AAP efforts to reauthorize the Pediatric Subspecialty Loan Repayment Program (PSLRP) are moving forward. The bipartisan Investment in Tomorrow’s Pediatric Health Care Workforce Act (S. 2443) was introduced in the Senate to reauthorize PSLRP, and the House Energy and Commerce Committee advanced its own legislation that included a reauthorization of PSLRP.

Pediatric workforce advocates have urged Congress to increase funding for the Children’s Hospital Graduate Medical Education (CHGME) program by $75 million. Though the government funding process for the current fiscal year is not yet completed, the House has proposed a more modest funding increase. CHGME hospitals train half of all pediatric subspecialists.

Congress and the Administration are considering proposals that have the potential to significantly impact physician payment. The AAP has opposed a proposed rollback of the Medicaid Access Rule that would allow states to cut provider payment rates. In Congress, legislation to limit surprise medical bills for patients is held up over disagreement about how to set final provider payment rates.

An AAP-championed orphan drug report showed key gaps in pediatric information on drugs used to treat rare diseases. The AAP called on FDA to act by tightening requirements for companies to study their drugs in children so that more orphan drugs are included.

Drug pricing proposals have been the subject of significant debate in Congress. House floor action on a bill to require Medicare to negotiate the price of certain drugs is expected soon but many outstanding policy issues may prevent a final bill from being enacted this year.

The NIH looks set to receive another multi-billion-dollar funding increase in the current fiscal year. Within the NIH, new reporting requirements to track the inclusion of children in research have gone into effect and efforts to coordinate pediatric research across the NIH are moving forward.

After years of progress improving children’s coverage, new data show that we’re losing ground. New survey data shows that in 2018, 4.3 million children in the United States were uninsured – an increase of 425,000 uninsured children in a single year.

The White House is reviewing a plan that would allow states to overhaul their Medicaid programs by instituting block grants and per capita caps. The Academy led a coalition of children’s health organizations to meet with the White House to discuss the negative impact the proposal would have on children’s access to care and physician payment. AAP is preparing federal and state advocacy strategies in opposition to guidance.

The AAP continues to fight Medicaid waivers that include work requirements and other barriers to access. To date, three states have had their waivers struck down by the courts.

The House advanced $50 million in funding for gun violence prevention research and a bill expanding background checks for firearm purchases and transfers. AAP is urging the Senate to pass similar measures this Fall.

The AAP is extensively engaged in advocacy to protect the health and well-being of immigrant children and families. Courts have blocked efforts to roll back protections for migrant children in federal government custody and discourage immigrant families from seeking health care and nutrition assistance. The AAP is working with Congress to advance additional protections for immigrant children and families.

HHS issued a proposed rule that dramatically revises the agency’s prior interpretation of the ACA’s primary anti-discrimination provision, Section 1557. The proposal would severely threaten access to care for children and adolescents that identify as LGBTQ and others.

The FY 2020 appropriations process is currently underway. Congress passed a short-term continuing resolution to keep the government open until November 21, as funding bills were not finalized by the September 30th deadline.
# Table of Contents

## Access to Care
- Children’s Coverage Losses in 2018 ................................................................. 4
- Medicaid Waivers ............................................................................................. 4
- Block Grant Guidance ..................................................................................... 4
- Affordable Care Act Lawsuit .......................................................................... 4
- ACA’s Section 1557 Nondiscrimination Rollback ......................................... 4
- Medical Foods Coverage ............................................................................... 5

## Academic and Subspecialty Workforce
- Support for Pediatric Subspecialists ............................................................... 5
- Children’s Hospital Graduate Medical Education Program .......................... 5
- Public Service Loan Forgiveness .................................................................. 5

## Physician Payment
- Surprise Medical Billing ................................................................................ 6
- Medicaid Access Rule .................................................................................... 6
- Medicare Physician Fee Schedule CY 2020 .................................................. 6
- Medicaid Payment ......................................................................................... 6

## Pediatric Drugs and Devices
- Orphan Drugs ................................................................................................ 6
- Drug Pricing .................................................................................................... 7

## Pediatric Research
- National Institutes of Health Appropriations ............................................... 7
- Trans-NIH Pediatric Research Consortium .................................................. 7
- Inclusion of Children in NIH-Funded Research .......................................... 7
- Fetal Tissue Research .................................................................................... 7

## Immigration
- Public Charge ................................................................................................ 8
- Family Detention ........................................................................................... 8
- Border Conditions .......................................................................................... 8
- Medical Deferred Action .............................................................................. 8

## Pediatric Emergency Medicine and Disaster Preparedness
- Emergency Medical Services for Children Program ..................................... 9
- Pandemic and All-Hazards Preparedness Advancing Innovation Act .......... 9
- Pediatric Disaster Care Centers of Excellence ............................................. 9

## Child and Family Well-Being
- Gun Violence Prevention ............................................................................... 9
- Family First Prevention Services Act Implementation ................................. 10
- VACCINES Act of 2019 ............................................................................... 10
- AAP Partners with Pinterest to Fight Vaccine Misinformation ..................... 10
- Newborn Screening ...................................................................................... 10

## Child Nutrition
- Child Nutrition Reauthorization ...................................................................... 11
- SNAP Categorical Eligibility ......................................................................... 11
- Dietary Guidelines .......................................................................................... 11

## Budget and Appropriations
- 116th Congress Makeup and Leadership ....................................................... 11

## Attend the 2020 AAP Legislative Conference

## Grassroots Advocacy: AAP Advocacy Alerts & Emails
- How to Sign Up for Advocacy Emails ............................................................. 12
Access to Care

Medicaid and the Children’s Health Insurance Program (CHIP) together provide coverage for approximately 46 million children and are a crucial source of coverage for children with special health care needs and other children cared for by academic and subspecialty pediatricians. The AAP is actively working to preserve and strengthen Medicaid and CHIP.

