identify and address needed research and professional development in the area of child maltreatment, specifically in the area of treatment interventions. Identical language was included in both the House (H.R. Rept. 109-143) and Senate reports (S. Rept. 109-103).

NCI: Language accompanying funding for the National Cancer Institute (NCI) “encourages NCI to coordinate with the Centers for Disease Control and Prevention to conduct further research on the outcome of social work interventions to meet patient and family psychosocial needs in hospitals and cancer treatment centers.” Language was included in the Senate report.

Child Welfare Training: Language accompanying funding for the Title IV-B child welfare training program recognizes “the failings in the Child and Family Services Reviews (CFSRs) and the States’ continuing challenges in recruiting and retaining qualified child welfare personnel, particularly those who hold a degree in social work,” and “encourages the Administration for Children and Families (ACF) to continue to provide grants to schools of social work and traineeships to social work students being trained in the specialty of child welfare.” The language also encourages ACF “to provide funding for research into how specially trained social work personnel affect outcomes for children and families.” Language was included in the Senate report.

Additional language accompanying funding for Title IV-B training “recognizes the need for trained, skilled and qualified child welfare service workers” and explains that the program “provides grants to institutions of higher education to develop and improve education and training programs and resources for child welfare service providers as well as students seeking degrees in social work.” Language was included in the House report.

For updates on the Title IV-E child welfare training program, loan forgiveness, and Health Professions Education Act, see the Child Welfare, Loan Forgiveness, and Health sections below.

NASW ACTION

NASW worked over the quarter to secure a Republican sponsor for the House version of the National Center for Social Work Research Act. To date, there has been interest in co-sponsorship of the bill, but no lead sponsor has stepped forward.

CHILD WELFARE

By Cynthia Woodside, Senior Government Relations Associate

Title IV-E Child Welfare Training Program

Tired of waiting for the Bush Administration to release legislative language implementing the President's proposed "Child Welfare Program Option," Rep. Jim McDermott (D-WA) introduced his own bill to restructure child welfare financing. Introduced on July 28, 2005, the Leave No Abused or Neglected Child Behind Act (H.R. 3576) is quite a departure from the President's vision. While H.R. 3576 would cap "true" administrative costs at 15 percent, it would not cap funding for the IV-E training program. In fact, the bill would raise the federal share for short-term training costs from 50 percent to 75 percent to match the rate for long-term education and training. The bill also would create a new grant program to help states improve their child welfare workforces. Other provisions in the bill would open IV-E eligibility to all children and allow reimbursement for kinship guardianship and for services. However, no action on the McDermott bill is expected during this congressional session.

The biggest threat to the IV-E training program continues to be the possibility of cuts made as part of the budget reconciliation process. Congressional action on reconciliation was delayed due to debate on recovery efforts for those affected by Hurricanes Katrina and Rita. However, not only does the Republican leadership plan to move forward on original plans to cut some \$35 million out of the budget and approve some \$70 million in additional tax cuts, but now are exploring cuts of at least \$50 million in funding to help offset some of the new expenditures on hurricane relief. The latest congressional deadline for action on reconciliation was October 27, but word is that date could slip by a week or two.

NASW ACTION

NASW continues to fight the proposed cuts in human services programs, particularly any reductions in funding for critical child welfare programs, including Title IV-E training. In conjunction with ANSWER, the Association continues to highlight the value of the training program and is prepared for additional advocacy if the program is threatened by cuts in the budget reconciliation bill.

Advocacy materials for the Title IV-E training program are posted both on the ANSWER Web site and NASW's child welfare advocacy page: https://www.socialworkers.org/advocacy/issues/child_welfare.asp

Child Welfare Appropriations-CAPTA & Title IV-B Child Welfare Training

As reported in the Quarterly Report for April-June 2005, the House-passed FY 2006 Labor, Health and Human Services (HHS), and Education Appropriations bill (H.R. 3010) maintained level funding for the majority of child welfare programs. Child welfare programs met a similar fate in the Labor, HHS, Education appropriations bill approved by the Senate Appropriations Committee on July 14. The Senate bill funds Child Abuse Prevention and Treatment Act (CAPTA) State Grants at the current \$27.3 million level, CAPTA Discretionary and Research Grants at \$31.6 million, and CAPTA Community-Based Grants at \$42.9 million. Funding for Title IV-B, 426 Child Welfare Training also was approved at the current level of \$7.4 million.

For information on child welfare-related report language in the House and Senate appropriations bills, please see the information under the ANSWER section above.

NASW ACTION

NASW continues to monitor the appropriations process and the potential for across-the-board cuts or other reductions in funding for CAPTA and other child welfare programs.

CIVIL RIGHTS

By Lawrence Moore, III, Senior Government Relations Associate

Employment Non-Discrimination Act (ENDA)

ENDA is a critical piece of civil rights legislation because it will redress historical labor market discrimination against gays and lesbians solely because of their sexual orientation. ENDA was not reintroduced in the House during the 108th Congress, but was reintroduced in the Senate on January 7, 2003, in the 108th Congress. At that time, ENDA had 27 Senate co-sponsors. NASW anticipates that ENDA will be reintroduced in the Senate in the coming months.

