



BLUEPRINT FOR CHILDREN

2018 Update: Achievements in Child Health Advocacy



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®





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In September 2016, the American Academy of Pediatrics (AAP) released its *Blueprint for Children: How the Next President can Build a Foundation for a Healthy Future*. The *Blueprint* outlined policy proposals to advance child health and well-being.

Two years later, the Academy assesses the status of federal child health policy and the AAP's work to realize the vision laid out in the *Blueprint*. This update outlines the ways in which the Academy's expertise has helped to protect foundational elements of child health policy and advance new initiatives in the interest of children.





ACHIEVEMENTS IN FEDERAL CHILD HEALTH ADVOCACY

2017-2018

Ten-year extension of funding for the Children's Health Insurance Program (CHIP).

The Academy was instrumental in securing the extension of funding for CHIP until 2027. The CHIP funding extension also requires states to report on the pediatric core set of quality measures for all children enrolled in Medicaid and CHIP beginning in 2024, which previously was optional. The AAP was also integral in ensuring that the CHIP extension maintained the Affordable Care Act's (ACA) 23 percent increase in the federal matching rate to states for 2018 and 2019, and the requirement that states maintain eligibility levels for children throughout the life of the extension.

Protection of health care coverage and access for children.

Legislative efforts in the summer of 2017 threatened the progress made to ensure children and families have access to health care coverage under Medicaid and the

ACA, but pediatricians advocated in record numbers to keep kids covered. The AAP's strong, consistent efforts helped lay the foundation needed to defeat multiple efforts to repeal the ACA, and the AAP strengthened its role as a national leader in protecting Medicaid for children. Throughout the health care debate on Capitol Hill, the Academy responded as the leading voice for children and empowered its members to deliver messages about both programs' critical importance to children's health.

The AAP also responded to several administrative threats to children's access to health insurance, including proposals to impose additional barriers to eligibility and enrollment in the Medicaid program. The Academy demonstrated its leadership by directing coalitions dedicated to promoting policies to improve children's access to quality health care and by maintaining close strategic relationships with other similarly-focused frontline physician groups.

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Enactment of the Family First Prevention Services Act.

The AAP played a leading role in the successful multiyear advocacy campaign to enact the Family First Prevention Services Act (FFPSA). FFPSA is landmark legislation that will bring about critical reforms in the U.S. child welfare system. The law will allow states to use funds previously limited to foster care placements for evidence-based preventive services for children and their caregivers, including mental health, substance use disorder treatment, and parenting skills training.

Enactment of the RAISE Family Caregivers Act.

The Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act is an AAP-championed law that directs the Department of Health and Human Services (HHS) to develop, maintain, and periodically update a National Family Caregiving Strategy, as well as to convene a Family Caregiving Advisory Council to advise HHS on recognizing and supporting family caregivers.

Enactment of the EHDI Act.

The Early Hearing Detection and Intervention (EHDI) Act, long-championed by the Academy, was signed into law in Spring 2018 and reauthorizes a critical federal program that provides hearing screenings for newborns, infants and young children. The new law also includes several improvements that the Academy advocated for throughout the legislative process, such as ensuring that young children can access hearing screening programs, improving access to appropriate follow-up and intervention services, and recognizing the medical home as central to hearing screening.



Enactment of a law to protect young athletes from sexual abuse.

In response to incidents of sexual abuse of elite gymnasts and other athletes, the AAP-championed Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017 now requires amateur athletics governing bodies to report sexual abuse allegations immediately to local or federal law enforcement, or a child-welfare agency designated by the Justice Department. It also encourages stronger sexual abuse prevention policies and extends the statute of limitations on the ability for sex-crime victims to sue perpetrators.

Inclusion of children in federal human subjects research.

As a direct result of AAP advocacy, in December 2017, the National Institutes of Health (NIH) updated its policy on the inclusion of individuals across the lifespan. NIH-funded researchers will now be required to submit data on the age of study participants at enrollment. This data collection policy will finally allow NIH to monitor and enforce a 20-year old requirement that children be included in all NIH-funded research where relevant and appropriate. The policy change comes in response to an AAP-championed provision in the 21st Century Cures Act.

ADVOCACY FOR GUN VIOLENCE PREVENTION.

In response to the February 2018 school shooting in Parkland, Florida, the AAP led a coalition of 83 medical and public health groups urging Congress, yet again, to take bipartisan action to prevent gun violence. The AAP has also actively opposed efforts to make federal policy changes that would undermine state restrictions on the concealed carry of firearms, and supported proposals in the 115th Congress to strengthen firearms background checks. Despite the difficult political environment, the AAP remains committed to advancing meaningful gun violence prevention policies.

In April 2018, more than 350 pediatricians, pediatric medical subspecialists, pediatric surgical specialists, and pediatric trainees attended the AAP's Legislative Conference and Leadership Fly-In and urged their federal legislators to protect children from gun violence. This was the largest group of AAP members to go to Capitol Hill at one time in Academy history. The advocates' main messages included encouragement to: provide \$50 million to the CDC for public health research into firearm safety and injury prevention; support a minimum purchase age of 21 for semiautomatic assault weapons and high-capacity magazines; and ultimately support a ban on semiautomatic assault weapons.





FEDERAL FUNDING FOR CHILD HEALTH PROGRAMS IN A TIME OF BUDGET CUTS.