Children’s Coverage Losses in 2018

According to data released by the U.S. Census Bureau, 425,000 more children were uninsured in 2018 than in 2017. According to the report, this decline is not due to commensurate gains in private coverage and can instead be attributed to the decline in Medicaid/CHIP enrollment, which decreased by over 800,000 children nationwide in 2018. In response, AAP led a statement with other leading children’s health and medical organizations urging comprehensive and immediate action by Congress and the Administration.

Medicaid Waivers

The AAP continues fight against Medicaid waivers that include work requirements and other barriers to access. In March, a DC District Court struck down the implementation of Medicaid work requirements in Arkansas and Kentucky.

The AAP and six other national organizations issued a statement applauding the court’s ruling. Both cases were appealed by the Administration. Decisions in the appeals are expected by the end of the year.

This win would not have been possible without the critical work of the AAP Arkansas and Kentucky chapters—as well as the 18 other AAP chapters across the country facing similar proposals who have worked diligently to submit comments at both the state and federal levels. Indeed, the court even cited the amicus brief submitted by the Academy and other stakeholders in discussing the devastating effects of coverage losses and gaps.

In July, the court also struck down the approval of New Hampshire’s waiver, which includes work requirements, on the same grounds. Subsequently, Arizona announced in October that it would postpone implementation of its Medicaid work requirement in part because of ongoing litigation that has halted similar programs.

On September 17, Tennessee unveiled a waiver proposal to convert its Medicaid program to a block grant. Tennessee is the first to apply for a block grant, where states receive capped federal funding in exchange for more control over the benefits and populations the program covers. The proposal would allow the state to make significant changes without federal oversight, affecting children, pregnant women, and other vulnerable groups. The Academy will be working in close coordination with the Tennessee chapter to understand the impact of the proposal and champion the comprehensive benefits and patient protections that are critical for children’s health.

Block Grant Guidance

While defeated in Congress during the 2017 debate on drastic changes to the Medicaid program, the issue of Medicaid block grants and per capita caps has started to reemerge.

In June, Centers for Medicare & Medicaid Services (CMS) sent draft guidance to the White House Office of Management and Budget (OMB) for review. The plan would let states overhaul their Medicaid programs by instituting block grants and its release is imminent.

The Academy led a coalition of children’s health organizations to meet with OMB to discuss the negative impact the guidance would have on children’s access to coverage and care and is preparing federal and state advocacy strategies in opposition to the looming guidance. Several states have either passed legislation or have otherwise indicated their intent to submit Medicaid waivers in order to implement block grants in their states.

Affordable Care Act Lawsuit

The Administration declined to appeal the district court decision in the Texas v. Azar lawsuit that the entire Affordable Care Act is unconstitutional as a result of the repeal of the individual mandate. A group of state attorneys general have intervened to defend the law and immediately appealed the ruling. A decision on the appeal is expected this Fall.

The AAP joined the AMA and other medical provider organizations on an amicus brief for the appeal much like the Academy did at the district court level.

ACA’s Section 1557 Nondiscrimination Rollback

In June, the Administration released a proposed rule that dramatically revises the agency’s prior interpretation of the Affordable Care Act’s primary anti-discrimination provision, Section 1557. Current implementing rules, finalized in 2016, explicitly prohibit discrimination on the basis of sex and gender identity and against pregnancy, pregnancy-related conditions, marital or familial status, and sex-stereotyping. Provisions also protect individuals with limited English proficiency and individuals with disabilities from discrimination. The latest proposal from Health and Human Services (HHS) rolls back these protections, which have been the source of ongoing litigation.

The AAP submitted comments strongly opposing the proposed rule and calling for its immediate rescission. Additionally, the Academy released a statement in opposition to the proposal with the other members of the Group of 6 Frontline Physicians.
Medical Foods Coverage
The AAP successfully advocated for a provision in the National Defense Authorization Act (NDAA) that would correct the current ambiguous TRICARE coverage policy for nutrition therapy that often results in delayed or denied care for the treatment of children and adults afflicted by digestive and inherited metabolic disorders. TRICARE had routinely been denying coverage of these foods, and families reported being subject to arduous paperwork to get the foods that they needed. As a result of this advocacy, the final NDAA legislation contains language requiring TRICARE to cover medically necessary foods.

Representatives Jim McGovern (D-Mass.) and Jaime Herrera Beutler (R-Wash.) introduced the Medical Nutrition Equity Act (H.R. 2501), which would provide public and private insurance coverage for medically necessary foods for digestive and inherited metabolic disorders. The legislation closely resembles the TRICARE provision and applies to both federal health programs and private health insurance.

Academic and Subspecialty Workforce
Shortages and maldistribution among pediatric subspecialists create access problems for children with special health care needs. The Academy strongly advocates for funding programs to improve the subspecialty workforce, including the Children's Hospital Graduate Medical Education Program (CHGME) and the Pediatric Subspecialty Loan Repayment Program (PSLRP).