NASW ACTION

NASW continues to diligently pursue introduction and enactment of ENDA through progressive coalition efforts with the Human Rights Campaign, the National Urban League, People For the American Way, the AFL-CIO, and the Leadership Conference on Civil Rights. These partnerships advocate for reintroduction in the Senate and House of Representatives. The Association continues to target previous Senate and House co-sponsors and supporters, including the Congressional Black Caucus, the Congressional Hispanic Caucus, the Congressional Women's Caucus, and the Moderate Republicans. Past alerts and updates can be found on NASW's Web site:

http://www.socialworkers.org/advocacy/issues/civil_rights.asp

Local Law Enforcement Enhancement Act

Rep. John Conyers (D-MI) and Sen. Edward Kennedy (D-MA) introduced the Local Law Enforcement Enhancement Act of 2005 (H.R. 2662/ S. 1145) on May 26, 2005. NASW, with its coalition partners, was able to secure a major victory on H.R. 2662. The House of Representatives, on September 14, 2005, approved an amendment (544) adding Hate Crime legislation to H.R. 3132, the Children's Safety Act. The vote on the Amendment was 223-199, with 192 Democrats, 30 Republicans, and one Independent supporting the Amendment. Subsequently, H.R. 3132 was approved 371-52. House passage indicates that Hate Crime legislation has strong bipartisan support in addition to exemplary outreach and education efforts by coalition members. Meanwhile, in the Senate, there are 44 co-sponsors that are committed to alleviating bias-induced violence.

In short, the Local Law Enforcement Enhancement Act would allow the federal government to work with state and local authorities to punish hate crimes to the fullest extent possible, and to expand the definition of hate crimes to include those motivated by disability, gender, or sexual orientation. Although NASW believes that states should continue to play a primary role in the prosecution of hate crime violence, federal law is essential to complement state statutes and to help states prosecute these complicated and expensive cases.

NASW ACTION

NASW will continue to work with the Leadership Conference on Civil Rights, People For the American Way, the Human Rights Campaign, and the NAACP to secure passage of the Local Law Enforcement Enhancement Act. The Association will continue to make congressional visits to Senate Judiciary Committee members, with particular focus on moderate Republicans.

ECONOMIC EQUITY

By Lawrence Moore, III, Senior Government Relations Associate

The Fair Minimum Wage Act

The Fair Minimum Wage Act of 2005 would increase the minimum wage to \$7.25 in three steps starting at \$5.85 60 days after enactment to \$6.55 one year later, and ultimately, to \$7.25 one year after that period. Sen. Edward Kennedy (D-MA) introduced the legislation (S. 1062) in the Senate on May 18, 2005, and Rep. George Miller (D-CA) sponsored the companion legislation in the House (H.R. 2429). Currently, 34 co-sponsors in the Senate and 120 in the House support a wage enhancement for American workers. The Association believes that the Fair Minimum Wage Act of 2005 will appreciably affect the quality of life for women, children, minorities, and families across the nation by providing meaningful wages that offset poverty levels.

NASW ACTION

NASW is working with the Campaign For a Fair Minimum Wage, the United Food and Commercial Workers Union, AFL-CIO, the American Psychological Association, and the United States Catholic Conference of Bishops to secure introduction and passage of this initiative. The Association continues to work with Sen. Kennedy's (D-MA) legislative staff on a political and coalition strategy, in addition to lobbying Senate and House members who have significant influence over this measure. Past alerts and updates can be found on NASW's Web site:

http://www.socialworkers.org/advocacy/issues/civil_rights.asp

The Fair Pay Act

Introduced in both the House and Senate on April 19, 2005 by Rep. Eleanor Holmes-Norton (D-DC) and Sen. Thomas Harkin (D-IA), the Fair Pay Act (H.R. 1697/ S. 840) attempts to amend the Fair Labor Standards Act of 1938 by eliminating sex and race discrimination in the wage-setting system. Most women and minorities are disproportionately segregated into a small number of jobs, such as clerical, service workers, nurses, social service providers, and teachers. Historically, these positions have been devalued and underpaid because of their occupants' gender or race. NASW believes that the Fair Pay Act would expand the protections of the Equal Pay Act by safeguarding women and minorities against wage discrimination in equivalent jobs with similar skills and responsibilities to predominantly white male jobs. Currently, 100 co-sponsors in the House and 31 in the Senate believe in eliminating the wage disparity endured by women and minorities.

NASW ACTION

NASW's legislative strategy consists of working with the foremost coalition on gender equity concerns, the National Committee on Pay Equity. NASW's advocacy efforts continue to focus on moderate Republicans and Democrats who serve on the House Committee on Education and the Workforce, as well as on Republican senators on the Health, Education, Labor, and Pensions Committee. Past alerts and updates can be found on NASW's Web site: http://www.socialworkers.org/advocacy/issues/civil_rights

HEALTH

By Elizabeth Marrero, MSW, Senior Government Relations Associate

Advance Directives

The Association has been working with the offices of Sen. Bill Nelson (D-FL) and Rep. Sander Levin (D-MI) on the Advance Directives Improvement and Education Act of 2005 (S. 347/H.R. 2058), in which Medicare recipients can consult with their physician on end-of-life and advanced care planning issues to become informed about potential decisions a person or a person's family member may face in life-

threatening situations. This legislation would allow physicians to be reimbursed for a medical visit to discuss end-of-life care issues with patients and family members.

NASW supports this bipartisan bill as an important tool for all Americans to consider, communicate, and document their advance care planning wishes in regard to end-of-life situations and quality of life indicators for devastating illness or injury, from which there is little or no hope of recovery. The bill has been passed by the Senate and has been referred to the House Subcommittee on Health where it awaits to be heard.

NASW ACTION

NASW has been working closely with staff from the offices of Sen. Nelson and Rep. Levin to increase support, especially in the House. There are currently 33 co-sponsors on the House bill and more are still needed.

Patient Navigator Act

The Patient Navigator Act 2005 (H.R. 1812/ S. 898), sponsored by Rep. Robert Menendez (D-NJ) and Sen. Kay Bailey Hutchison (R-TX), passed the House and the Senate in the spring. This legislation would establish a "patient navigator" system through the Health Resources Services Administration (HRSA), National Cancer Institute, and the Indian Health Service. Under the system, patient navigators would help uninsured patients evaluate their treatment options, as well as help them obtain referrals, find clinical trials, and apply for financial assistance. The legislation would authorize \$25 million in grants over five years to establish patient navigator programs in low-income and rural communities nationwide.