Federal funding for Fiscal Year (FY) 2018 contained numerous AAP-championed proposals and increases in federal child health spending despite a challenging fiscal environment. These gains reflect the Academy's advocacy and the vital work of the AAP's membership. They include:

- **A \$3 BILLION INCREASE** for the National Institutes of Health for child health research;
- **A \$60 MILLION INCREASE** for the Child Abuse Prevention and Treatment Act Plans of Safe Care programming;
- **AN \$18 MILLION INCREASE** for the Centers for Disease Control and Prevention's (CDC) Lead Poisoning Prevention program;
- **A \$15 MILLION INCREASE** for Children's Hospital Graduate Medical Education (CHGME);
- **A \$15 MILLION INCREASE** to USAID Maternal and Child Health programming;
- **A \$10 MILLION INCREASE** for the Title V Maternal and Child Health Block Grant;
- **A \$3 MILLION INCREASE** for the Food and Drug Administration (FDA) Pediatric Device Consortium (representing a doubling of prior funding);
- **A \$3 MILLION INCREASE** for the CDC's National Center for Birth Defects and Developmental Disabilities;
- **A \$2.17 MILLION INCREASE** for the Emergency Medical Services for Children program; and
- **FIRST TIME FUNDING** for Pediatric Mental Health Care Access Grants (\$10 million) and Screening and Treatment for Maternal Depression Grants (\$5 million).

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SEPARATED AT THE BORDER

PEDIATRIC EXPERT ON PHYSICAL & EMOTIONAL IMPACTS OF FAMILY SEPARATION

LEADERSHIP ON IMMIGRANT CHILD HEALTH.

In the face of harmful policies toward immigrant children and families including family separation, family detention, and the denial of appropriate access to medical and mental health care for immigrant children, the AAP has established itself as a leading, national voice on the well-being of immigrant children. AAP president Dr. Kraft conducted dozens of national interviews after her op-ed recounting her trip to a “tender age” shelter for unaccompanied immigrant children in South Texas ran in the *Los Angeles Times*.

The AAP also spoke out against family detention, citing the AAP’s 2017 policy statement *Detention of Immigrant Children*. The policy statement has been cited by several members of Congress. The AAP has sent and led numerous letters raising concerns about the treatment and care of children in federal custody and requesting oversight by Congress. After the AAP took a strong, vocal stance in opposition to family separation and detention, many other organizations adopted similar public positions.

Top right photo: Verónica G. Cárdenas



Los Angeles Times

Separating parents from their kids at the border contradicts everything we know about children's welfare

LA Times | By COLLEEN KRAFT
MAY 03, 2018 | 4:15 AM



A Central American migrant, holding a child, looks through the border wall with the U.S. in Tijuana, Mexico on April 29. U.S. immigration lawyers are telling a caravan of asylum-seekers that they face possible separation from their children and detention for many months. (Hans-Maximo Musielik / Associated Press)

I've been a pediatrician for 30 years. I've cared for thousands of children, providing support for parents to encourage their babies' development, and recommendations to guide them through the joys and challenges of parenting. I've helped navigate children and families through illness, developmental disabilities and life-threatening conditions. Recently though, I met a little girl in a border town in Texas who will forever stand out in my mind. Unlike the patients I've treated in my exam room, I was helpless to comfort her.

The little girl was a toddler, her face splotched red from crying, her fists balled up in frustration, pounding on a play mat in the shelter for unaccompanied children run by the Department of Health and Human Services' Office of Refugee Resettlement. No parent was there to scoop her up, no known and trusted adult to rub her back and soothe her sobs. The staff members at the center tried their best, and shared my heartbreak while watching this child writhe on the floor, alone.

We knew what was wrong, but we were powerless to help. She wanted her mother. And the only reason she could not be with her mother was because immigration authorities had forcibly separated them when they crossed the border into the United States. We

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Renewal of the MIECHV program.

In March 2018, funding for the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) was extended for five years at its current funding level of \$400 million annually, for a total of \$2 billion. The AAP extensively engaged in the reauthorization effort, providing testimony to Congress and engaging in grass-roots advocacy to ensure the extension of this critical child health program. The Academy also participated in a successful effort to ensure that MIECHV reauthorization did not include an AAP-opposed policy that would have limited Supplemental Security Income (SSI) in ways that could harm children.

Improvements to pediatric drug and device laws.

The AAP's efforts secured important changes to federal drug and device policies including the Best Pharmaceuticals for Children Act (BPCA), the Pediatric Research Equity Act (PREA), and the Pediatric Medical Device Safety and Innovation Act. The FDA Reauthorization Act, passed in 2017, makes it easier for some cancer drugs to be studied in and labeled for children. In July 2018, due to AAP efforts, the FDA closed a loophole in the process for designating orphan drugs that previously allowed the drugs to be exempted from pediatric drug study requirements under PREA.

Advancements in coverage for children of the armed forces.

As a result of AAP efforts, the 2018 National Defense Authorization Act (NDAA) contains an AAP-championed requirement for a Department of Defense



(DoD) plan to improve pediatric care and related services for children in military families. It also requires DoD to develop a uniform definition of "pediatric medical necessity," and includes a provision that allows children under the age of 21 to be eligible for hospice services under TRICARE.

A leading role in global child health.

The AAP has been at the forefront of successful advocacy for the protection or increase of global health programs in the FY2018 and FY2019 spending bills. The AAP endorsed the Reinforcing Education Accountability in Development (READ) Act, which passed both chambers and was signed into law. The AAP helped secure a commitment from the U.S. Agency for International Development (USAID) to continue implementation and reporting on its strategy to end preventable maternal and child deaths. In addition, the AAP built a coalition which secured directives accompanying the FY2018 and 2019 appropriations bills for USAID to integrate early childhood development (ECD) into its programs and collaborated with USAID to develop a new interagency strategy for ECD and child protection.

Even in the face of political gridlock and unprecedented political divisions, the Academy continues to grow its tremendous reach and influence in child health policy, thanks to the engagement, expertise, and support of its 67,000 members.

American Academy
of Pediatrics



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