Support for Pediatric Subspecialists
The AAP is working closely with members of Congress to reauthorize the Pediatric Subspecialty Loan Repayment Program (PSLRP, Section 775 of the Public Health Service Act) as part of broader efforts to reauthorize a suite of health care workforce programs.

In July, a House committee advanced the bipartisan EMPOWER for Health Act of 2019 (H.R. 2781), a bill that would reauthorize PSLRP at $50 million annually for five years. The AAP worked closely with congressional staff to secure a number of policy changes that will allow PSLRP to be administered in a way that best addresses areas with the greatest shortages of pediatric subspecialists and targets support to providers with high debt burden. The bill is awaiting a vote from the full House of Representatives.

In the Senate, the bipartisan Investment in Tomorrow's Pediatric Health Care Workforce Act (S. 2443) would reauthorize PSLRP. The AAP is advocating for the inclusion of this legislation in the Senate health committee's health care workforce bill to be marked up this fall.

The AAP has led multiple coalition sign-on letters in support of the program at critical points in the legislative process, including a letter of support for S. 2443.

Advocacy Opportunity: The Investment in Tomorrow's Pediatric Health Care Workforce Act (S. 2443) would provide critical loan repayment support to pediatric subspecialists. To urge your Senators to cosponsor this legislation, please take action here.

Children's Hospital Graduate Medical Education Program
As Congress works to fund the federal government in Fiscal Year (FY) 2020, efforts are underway to further boost funding for the Children's Hospital Graduate Medical Education Program (CHGME), which was recently reauthorized for five years in 2018. A coalition of health care organizations, including the AAP, have called on Congress to provide a significant increase for CHGME of $75 million (for a total of $400 million). The request reflects the significant shortages of pediatric subspecialists and the disparity in graduate medical education (GME) funding between freestanding children's hospitals and institutions eligible for GME funding through Medicare. The House Appropriations Committee has proposed $350 million for CHGME in its FY20 health care funding bill, though the Senate has yet to pass its funding proposals for the coming fiscal year. The AAP will continue work to maintain this invaluable funding stream for pediatric residents and fellows, more than half of whom train at CHGME-eligible children's hospitals.

Public Service Loan Forgiveness
Reports of Public Service Loan Forgiveness (PSLF) implementation issues continue to emerge, including reports that 99 percent of individuals applying to have their loans forgiven were rejected. PSLF, created by Congress in 2007, allows individuals working in the public or nonprofit sectors, including physicians working for nonprofit institutions, to have their debt forgiven after making 10 years of income-based repayments. Student borrowers have reported a number of challenges, including not being given credit for payments they believed should have counted towards their loan forgiveness and not being given the correct information about which types of loans qualify. The American Federation of Teachers and borrowers have filed suit against the Department of Education (ED) for alleged mismanagement of the program.

Separately, Congress is likely to take up a reauthorization of the Higher Education Act, under which PSLF is authorized, this Congress. The AAP continues to be concerned about proposals to eliminate the program that may arise in this context.

PSLF may be an important tool to bolster the pediatric workforce because it can dramatically reduce the amount of medical school debt physicians who work for qualifying employers must repay.
Physician Payment

Appropriate payment for services provided by all pediatricians is essential to ensuring that all children have access to care. The Academy is continuing to advocate for increased Medicaid payment for pediatricians with the broadest possible applicability to pediatricians and pediatric subspecialists.

Surprise Medical Billing

Surprise medical bills – those from out-of-network physicians that patients had no role in choosing – are not a new phenomenon, but national attention to the issue has grown tremendously in recent years. Surprise bills arise most often during emergency care or during elective care involving ancillary physicians (such as radiologists, anesthesiologists, pathologists) who patients do not actively choose and are not in the insurer’s provider network.

Many states have taken steps to mitigate this problem. However, current state laws do not apply to the roughly half of privately insured Americans enrolled in self-insured health plans that are common among large employers, because the Employee Retirement Income Security Act (ERISA) precludes states from regulating these plans. Federal legislation could protect people enrolled in self-insured employer health plans, as well as all privately insured individuals in the majority of states that have not enacted comprehensive surprise billing legislation.

Congress is considering multiple proposals to ensure patients would not have to pay any more for receiving emergency treatment from an out-of-network hospital or physician than they would by staying in-network. However, the biggest sticking point in finalizing a proposal that can garner enough bipartisan support to pass the House and Senate is designing a process to determine payment for this out-of-network care, including whether the payment is capped at a specific rate or involves an independent arbitration process.

In February, the AAP signed on to a letter to Congress, led by the American Medical Association (AMA), outlining principles for legislators in developing legislation to address surprise billing. The principles seek to “improve transparency, promote access to appropriate medical care, and avoid creating disincentives for insurers and health care providers to negotiate network participation contracts in good faith.”

Medicaid Access Rule

In July, the Administration proposed to rescind the Medicaid Access Rule, which sets federal requirements for states to document whether fee-for-service (FFS) Medicaid payments are sufficient to ensure people enrolled in Medicaid have adequate care and services. The proposal would also make it easier for states to cut FFS provider payment rates in all states, which could lead to less provider participation in the program.

The most recent proposal would flat out eliminate these requirements. The AAP submitted comments opposing these changes, which could leave children, particularly those with serious, chronic, or complex medical needs, with reduced access to the care they need.