NASW ACTION

NASW was able to secure language in both the House and Senate committee reports that would strongly recommend that these navigators be supervised and have oversight by licensed professionals. Although the bill was passed, appropriations for the grants and its implementation have yet to be released. NASW staff is currently developing guidelines, along with other stakeholders, to assist HRSA in the regulatory process. We hope to be involved in the development of requirements, such as education requirements, prior work experience, appropriate background checks, and specified levels of expertise in community health care.

Family Medical Leave Act

The Family and Medical Leave Act (FMLA) strengthened the American family by helping millions balance work and family responsibilities. Opponents of the law are pressuring the Department of Labor (DOL) to roll back the FMLA by decreasing the number of illnesses for which employees can take job-protected leave and not allowing use of the leave intermittently for treatments such as chemotherapy and physical therapy sessions.

NASW ACTION

NASW believes that working Americans need the Department of Labor and Congress to provide more solutions as they struggle to balance work and family, not undermine these critical protections. NASW has begun lobbying visits to past supporters of the FMLA and will continue to work with other groups such as Families USA and the National Partnership for Women & Families to ensure that the FMLA remains secure for working Americans.

Respite Care

The Lifespan Respite Care Act of 2005 (S. 1283/H.R. 3248) was introduced by Sen. Clinton (D-NY) in the Senate and by Rep. Mike Ferguson (R-NJ) in the House. This bill would establish a program to assist family caregivers in accessing affordable and high-quality respite care, and for other purposes. The Lifespan Respite Care Act would authorize funds for: (1) development of state and local lifespan respite

programs based on models and best practices; (2) evaluation of such programs; (3) planned or emergency respite care services; (4) training and recruitment of respite care workers and volunteers; and (5) caregiver training. Currently, there is no single, coordinated, family/caregiver-friendly federal program to support the development or implementation of lifespan respite services nationwide. Despite the numerous federal programs which have the potential to fund respite or crisis services, states often do not know about them, how to apply, or just don't see the need for respite. When respite funding is "blended" with other funding streams, respite often becomes the last service funded as it is competing with services such as child protective service initiatives. Caregivers of individuals with special needs do not know where to find respite care.

NASW ACTION

The Senate bill was referred to the Committee on Health, Education, Labor, and Pensions (HELP) and is waiting to be heard. The House bill was referred to the House Subcommittee on Health and is awaiting action. NASW has been working with the Respite Care Coalition and key Senators and Representatives to gain support for the legislation. There are 21 co-sponsors on the Senate and 42 on the House bill.

Association Health Plans (AHPs)

The Small Business Health Fairness Act of 2005 (H.R. 525/S. 406) that would allow small businesses to buy health insurance through business and trade associations and allow AHPs to operate without state oversight is steadily moving through Congress. It passed the House at the end of July. Hearings have been held for the Senate bill where it was referred to the Committee on Health, Education, Labor, and Pensions, but no further action has occurred.

NASW ACTION

Because of the lack of state oversight, NASW opposes the creation of national Association Health Plans (AHPs) and has joined over 1,050 national and local organizations that have united against the legislation. Organizations' concerns are expressed in the many letters they are sending to Congress. A bigger battle is expected to be held in the Senate, but the bill remains a priority for GOP leaders.

Health Information Technology (IT)

Health IT legislation made significant progress over the summer. The Senate Finance and HELP Committees jointly announced the introduction of their respective health care quality and Health IT bills on June 30 stating that these bills articulate a bipartisan vision of a higher quality, safer, and more efficient healthcare system that is made possible by health information technology. The Enzi-Kennedy bill (S. 1418) promotes information technology as a tool for bringing about fundamental change in our healthcare system.

The legislation would establish an Office of the National Coordinator of Health Information Technology within the Department of Health and Human Services (HHS). It also would require the HHS secretary to establish the public-private American Health Information Collaborative to make recommendations on setting national policies for supporting the widespread adoption of health information technology. The bill would require federal agencies that collect health data to comply with such standards within three years after the policies are approved. It would prohibit federal funds to be spent on technology not consistent with the standards.

Also under the bill, a government-sponsored board would make recommendations for setting national standards for medical data technologies. It also would award competitive grants to health care providers that distribute and store health information electronically. The bill also specifies that it would not affect privacy-related provisions in the Social Security Act or the Health Insurance Portability and Accountability Act.

NASW ACTION

NASW is evaluating the different proposals and working with other groups to ensure the privacy of collected data, and is trying to ensure that the measure would clarify that current health privacy rules apply to any health information stored or transmitted electronically.

The Senate Health, Education, Labor and Pensions (HELP) Committee approved S. 1418 by voice vote on July 20. Elements of two similar bills had been added to the legislation: one measure, S. 1262, by Majority Leader Bill Frist (R-TN.) and Hillary Rodham Clinton (D-NY); the other, S. 1355, by HELP Chairman Michael B. Enzi (R-WY) and Edward M. Kennedy of Massachusetts, the panel's top Democrat. Besides Frist and Clinton, the measure has the backing of Republican and Democratic co-sponsors. The Bush Administration has set a goal for most Americans to have electronic medical records within the next decade. With adjournment not likely until at least Thanksgiving, more action can be anticipated.

Health Professions Education Act

Title VII and Title VIII of the Public Health Service Act authorize a variety of grants for students, programs, and institutions to improve the racial and ethnic diversity, geographic distribution, and quality of the health care work force. These programs are designed to meet the nation's needs by increasing the supply of primary medical and dental care providers and public health and allied health professionals, training more health professionals in fields experiencing shortages, improving the geographic distribution of health professionals, expanding access to health care in underserved areas, and enhancing minority representation in the pool of practicing health professionals.