Medicare Physician Fee Schedule CY 2020

The Academy continues to advocate for appropriate payment for evaluation and management (E/M) services through participation in the AMA Relative Value Scale Update Committee (RUC) and with CMS. In response to the Academy’s detailed advocacy, CMS finalized several policies designed to reduce the regulatory burden on physicians and replaced its earlier proposal to “blend” E/M codes with a new proposed coding change that would retain 5 levels of coding for established patients, reduce the number of levels to 4 for office/outpatient E/M visits for new patients, and revise the code definitions.

In response to the CY 2020 proposed rule, the Academy submitted detailed comments on the proposed rule highlighting that Medicare payment policies are frequently adopted by Medicaid and private payers, and that CMS has an obligation to consider the impact of Medicare policy changes on children, their families and their physicians. This includes comments on the Quality Payment Program (QPP), which sets the direction for value-based payment by a multitude of payers, integrated health systems, and other stakeholders.

Medicaid Payment Equity

On average, Medicaid payment rates are about 70% of Medicare payment rates. There is evidence that quantifies the impact of Medicaid payment equity on access to care, such as the 2018 study, “Increased Medicaid Payment and Participation by Office-based Primary Care Pediatricians.” Over the past decade, there have been several federal legislative efforts to achieve Medicaid payment parity with Medicare rates, including the two-year primary care parity provision of the Affordable Care Act, the Ensuring Access to Primary Care for Women & Children Act, and the State Public Option Act. The Academy has supported these and other efforts to ensure adequate Medicaid payment rates.

Pediatric Drugs and Devices

The Academy is continuing efforts to advocate for policies that promote access to safe and effective drugs and medical and surgical devices for children.

Orphan Drugs

In August, the Food and Drug Administration (FDA) released a report examining gaps in pediatric research for drugs that treat rare diseases. The report, which was required by the FDA Reauthorization Act of 2017, found that 23% of all pediatric-relevant orphan drugs—or drugs used to treat diseases impacting
less than 200,000 people—lack all information related to the efficacy, safety, dosing, and formulation of the drug for children. AAP issued a statement when the report was released calling for FDA to remove the orphan drug exemption from the Pediatric Research Equity Act's pediatric research requirement.

**Drug Pricing**

Drug pricing has become a hot topic on the Hill, with many candidates making lowering drug prices a priority during the midterm elections. Several proposals aimed at tackling drug pricing have been introduced in the 116th Congress. These proposals focus primarily on drug pricing in the Medicare program, but are likely to have impacts on drug prices in Medicaid and the private market.

Speaker of the House Nancy Pelosi (D-CA) introduced H.R. 3, a bill that seeks to lower drug prices by mandating the government to negotiate prices on at least 35 different medicines in the Medicare program. The bill is estimated to save the government $345 billion over a seven-year period. Manufacturers are projected to lose up to $1 trillion in potential revenue over a decade, which could reduce research and development and result in roughly eight to 15 fewer new drugs launching. The bill aims to invest expected savings into NIH, which does a range of early-stage drug research. Because the bill focuses on Medicare, it is uncertain what the impact on drug prices for children in Medicaid and private coverage would be. With committee action on the bill competed, the House is expected to vote on the bill soon.

Sens. Chuck Grassley (R-Iowa) and Ron Wyden (D-Ore.) have introduced a bipartisan bill that was approved by the Senate Finance Committee earlier this fall. The bill makes changes to Medicare by adding an out-of-pocket maximum for beneficiaries at $3,100 starting in 2022. It would also penalize pharmaceutical companies if the price of their drugs rises faster than inflation. Major policy differences between the House and Senate bills may make enactment of a bill to lower drug prices difficult this year.

AAP has not taken a position on either bill but will continue to monitor activity related to drug pricing as these and other proposals move forward.

**Pediatric Research**

The Academy continues to advocate for basic and translational pediatric research funding, as well as the importance of including children in clinical research. The AAP closely tracks the Environmental influences on Child Health Outcomes (ECHO) program and the basic and translational research activities at the National Institutes of Health.

**National Institutes of Health Appropriations**

While Fiscal Year (FY) 2020 began on October 1, the Department of Health and Human Services is currently operating under a continuing resolution at FY 2019 funding levels. This includes $39.1 billion in spending authority for the NIH. Congress is currently working to complete the appropriations process, and draft spending proposals in the House and Senate would both give NIH another multi-billion-dollar funding increase in FY 2020. However, the two chambers will need to reconcile their differing approaches to government funding before a final FY 2020 appropriations bill can be enacted.

**Trans-NIH Pediatric Research Consortium**

Last year, the National Institutes of Health (NIH) launched the Trans-NIH Pediatric Research Consortium (N-PeRC), a new initiative to better coordinate pediatric research across the NIH. N-PeRC will harmonize efforts in child health research across the 27 Institutes and Centers at NIH and identify gaps and opportunities for collaboration. The effort will also serve to enhance communication between NIH, advocacy groups, and Capitol Hill, encourage pediatric researchers to serve on review panels, and work across NIH to support training to grow the pediatric workforce. Senior staff from all 27 Institutes and Centers have already been selected to serve on the consortium, and the group has met several times to date.

The initiative comes as members of Congress have shown increasing interest in ensuring pediatric research is coordinated across NIH, while NICHD is the single largest funder of pediatric research at NIH, the Institute funds only about 18 percent of the child health research at NIH.

**Inclusion of Children in NIH-Funded Research**

A new requirement that NIH-funded extramural researchers submit raw, anonymized demographic data, including age at enrollment, for all human subjects research took effect for grant applications submitted on or after January 25. The requirement is part of the 2017 updated policy on the inclusion of individuals across the lifespan and will, for the first time, allow NIH to track and enforce requirements that children be included in federally funded biomedical research. In addition to data submission requirements, the updated policy requires that all age demographics be included in studies and that exclusions from research be scientifically justified. Initial data collected from this new policy is expected to be available in 2020. The policy change comes in response to an AAP-championed requirement in the 21st Century Cures Act, and the AAP continues to engage with NIH to ensure effective implementation of this new policy.

**Fetal Tissue Research**

In June, HHS announced new restrictions on the use of human fetal tissue in federally funded biomedical research. Under the plan, all new National Institutes of Health (NIH) extramural research studies, including studies up for competitive renewal, are set to be evaluated by a newly created ethics advisory board. A recommendation by the board against the use of fetal tissue in an
otherwise approved grant application would empower the HHS Secretary to intervene to halt the issuance of the grant. The new policy also bars the use of fetal tissue in research conducted internally at the NIH. The AAP has opposed efforts to restrict the use of fetal tissue in research numerous times in recent months.

Subsequently released NIH guidance, effective September 25, requires all grant applicants who intend to use fetal tissue in their research to provide a detailed justification for why no alternative methods could accomplish the same research goals. The protocol will also require grant applicants to prove that patients had given consent for their aborted fetuses to be donated to research. The AAP joined with medical, academic, and patient advocacy organizations urging the NIH to clarify a number of issues raised in the guidance.

Immigration

The AAP advocates for the health and well-being of all children and is a leading voice speaking out against policies that are detrimental to immigrant child health.

Public Charge

On October 11, multiple courts issued nationwide injunctions preventing the Trump Administration’s public charge rule from going into effect. AAP submitted an amicus brief in some of these lawsuits outlining the harms that the regulation would have if it were to take effect. The Trump Administration is expected to appeal this ruling.

The final rule would expand the definition of what it means to be a public charge, making it harder for immigrants to enter the United States and advance through the immigration process. Under the final rule, an immigrant’s use of certain programs can now be considered to deny entry or permanent legal status in the United States. For the first time, the government will look at an immigrant’s use of the Supplemental Nutrition Assistance Program (SNAP), housing assistance, and for non-pregnant adults—Medicaid. When this change was first proposed, AAP and hundreds of its members submitted comments outlining the negative impacts the rule will have on immigrant families.

When the final rule was released, the Academy issued its own press statement in opposition and led a statement with 22 other children’s health and advocacy organizations as well as a statement with several leading physician groups. AAP spoke out in the media, shared out key messages on social media and sent a communication to all AAP members.

Family Detention

In September, Judge Dolly Gee issued a nationwide injunction that prevents the Administration’s final rule on the Flores Settlement Agreement (FSA) from taking effect. The judge’s ruling cites an amicus brief that AAP submitted to the court outlining the harms of family detention. The Trump Administration is expected to appeal Judge Gee’s ruling.

On August 23, the Trump Administration issued a final rule on the FSA. The FSA restricts how long migrant children can be detained and governs the conditions of their confinement. The final rule rolls back the critical protections for children put in place by the FSA, effectively allowing immigrant children to be held in unsafe federal detention facilities with their parents for months, years, or even indefinitely. Further, the rule would allow the Department of Homeland Security (DHS) to self-license facilities instead of requiring facilities to be state licensed.

The AAP issued a press statement following the final rule and led a statement with leading physician groups. Pediatricians were also featured in the news, including PBS Newshour and TIME.

Border Conditions

AAP continues to advocate that children spend as little time in Customs and Border Protection (CBP) facilities as possible, that pediatric medical expertise is available at any facility that houses children, and that humanitarian standards are in place at CBP facilities, including for medical care, nutrition, hygiene, sanitation, and shelter. The AAP has also reiterated that all children older than 6 months get a flu vaccine and urged CBP to reconsider its decision to not give out the flu vaccine to individuals in its custody.

Thanks to the advocacy of hundreds of AAP members, the House passed H.R. 3239, the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act, in July. This legislation would help to ensure that children in CBP custody have timely access to appropriate medical screening and care as well as proper nutrition, hygiene and sanitation. The Academy led a group of medical and mental health organizations in sending a letter to House leadership calling for the bill’s passage. The AAP was also represented at a press conference for the bill’s introduction.

Advocacy Opportunity: Seniors Tom Udall (D-N.M.), Sherrod Brown (D-Ohio), and Martin Heinrich (D-N.M.) have introduced companion legislation in the Senate (S. 2135). To urge your Senators to support this legislation, please take action here.

Medical Deferred Action

In August, U.S. Citizenship and Immigration Services (USCIS) announced that they would no longer accept or adjudicate non-military deferred action requests. Deferred action provides relief from deportation for two years for individuals with special or exigent circumstances such as severe or fatal medical conditions. Deferred action not only enables individuals without authorization to remain in the U.S. without the fear of deportation, but adults can get a work authorization and, in some states, a driver’s license. In medical deferred action cases, children or their parents were granted deferred action in order to receive
medical treatment or to care for family member with a severe or fatal condition.