One of the goals for NASW is to be designated as an allied health professional under this Act. This designation would have both training funding, particularly for graduate social work education programs, and workforce data compilation implications. As this nation's health care delivery system undergoes rapid and dramatic changes, an appropriate supply and distribution of health professionals has never been more essential to the public's health. The Titles VII and VIII programs are critical to help institutions and programs respond to these current and emerging challenges and insure that all Americans have access to appropriate and timely health services.

The Senate Appropriations Committee passed its version of the FY 2006 Labor, HHS, Education Appropriations bill July 14. The Senate bill restores Title VII health professions funds to \$298.7 million, just 0.3 percent below the FY 2005 level. This includes a 1.3 percent boost for primary care to \$90 million and a 6.4 percent cut for the geriatrics programs to \$29.5 million. The workforce information and analysis programs also received a cut of \$4,000 to \$712,000. The Title VIII nursing programs were increased by 3.3 percent overall to \$155.7 million, with an 11 percent increase for basic nurse education, practice, and retention to \$40.5 million and a 6 percent increase for workforce diversity to \$17.3 million. The total funding for Titles VII and VIII in the bill is \$454.4 million.

The House-passed version of the FY 2006 Labor, HHS, and Education Appropriations bill (H.R. 3010) eliminates all funding for Title VII health professions programs, with the exception of \$12 million for the Centers of Excellence (COE) (funded at \$33.6 million in FY 2005) and \$35.1 million for the Scholarships for Disadvantaged Students (SDS) (funded at \$47.1 million in FY 2005).

Representatives Diana DeGette (D-CO) and Charlie Norwood (R-GA) co-sponsored a letter sent April 8 and signed by 104 Members of Congress asking appropriators to restore the proposed cuts in the FY 2006 budget. A similar Senate letter, organized by Senators Jack Reed (D-RI) and Pat Roberts (R-KS), was sent on May 13 with 44 signers.

NASW ACTION

NASW, in partnership with the Friends of the Health Resources and Services Administration (HRSA) Coalition and with the Health Professions and Nursing Education Coalition (HPNEC), have been meeting with Members of Congress, sending joint letters, assisting in testimony, and participating in Capitol Hill events to advocate increased funding for the programs. NASW signed onto a June 6 HPNEC letter to House Labor-HHS Subcommittee members urging the restoration of Title VII to the FY 2005 level. NASW sent a letter to the House appropriators on June 16 and a letter to the full Senate on June 29, urging restoration of the Title VII funding in the Senate version of the Labor, HHS, and Education Appropriations bill.

NASW is committed to working towards improving the recruitment and retention levels of the public health workforce, as well as ensuring that public health professionals are adequately trained and that social workers are part of the process.

Genetic Information Nondiscrimination Act of 2005

The Genetic Information Nondiscrimination Act of 2005 (H.R. 1227/S. 306), introduced by Sen. Snowe (D-ME) and Rep. Biggert (R-IL), defines genetic information as information about the genetic tests of an individual or family member or the occurrence of a disease or disorder in family members of an individual. The bill specifically excludes information about the age or sex of an individual.

The Senate Committee on Health, Education, Labor and Pensions passed S. 306, but the House referred H.R. 1227, its companion bill, to the House Subcommittee on Employer-Employee Relations. The bill currently has 153 co-sponsors. The house bill has not been voted on.

NASW ACTION

NASW has been working with the Coalition for Genetic Fairness in asking the House to take up this bill and pass it. NASW staff continues to visit the Hill in support of this legislation.

Health Disparities

NASW is focused on recognizing the role of behavior in federal legislation aimed at eliminating racial, ethnic, and other health disparities. Rep. Honda (D-CA) introduced the Healthcare Equality and Accountability Act, H.R. 3561, on July 28. It has been referred to the Energy and Commerce and Education and Workforce committees with 82 Democratic co-sponsors. There is no new action since it was referred to committee. The Senate companion bill, S. 1580, has 18 Democratic sponsors and was introduced by Sen. Akaka (D-HI) on July 29, 2005, and referred to the Senate Finance Committee. No new action has occurred.

A stand-alone language access bill to address disparities with language barriers has not been introduced, but H.R. 3561/S. 1580 has a language access component.

NASW ACTION

NASW and the National Coalition on Health and Behavior are advocating for health disparities legislation, while targeting much needed attention to the critical role of behavioral factors and behavioral research. We continue to meet with congressional offices of both parties in the House and Senate.

Federal Workers Compensation Claims

NASW supports the introduction of the Clinical Social Workers' Recognition Act of 2005 (S. 127/H.R. 234) by Sen. Inouye (D-HI) in the Senate and Rep. Towns (D-NY) in the House. This legislation would authorize the use of clinical social workers to conduct evaluations to determine work-related emotional and mental illnesses for federal employees who have applied for Workers' Compensation coverage.

Currently, the law restricts mental health providers who can perform mental health evaluations for federal employees, excluding social workers. The code was last amended in 1974 and much has changed since that time in the delivery of mental health services and the recognition of social workers as critical to mental health care in the United States.

NASW ACTION

NASW staff has made a number of visits to the Hill to educate staff and Members of Congress on the advancement of social work over the past several years and are targeting committee members to gain support for the legislation. NASW members are encouraged to speak to their representatives about co-sponsoring this legislation important to social workers.

Ryan White Care Act

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted by Congress in 1990 and has been reauthorized twice, first in 1996 and again in 2000; its authorization expired in September 2005. The CARE Act is divided into four titles, each creating a framework for funding services to address specific components or aspects of the HIV/AIDS epidemic.

Today, the federal government provides over \$2.1 billion annually for CARE Act programs, which provide primary medical care, pharmaceutical treatments, and support services such as case management for people living with HIV/AIDS who would otherwise not have access to these critical services. Administered by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services, the CARE Act provides services to over 500,000 Americans who are living with HIV disease.