In response to pressure from AAP and others, DHS reversed its decision in August and announced it would continue hearing deferring action requests. AAP President Kyle Yasuda, MD, FAAP wrote to the Acting Secretary of DHS and the Acting Director of USCIS asking questions about this policy change and urging the agency to reinstate it. Seventeen AAP State Chapters sent similar letters questioning the policy change and describing the negative impacts this change has on their patients.

Pediatric Emergency Medicine and Disaster Preparedness

Children account for twenty-five percent of the population and their unique vulnerabilities mean that preparedness and response activities should account for their distinct needs. AAP works to ensure that the unique needs of children are taken into account when planning for or responding to a disaster or emergency.

Emergency Medical Services for Children Program

The Emergency Medical Services for Children (EMSC) Program Reauthorization Act was signed into law in August. This legislation reauthorizes EMSC, the only federal program that focuses specifically on improving the pediatric components of the EMS system, until September 30, 2024 at the most recently appropriated level of $22.334 million for each fiscal year.

Pandemic and All-Hazards Preparedness

Advancing Innovation Act

The President signed the Pandemic and All-Hazards Preparedness Advancing Innovation Act (PAHPAI) into law this summer. PAHPAI is responsible for many important provisions related to preparedness and response for children, including the Hospital Preparedness Program (HPP), the Public Health Emergency Preparedness (PHEP) program, the National Advisory Committee on Children and Disasters (NACCD), the National Preparedness and Response Science Board (NPRSB), and measures related to medical countermeasures.

Among other key provisions, PAHPAI contains two AAP priorities—authorizing the Children’s Preparedness Unit at the CDC and reauthorizing and strengthening the NACCD which expired on September 30, 2018. The AAP is now focused on implementation of these provisions by the relevant federal agencies.

Pediatric Disaster Care Centers of Excellence

In September, the Office of the Assistant Secretary of Preparedness and Response (ASPR) awarded $6 million to support the creation of two Pediatric Disaster Care Centers of Excellence as a pilot project to improve disaster response capabilities in the U.S.

ASPR will provide funding to the Regents of the University of California, San Francisco (UCSF), for a COE led by the UCSF Health System and UCSF Benioff Children’s Hospital and to the University Hospitals of Cleveland for a COE led by University Hospitals Rainbow Babies and Children’s Hospital. For more information, please see this press release from ASPR.

Child and Family Well-Being

The AAP continues to advocate for the optimal health of all children by increasing access to services that can prevent illness and strengthen families.

Gun Violence Prevention

After historic progress in the House of Representatives this year on gun violence prevention (GVP) measures, AAP continues to urge the Senate to pass bipartisan legislation to reduce firearm-related morbidity and mortality. In March, the House voted 240 – 190 to pass the AAP-supported Bipartisan Background Checks Act of 2019, which would expand federal background checks to apply to all firearm sales and most firearm transfers (AAP’s press statement is here). AAP continues to advocate for enactment of the Senate’s companion legislation, the Background Check Expansion Act (S. 42).

The House also passed a government spending bill that contained $50 million for federal gun violence prevention research, split evenly between US Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH). This $50 million investment matches the amount requested in a letter AAP led with 165 other medical and public health groups last February.

Both of these measures face challenging political dynamics in the Senate, but pressure is mounting on Congress to pass GVP legislation this Fall following tragic mass shootings in El Paso, TX, Dayton, OH, and Midland-Odessa, TX. In addition to background checks and GVP research, members of Congress are discussing legislation to encourage extreme risk protection order (ERPO) laws. ERPO laws allow family members or law enforcement to petition a judge to temporarily remove a firearm from the environment of a person deemed at risk of harming themselves or others. The AAP-supported ERPO Act (H.R. 1236 / S. 506) would incentivize and support states implementing ERPO laws and could garner enough bipartisan support to move through Congress in the Fall. Several AAP chapters have made ERPO laws a priority for 2019, and this bill would provide federal support for states to enact this proven public health intervention. In August, AAP joined other leading physician organizations and the American Public Health Association in a Call to Action to address firearm-related injury and death and a letter to Congress urging action on these three GVP priorities. AAP will continue to highlight the child health...
impact of the gun violence epidemic and advocate policies to keep children and their families safe.

Advocacy Opportunity: To urge your U.S. Senators to support funding for gun violence prevention research, please take action here.


This bipartisan legislation, which was introduced in the House by Representatives Chris Smith (R-New Jersey) and Mike Doyle (D-Pennsylvania), reauthorizes critical autism activities and research at HRSA, CDC, and NIH. These include Leadership and Education in Neurodevelopmental Disabilities (LEND) training programs and autism surveillance and research activities. It also authorizes an increase in the number of funded developmental and behavioral pediatric fellowships, which AAP has actively advocated for.

After months of advocating Members of Congress to support this bill, the AAP enthusiastically applauds the timely reauthorization of these critical federal activities.