NASW ACTION

NASW is currently working with a broad coalition of organizations called the Ryan White Reauthorization workgroup. Weeks after it expired, the Ryan White CARE Act (RWCA), which still needs to be reauthorized, continues to be largely ignored in Congress, with the exception of the members of the Congressional Hispanic and Black Caucuses. We are hopeful that Senate Democrats are working on a Ryan White bill that could be introduced by Thanksgiving. The House is more likely to take up a bill in the first quarter of next year.

LOAN FORGIVENESS

By Cynthia Woodside, Senior Government Relations Associate

Loan Forgiveness and the Higher Education Act (HEA)

Once again, Congress failed to complete action on the reauthorization of the Higher Education Act (HEA) and was forced to extend the current program through December 31, 2005. The House Education and Workforce Committee approved its version of the bill, the College Access and Opportunity Act (H.R. 609), on July 22, 2005 and the Senate Health, Education, Labor, and Pensions Committee (HELP) approved its version, the Higher Education Amendments (S. 1614), on September 8, 2005. No dates for floor consideration have been set.

The House bill (H.R. 609) includes provisions to create a new small loan forgiveness program for social workers who work in child welfare. The new provisions, part of an amendment by Rep. Raul Grijalva (D-AZ), were incorporated into a section in the bill that provides loan forgiveness to named and unnamed professionals in "areas of national need." Social workers also could qualify for loan forgiveness as "individual[s] who is[are] employed [in an] area that suffers from a critical lack of qualified personnel." The "national need" program would forgive up to \$5,000 of student loan debt after five years of employment. New appropriations (funding) would be needed to implement the program, which in the current environment, may prove even more challenging than getting the program authorized.

The Senate bill (S. 1614) does not include any new loan forgiveness provisions for social workers, but does include a provision that could assist social workers in repaying loans. The provision, which was supported by NASW, amends the current Income Contingent Repayment (ICR) program. Under the ICR, graduates pay a percentage of their income (around 20 percent) for 25 years; after 25 years, any remaining balance is forgiven. The new provision, authored by Sen. Ted Kennedy (D-MA), would shorten the repayment period to 10 years for borrowers with jobs in the "public sector." Public sector is defined as emergency management, government, public safety, law enforcement, public health, education (including early childhood education), and public interest legal services.

Sens. Mike DeWine (R-OH) and Jay Rockefeller (D-WV) teamed up once again and introduced two new bills that would provide loan forgiveness for social workers who go into child welfare. The first, the Child Protective Services Student Loan Forgiveness Act (S. 1431), focuses solely on the loan forgiveness provisions; however, the second, the WE CARE Kids: Working to Enhance Courts for At-risk and Endangered Kids Act (S. 1679), not only includes loan forgiveness provisions for both social workers and public interest attorneys, but also provisions designed to improve the functioning of courts that deal with child welfare cases.

NASW ACTION

NASW is working on possible amendments to S. 1614 when it is considered on the Senate floor. Amendments could include Sen. DeWine's bill to provide loan forgiveness for social workers in child welfare and/or one to expand the Income Contingent Repayment program to include professionals who work in private, non-profit organizations which are designated as 501(c)(3)s under the tax code.

Loan forgiveness advocacy tools and information on current loan forgiveness programs available to social workers are posted on NASW's loan forgiveness advocacy page:

<http://www.socialworkers.org/advocacy/issues/loanForgiveness.asp>

MENTAL HEALTH

By James K. Finley, MA, Senior Government Relations Associate

Clinical Social Work Medicare Equity Act (CSWMEA)

Because of a provision in the Balanced Budget Act of 1997, clinical social workers may no longer bill Medicare directly for psychotherapy services to clients residing in skilled nursing facilities. The situation is complicated by the severely inadequate national policy on the provision of mental health services under Medicare. On May 26, 2005, Sen. Barbara Mikulski (D-MD) and Reps. Fortney "Pete" Stark (D-CA) and James Leach (R-IA) reintroduced the Clinical Social Work Medicare Equity Act of 2005, S. 1148/ H.R. 2736, to address this issue. The Senate Finance Committee briefly considered the bill in 2003, but it did not pass. For more information, see NASW's Web site:

<http://www.naswdc.org/advocacy/alerts/2003/101003a.asp>

NASW ACTION

The Association has been working with key Senators and Representatives to gain additional support for the legislation and is now seeking co-sponsors in the House and Senate. NASW is also building grassroots membership support for the measure in target states and congressional districts.

Mental Health Services Appropriations

Congress is currently working on the Labor-HHS appropriations bill funding the Substance Abuse and Mental Health Services Administration (SAMHSA) for FY 2006. The President's budget for SAMHSA and the Center for Mental Health Services (CMHS) included some cuts, but the House bill restored many of these deficits. Currently, the Senate is late considering its version of the bill, and its funding levels are

not yet decided. If the Senate passes its version, a conference committee will be called to resolve the differences in spending levels. If the Senate does not pass a bill within the next several weeks, a continuing resolution seems likely. Many Republicans have targeted a domestic appropriations bill for across-the-board cuts to hurricane relief efforts. It is increasingly likely that funding levels in 2006 may dip well below 2005 levels for most domestic discretionary programs.

NASW ACTION

NASW is working with its coalition partners in the Mental Health Liaison Group to support increased funding levels for mental health and other SAMHSA programs. NASW staff has made a number of visits to the Hill to support appropriations for the agency.

Medicaid Child Health Legislation

The Family Opportunity Act (S. 183/HR. 1443) would allow families with incomes up to 250 percent of the federal poverty level to buy into Medicaid on a sliding-scale basis. The Congress nearly passed the legislation in 2004, which gave it bipartisan support. However, congressional disagreement over the bill's financing derailed its final passage in December. The Bush Administration supports a new outreach campaign called "Cover the Kids," which would redirect planned expenditures into efforts to reach more children who are eligible for Medicaid or State Children's Health Insurance Program (SCHIP) coverage. Unfortunately, the President's budget this year would offset this increase with other cuts in Medicaid funds to the states.

NASW ACTION

NASW works with its coalition partners in the Consortium for Citizens with Disabilities to support passage of the Family Opportunity Act and to protect funding for Medicaid and SCHIP programs.

Keeping Families Together Act (S. 183/H.R. 1443)

Reintroduced in February, the Keeping Families Together Act authorizes competitive grants for states to establish systems of individualized mental health treatment and family support services for children who are in custody or in danger of entering the custody of the state to receive mental health services. Eligible states would have laws or policies in effect to ensure that children receive appropriate mental health services so that parents do not have to relinquish legal custody of their children to obtain needed care. The program would assist states in establishing an infrastructure for interagency cooperation and cross-system financing. It would also have expanded public health insurance programs to cover these services after the grant expires.

NASW ACTION

This bipartisan legislation enjoys broad support from across the political spectrum. NASW supports the bill through a broad coalition of mental health and family advocacy organizations. Staff made calls on Hill offices during September to support the bill.

Medicaid Spending

The Bush Administration and GOP congressional leaders continue to seek large cuts in federal expenditures for Medicaid. This year the Administration has proposed dramatic cuts in targeted case management services, which NASW has vigorously opposed along with other cuts to the program. Concurrent with its legislative strategy, the Administration has also increased pressure on states to tighten their administrative procedures, some of which Centers for Medicare and Medicaid Services (CMS) claims constitute waste, fraud, and abuse. Meanwhile, states continue to grapple with record high Medicaid expenditures, resulting in tremendous federal and state interest in capping program expenditures.

NASW ACTION

In response to increased federal disaster relief spending, the Administration and GOP congressional leaders are seeking larger cuts in Medicaid to pay for the unanticipated spending. NASW has strongly advocated against any program cuts. NASW works closely with several national coalitions of health care and human needs advocates to vigorously oppose tax cuts and reductions in human service programs. In addition, NASW has worked to educate key members of Congress about the vital role of Medicaid in financing public mental health services.

Mental Health and Substance Abuse Parity (HR. 1402)

Political opposition from business and House GOP leaders has stymied NASW and its coalition partners' support for passage of the Paul Wellstone Equitable Mental Health Treatment Act. Senate Republican leadership promised lead sponsors Sens. Peter Domenici (R-NM) and Edward Kennedy (D-MA) to consider the bill early in 2004, but this did not happen. In the House, Speaker Dennis Hastert remains a steadfast opponent of the bill. Lead House sponsor Patrick Kennedy (D-RI) told NASW staff this year that the overwhelming need is to boost political support for mental health parity as all of the factual arguments of opponents have been answered. For background information on the measure, see the action alert page of the NASW Web site: <http://www.naswdc.org/advocacy/alerts/2004/050104.asp>

NASW ACTION

In conjunction with the Mental Health Liaison Group, NASW supports passage of full mental and behavioral health parity. Given the increased influence of conservatives in Congress, prospects for the legislation are weaker in 2005 than in the past.

SOCIAL SECURITY

By Lawrence Moore, III, Senior Government Relations Associate

Currently, Social Security is under the most severe assault in its history. President Bush's proposal allowing workers to divert a portion of their Social Security contributions to private accounts would profoundly undermine the entire system. It would cut Social Security benefits by 41 percent by 2066, impose large transition costs of nearly \$5 trillion over 20 years, and dramatically worsen America's debt. Moreover, benefits would be cut for all, even those who do not choose private accounts. For 70 years, Social Security has been the bedrock of income security for virtually all Americans, providing benefits to retirees, women, children, those with disabilities, as well as the survivors of retired and deceased workers. NASW believes that this vital anti-poverty program is the bridge that spans class, race, income, and generations. Therefore, the Association opposes the President's proposal to privatize or radically alter the foundation of Social Security.

NASW ACTION

NASW, in concert with national coalitions such as Campaign for America's Future, AARP, AFL-CIO, Alliance for Retired Americans, Congressional Black Caucus, and others, has consistently opposed the President's proposal to privatize Social Security. The Association to date has attended over 10 policy briefings concerning the President's proposal, as well as sent a letter to the entire Congress outlining NASW'S opposition to Social Security reformation. Additionally, through participation in a letter drop and extensive advocacy visits, the Association has encouraged House and Senate Members to oppose any plan that attempts to privatize Social Security.

WELFARE

By Cynthia Woodside, Senior Government Relations Associate

Personal Responsibility and Work Opportunity Reconciliation Act/TANF

As expected, due to inaction on the reauthorization of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), Congress has been forced to extend the current program for the 11th time. This time the extension runs through December 31, 2005, although there are efforts underway in the Senate to extend the program for a 12th time through March 2006.

The possibility remains that the House may include its version of the Temporary Assistance for Needy Families (TANF) reauthorization bill in their budget reconciliation bill. Members in the Senate, however, are still pushing to have TANF reauthorization considered as a separate bill.

Other than voting to extend current law, the last congressional action occurred in March 2005 when the Human Resources Subcommittee of the House Ways and Means Committee approved the Personal Responsibility, Work, and Family Promotion Act (H.R. 240) and the Senate Finance Committee approved the Personal Responsibility and Individual Development for Everyone (PRIDE) Act (S. 667).