Family First Prevention Services Act Implementation
The AAP was integrally involved in leading advocacy efforts to successfully enact the Family First Prevention Services Act in the 115th Congress and continues to lead efforts to ensure the landmark law's effective implementation through extensive engagement with policymakers and other stakeholders. The Academy worked with advocacy partners on a grant-supported project to develop a comprehensive guide for states on implementing Family First. As of October 1, 2019, the largest provisions of Family First have taken effect and states are able to implement the law and receive federal reimbursement for prevention services. AAP is working closely with its chapters to support their advocacy for the law's implementation in their state. Chapters and members continue to use the Family First Advocacy Toolkit in their advocacy around Family First. AAP is also urging the passage of federal legislation to provide states with resources to implement Family First, strengthen the law, and improve its implementation. AAP is also seeking additional outside resources from philanthropy partners to expand its work supporting Family First implementation.

VACCINES Act of 2019
In May, Representatives Kim Schrier, MD, FAAP, (D-Washington) and Michael Burgess, MD, (R-Texas) introduced a bipartisan bill aimed at increasing vaccine confidence and public awareness of the importance of vaccines. The VACCINES Act of 2019 (H.R. 2862) would authorize funding at CDC to conduct research and surveillance on vaccination rates and confidence across the country. It would also authorize funds to help establish public awareness campaigns to increase vaccine confidence and highlight the importance and effectiveness of vaccines.

The AAP has strongly advocated for passage of this bill, including leading a sign-on letter joined by more than 200 organizations to voice support. The Group of Six Frontline Physicians also released a joint statement endorsing the VACCINES Act. The bill is currently awaiting advancement from the House Energy and Commerce Committee.

In June, the Senate Health, Education, Labor, and Pensions (HELP) Committee released the Lower Health Care Costs Act (S. 1895). This broader package to address health care costs contains similar language to the House VACCINES Act that would authorize funds for research on vaccine misinformation and a public awareness campaign on the importance of vaccines. However, it does not authorize funds for surveillance on vaccine hesitancy. This language was introduced as a standalone companion VACCINES Act (S. 1619) by Senator Gary Peters (D-Michigan) and Senator Pat Roberts (R-Kansas).

AAP Partners with Pinterest to Fight Vaccine Misinformation
The AAP is continuing to lead efforts to fight vaccine misinformation online. After AAP President Kyle Yasuda, MD, FAAP, sent letters to Google, Facebook and Pinterest in March highlighting the growing threat that online vaccine misinformation poses to children’s health, Pinterest expressed interest in working with the AAP to combat misinformation on their site.

In August, the Academy announced a partnership with Pinterest to further these efforts. When Pinterest users search for information about vaccines or vaccine-preventable diseases, they will only get results from public health organizations like the AAP, World Health Organization, and Centers for Disease Control and Prevention.

“As we continue to tackle health misinformation, we remove it and the accounts that spread it from our service,” Pinterest Public Policy and Social Impact Manager Ifeoma Ozoma said in a statement. "But we also want to bring expert content onto Pinterest. We know we aren’t medical experts, which is why we’re working with professionals to inspire Pinners with reliable information about health.”

More information can be found in this AAP News article.

Newborn Screening
In July, the House passed the bipartisan Newborn Screening Saves Lives Reauthorization Act of 2019 (H.R. 2507). This bill reauthorizes critical federal programs that assist states in improving and expanding their newborn screening programs; support parent and
In March, Eduardo Ochoa, MD, FAAP, testified before the House Education and Labor Committee’s Civil Rights and Human Services Subcommittee about the importance of child nutrition programs like WIC. Congress attempted to pass such legislation in 2015, but that effort failed and Congress turned its attention to the Farm Bill. Now that the Farm Bill has been signed into law, Congress is once again considering child nutrition legislation in 2019 to review evidence and write its Scientific Report addressing topics and supporting scientific questions identified by USDA and HHS. USDA and HHS will then consider the Committee’s report as the Departments develop the 2020-2025 Dietary Guidelines for Americans which will be released in late 2020.

The AAP continues to urge the Senate to prioritize reauthorization of the Newborn Screening Saves Lives Act and ensure that this critical legislation carries on to improve and save the lives of newborns across the country.

## Child Nutrition

*Given the link between nutrition and health, the AAP is a leading voice in support of strong, science-based nutrition programs to help promote children’s lifelong health and combat food insecurity.*

### Child Nutrition Reauthorization

Every five years, Congress reviews legislation to authorize and fund federal nutrition programs including school meals, summer feeding programs, and WIC. Congress attempted to pass such legislation in 2015, but that effort failed and Congress turned its attention to the Farm Bill. Now that the Farm Bill has been signed into law, Congress is once again considering child nutrition reauthorization.

In March, Eduardo Ochoa, MD, FAAP, testified before the House Education and Labor Committee’s Civil Rights and Human Services Subcommittee about the importance of child nutrition programs and their impact on child health. In April, Lanre Falusi, MD, FAAP testified before the Senate Agriculture Committee and spoke about the impact that child nutrition programs like WIC have on the health of her patients.

As the process moves forward, AAP will be advocating for maintaining Congress’s long-standing commitment to keeping WIC strong and on a sustainable path, protecting the progress made to give all students healthy food options throughout the school day, and moving forward to create more opportunities to address hunger and malnutrition during the summer when children are out of school.

### SNAP Categorical Eligibility

This summer, the Trump Administration released a proposed rule that would drastically alter categorical eligibility for SNAP. Based on estimates from the administration, if the proposed rule were finalized, 3.1 million people would lose eligibility for SNAP and 500,000 children could lose access to free school meals. The proposed rule is open for public comment until September 23. AAP submitted comments on the proposed rule in September.