Additional information is posted on NASW's welfare reauthorization advocacy page:

<http://www.socialworkers.org/advocacy/welfare/default.asp>

NASW ACTION

During the last quarter, NASW has focused efforts on removing or revising a drug testing provision in the House bill (H.R. 240). The provision, offered as an amendment by Rep. Phil English (R-PA), would require states to drug test all welfare recipients who they suspect of using illegal drugs. If recipients test positive, all cash assistance to the family would be eliminated. If subsequent tests also were positive, the family would be ineligible to receive welfare benefits for three years. Rep. English has agreed to consider revising the provision to help recipients who test positive get access to treatment, and other House Members have offered their assistance in crafting new provisions.

CLINICAL SOCIAL WORK

By Mirean Coleman, MSW, LICSW, CT, Senior Policy Associate

Managed Care and Third-Party Payers

NASW provided comments on the proposed National Uniform Claim Committee changes to the CMS-1500 Insurance Claim Form. The purpose of the changes was to accommodate the National Provider Identification Number. The CMS-1500 Form is an important reimbursement form used by clinical social workers when submitting for payment from health plans.

Medicare terminated its contingency plan for non-HIPAA compliant reimbursement claims effective October 1, 2005. This means that all clinical social work electronic claims submitted for payment will be automatically rejected if they do not meet HIPAA regulations.

Clinical social workers continue to report Medicare overpayment requests for services provided in a skilled nursing facility and for lack of documentation in Medicare records in all settings. Members were provided with technical assistance to help them resolve their individual cases.

Meetings

NASW staff attended the following meetings during July, August, and September 2005:

July 15, 2005 – “Pay-for-Performance: Taking Health Care Quality Improvement to the Next Level.” The Alliance for Health Reform. Washington, DC.

July 20, 2005 – “Medicaid: Current Funding and Policy Issues.” Teleconference. American Health Lawyers Association.

August 29, 2005 – “CMS Provider/Supplier Enrollment Applications.” Teleconference. CMS Special Open Door Forum.

August 23, 2005 – “Providers Versus Payors: Common Legal Disputes in Managed Care.” Teleconference. American Bar Association Health Law Section.

August 25 & 26 – “Five Year Review of CPT Codes.” American Medical Association Relative Valued Committee. Chicago, IL.

September 8, 2005 – Medical Transportation Planning Committee. Teleconference. Community Transportation Association of America.

September 13 & 14, 2005 – “2005 Invitational SAMHSA/CMS Medicaid and Mental Health Services Conference.” Baltimore, MD.

September 20, 2005 – “The New Medicare Appeals Process: What to Expect.” Teleconference. American Bar Association Health Law Section.

September 23, 2005 – “2005 Congressional Black Caucus.” Washington Convention Center. Washington, DC.

September 29 - October 1, 2005 – American Medical Association/Relative Valued Update Committee Meeting and the Health Care Professional Advisory Committee Meetings. American Medical Association. Chicago, IL.

Written Products

A new practice bulletin, “Medicare Ends Contingency Plan for Non-HIPAA Compliant Reimbursement Claims” was prepared for NASW’s Web site. It informs members that Medicare will not process electronic claims submitted by clinical social workers for payments that are not HIPAA compliant by October 1, 2005.

Presentations

NASW is preparing for a teleconference sponsored by the Legal Defense Fund on October 19, 2005. It is a one-hour presentation on “Documenting for Medicare and Social Work Record Retention.”

FIELD ORGANIZING

By Dina L. Zarrella, MSS, MLSP, Senior Field Organizer

Grassroots Activities

As of September 30, 2005, 3,282 individuals subscribe to the Legislative Advocacy Network Listserv.

During the quarter, 363 individuals sent 2,074 letters and/or e-mails through Congress Web to their Congressional representatives. The issues that generated the most grassroots efforts included appropriations, loan forgiveness, and the Clinical Social Work Medicare Equity Act. A table showing activity level in all issues follows.

Subject Area	Number of Letters/E-mails
Appropriations	458
Loan Forgiveness: Child Welfare	256
Support Medicare Clinical Social Work	239
Health Care: Oppose Association Health Plans (S. 406)	168
Child Welfare: Title IV-E Training	145
Mental Health Parity	131
Compose Your Own	114
Support the Elementary and Secondary School Counseling Program	111
Child Welfare: CAPTA Appropriations	101
Faith Based Initiative	76
TANF Reauthorization	73
Aging: Advance Directives	61
Support the National Center for Social Work Research Act (S. 90)	47
Judicial Nominations	37
Ask President Bush to Support Equitable Economic Development at G8 Conference	33
Ask Secretary Rice to Support the MGD's during World Summit	24

Presentations

On September 19, staff convened a phone conference of chapter executive directors and staff to discuss loan forgiveness efforts at the state and national levels. Twenty-eight people participated in the call.

Web Site Development

Five action alerts and three updates were posted on the Association's Web site this quarter. The action alerts were also sent directly to chapter presidents, chapter executive directors, and the Legislative Advocacy Network Listserv. You can view the alerts and updates on NASW's Web site:

www.socialworkers.org/advocacy

NASW has offered a new online advocacy program to chapters, State Web, as an extension of the national Congress Web program. Chapters can purchase this program at a significant discount. Eleven chapters have already expressed interest in purchasing the program. This will allow state and federal online advocacy campaigns to be co-located on chapter Web sites, expanding the reach of our advocacy campaigns.

POLITICAL ACTION FOR CANDIDATE ELECTION (PACE) *By Vered Uziel, MSW, MPA, Senior Political Affairs Associate*

2006 Congressional Endorsements and Contributions

The national PACE Board of Trustees made their second round of congressional endorsements in a teleconference call held on July 29, 2005. During this call, the Trustees authorized endorsements and contributions totaling \$9,000 to three senate incumbents. Trustees also authorized endorsements and contributions totaling \$21,000 to 21 House incumbents and one challenger candidate.

Fundraisers

Government relations staff attended 22 fundraisers from July through September. They attended two fundraisers for U.S. Senator Debbie Stabenow (D), social worker, from Michigan and one fundraiser for a Republican member of the U.S. Senate. They also attended 19 fundraisers for members of the U.S. House (four Republicans and 15 Democrats). Of these, three fundraisers were for social work candidates running for office in 2006: former Congressman Ciro Rodriguez (D) who is facing a competitive primary election as he runs again for his TX-28 seat; first term Congresswoman Allyson Schwartz (PA-13/D) and Congresswoman Barbara Lee (CA-09/D). In addition, government relations staff attended eight donor council events (five Republican and three Democratic). Donor councils are groups that provide access to members of Congress or a political party through meetings, issue briefings, and other events.

Social Workers Serving in Elective Office

National PACE completed its 2005 social workers serving in state and local office guide. Chapters were asked to complete and submit a form to PACE following the November election for each elected official in their state who holds a BSW, MSW, or DSW/PhD. This guide is updated biennially in the year following federal election cycles. The guide is posted on the PACE section of NASW's Web site.

Field Organizing

National PACE invited 28 chapters in states with a U.S. Senate race to apply for a field organizer by December 1, 2005. National PACE staff will review applications and inform chapters of their selection in February 2006. This is the sixth election cycle in which NASW will hire organizers to work in states from mid-July to mid-November during the federal elections. Goals of the organizer project include mobilizing members to volunteer and vote for candidates who support NASW's policy agenda, increasing the recognition of NASW and PACE among members and students, and involving NASW members in political advocacy.

PACE Certification

Every year, chapters are required to certify with national PACE to receive the funds due to their PACE. During the certification period, national PACE works with chapters to help them meet their certification requirements. In 2005, 40 out of 46 chapters successfully met the certification requirements. In August, national PACE sent out the second and final rebate checks due to those chapters that completed certification in 2005.

EDUCATION

By Cynthia Woodside, Senior Government Relations Associate

Individuals with Disabilities Education Act (IDEA)

Proposed regulations to provide guidance to schools about how to implement the Individuals with Disabilities Education Act (IDEA) approved by Congress in late 2004, appeared in the *Federal Register* on June 21, 2005. In addition to soliciting written comments on the draft regulations, the U.S. Department of Education conducted a series of meetings across the country in June and July where individuals were invited to submit written and verbal comments.

NASW ACTION

NASW signed onto joint comments on the proposed IDEA regulations that were developed by the National Alliance of Pupil Services Organizations (NAPSO). NAPSO's comments were presented at the Department of Education's public hearing in Washington, D.C. in July 2005 and submitted in writing in September. The comments addressed the issues of personnel qualifications, mandatory medication, early intervention services, Individual Education Plans (IEPs), and discipline.

Elementary and Secondary School Counseling Program

The FY 2006 Labor, HHS, and Education Appropriations bill approved by the Senate Appropriations Committee in July 2005 contains an increase of \$1.3 million for the Elementary and Secondary School Counseling Program (ESSCP). The \$36 million total for the 2006-2007 school year is the highest funding level yet for the program. The appropriations bill approved by the House in June level funded the program at \$34.7 million.

A summary of the ESSCP is posted on the education issues page on NASW's Web site:

<https://www.socialworkers.org/advocacy/issues/education.asp>

NASW ACTION

NASW strongly supports the higher Senate figure for the ESSCP and continues to partner with the School Social Work Association of America, American Counseling Association, American School Counselor Association, National Association of School Psychologists, National Association for College Admission Counseling, American Psychological Association, and the American Academy of Child and Adolescent Psychiatry in advocating for the program.

In addition, NASW signed onto a letter to the Senate Labor, HHS, Education Appropriations subcommittee requesting emergency funding for the Elementary and Secondary School Counseling Program to assist students affected by Hurricane Katrina.

FAITH-BASED INITIATIVE

*By Dina L. Zarrella, MSS, MLSP, Senior Field Organizer
Cynthia Woodside, Senior Government Relations Associate*

Head Start

On September 22, the House passed the Head Start reauthorization legislation, H.R. 2123, the School Readiness Act of 2005. The otherwise bipartisan bill contained a divisive amendment that repeals important civil rights hiring protections. Congressman John Boehner (OH-R-8) introduced the amendment on the House floor and it passed 220-196. The Boehner Amendment exempts religious organizations from the nondiscrimination provision in federal law (42 U.S.C. 9849). Current law prohibits discrimination in Head Start operations based on race, creed, religion, color, national origin, sex, political affiliation, or beliefs. The Senate version of the bill does not include a similar amendment.

NASW ACTION

NASW continued to work closely with the Coalition Against Religious Discrimination (CARD) to defeat the Boehner Amendment. NASW signed on to a letter with CARD calling for defeat of the Boehner Amendment and final passage of the House bill. Staff also participated in legislative visits on Head Start to key Members of Congress. NASW members wrote letters to their Members of Congress against the Boehner Amendment. NASW will continue to work with CARD to stop any attempt to include similar language that would roll back current civil rights protections in Head Start in the Senate bill.

Although we lost the vote, the coalition, along with the National Head Start Association, persuaded many Members of Congress that employment discrimination in Head Start is bad public policy. The close vote in the House will help in advocacy efforts in the Senate.

Social Services Block Grant (SSBG)

Faith-based legislation, similar to what has been introduced in previous years, was introduced again in both the House and Senate during the last week of September 2005. Of particular note, the CARE Act (S. 1780), introduced by Sens. Rick Santorum (R-PA) and Joe Lieberman (D-CT), like in the last Congress, includes \$1.3 billion in new funding for the Social Services Block Grant (SSBG) over a two-year period.

The House bill, the Charitable Giving Act (H.R. 3908), introduced by Rep. Roy Blunt (R-MO), does not include additional funding, but maintains the amount of funds permitted to be transferred from TANF to the SSBG at 10 percent.