The agencies expect the Committee to meet throughout 2019 to review evidence and write its Scientific Report addressing topics and supporting scientific questions identified by USDA and HHS. USDA and HHS will then consider the Committee’s report as the Departments develop the 2020-2025 Dietary Guidelines for Americans which will be released in late 2020.

## Budget and Appropriations

*The AAP is working hard to support funding for important child health programs that are particularly vulnerable to cuts as a result of the strict discretionary budget caps set forth in the Budget Control Act of 2011, which continue to constrain federal funding on non-entitlement spending.*

Congress passed a short-term spending bill that President Trump signed on September 27th. This continuing resolution keeps the government open until November 21st and gives Congress an additional eight weeks to finalize their 12 appropriations bills, which were not passed by the end of FY2019 on September 30th. This continuing resolution gives Congress an additional eight weeks to finalize their 12 appropriations bills, which were not passed by the end of FY2019 on September 30th.

On August 2nd, President Trump signed the Bipartisan Budget Act of 2019. This two-year budget deal increases the FY 2020 and FY 2021 discretionary spending limits for defense and nondefense spending. This agreement prevents sequestration from going into effect, which would have required devastating funding cuts to defense spending and non-defense spending. The deal also suspends the public debt limit through July 31, 2021.

Additionally, President Trump signed the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act on July 1st. This provides $4.5 billion in FY 2019 emergency supplemental funding for the border, including to Customs and Border Protection for migrant care and processing and the Office of Refugee Resettlement for the care of unaccompanied children.

### 116th Congress Makeup and Leadership

<table>
<thead>
<tr>
<th></th>
<th>House</th>
<th>Senate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democrats</td>
<td>234</td>
<td>47**</td>
</tr>
<tr>
<td>Speaker of the House</td>
<td></td>
<td>Minority Leader</td>
</tr>
</tbody>
</table>

* Speaker of the House
** Minority Leader
Attend the 2020 AAP Legislative Conference

Registration for the 2020 AAP Legislative Conference is officially open! The conference will take place April 5 – 7 in Washington, DC.

Each year, the conference brings together pediatricians, residents and medical students from across the country who share a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians and go to Capitol Hill to urge Congress to support strong child health policies.

For the fifth year, the conference will feature a Pediatric Subspecialty Advocacy Track with specific legislative and skills building workshops uniquely focused on the interests and needs of pediatric medical subspecialists and surgical specialists.

For more information and to register, please visit aap.org/legcon. We hope to see you in April!

Grassroots Advocacy: AAP Advocacy Alerts & Emails

The Academy sends regular advocacy-focused communications to its members. These emails include timely advocacy action alerts, policy updates and breaking child health news from Washington.

These communications help keep AAP members informed of the latest updates from the nation’s capital and offer opportunities to speak up for children’s health, including ways to directly contact members of Congress.

The Academy also sends an email every Friday that Congress is in session, spotlighting the key child health activities, events and policy developments from the week.

How to Sign Up for Advocacy Emails

E-mail kids1st@aap.org with your name, AAP ID if known, and your preferred e-mail address. If you have questions about federal advocacy, contact the AAP Washington Office at 202-347-8600.

FederalAdvocacy.aap.org: AAP Advocacy Action Center

Visit the AAP federal advocacy website at FederalAdvocacy.aap.org (AAP ID required) to find resources and tools to help you speak up for children in your state and across the country, including:

- An Action Center where you can email your legislators directly on current federal child health policy priorities, including background information on the issues.
- A congressional directory with extensive information about legislators in your state.
- Information on child health bills advancing through Congress.
- Elections information for your state and district, including voter registration and absentee ballot information.

Engage with AAP on Social Media

Twitter is a powerful tool that allows individuals and organizations to amplify messages, connect with new and diverse networks, and gain access to local-, state- and federal-level decision-makers. As a pediatrician, Twitter also offers you the opportunity to be part of a community that encourages the exchanging of ideas around child health, while not being constrained by time or geography.

To stay up-to-date on child health news, follow and engage with AAP on social media via @AmerAcadPeds, @AAPPres, @AAPNews, and @healthychildren. You also can subscribe to AAP’s official #tweetiatrician list on Twitter by visiting https://twitter.com/AmerAcadPeds/lists/tweetiatricians. Request to be added to the list by emailing AAP’s Social Media Community Manager, Helene Holstein, at hholstein@aap.org.
AAP Washington Office

Mark Del Monte, JD  CEO/Executive Vice President

Federal Advocacy

Lucas Allen  Legislative Assistant, Federal Advocacy
James D. Baumberger, MPP  Senior Director, Federal Advocacy
Madeline Curtis, JD  Policy Associate, Federal Advocacy
Stephanie Clier, MPH  Director, Federal Advocacy
Tamar Magarik Haro  Senior Director, Federal and State Advocacy
Helene Holstein, MA  Manager, Social Media Community
Patrick Johnson, MA  Director, Federal Advocacy
Zach Laris, MPH  Director, Federal Advocacy and Child Welfare Policy
Matt Mariani  Legislative Assistant, Federal Advocacy
Devin Miller  Manager, Advocacy Communications
Jamie Poslosky  Senior Director, Advocacy Communications
Mandy Slutsker, MPH  Director, Global Child Health Advocacy
Nick Wallace, MPP  Legislative Assistant, Federal Advocacy
Natalie Williams  Legislative Assistant, Federal Advocacy