



**STATEMENT FOR THE RECORD**

**FOR THE**

**U.S. SENATE**

**COMMITTEE ON APPROPRIATIONS**

**SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES,  
EDUCATION  
AND RELATED AGENCIES**

**FY 2008**

**ON BEHALF OF  
THE AMERICAN ACADEMY OF PEDIATRICS**

**April 30, 2007**

**This statement is also endorsed by:**

**Ambulatory Pediatric Association  
And  
Society for Adolescent Medicine**

There can be no denying that there have been numerous and significant successes in improving the health and well-being of America's children and adolescents, from even just decades ago. Infant and child mortality rates have been radically lowered. The number of two-year-olds who have received the recommended series of immunizations is at an all-time high, while vaccine-preventable diseases such as measles, pertussis, and diphtheria have decreased by over 98%. Teen pregnancy rates have declined by 28% over the last decade. Still, despite these successes, far too many children and adolescents in America continue to suffer from disease, injury, abuse, racial and ethnic health disparities, or lack of access to quality care. In addition, more than 9 million children and adolescents through the age 18 remain uninsured. Clearly there remains much work to do.

As clinicians we not only diagnose and treat our patients, we must also promote strong preventive interventions to improve the overall health and well-being of all infants, children, adolescents and young adults. The AAP, SAM and APA have identified three key priorities within this Committee's jurisdiction that are at the heart of improving the health and well-being of America's children and adolescents: access to health care, quality of health care, and immunizations. A chart at the end of this statement will offer funding recommendations for other programs of importance to the child and adolescent community.

## **ACCESS**

We believe that all children, adolescents and young adults should have full access to comprehensive, age-appropriate, quality health care. From the ability to receive primary care from a pediatrician trained in the unique needs of children and adolescents, to timely access, to pediatric medical subspecialists and pediatric surgical specialists, America's children and adolescents deserve access to quality pediatric care in a medical home. Given the recent cuts to the Medicaid program and fiscal belt-tightening in the states, discretionary programs now more than ever provide a vital health care safety net for America's most vulnerable children and youth.

***Maternal and Child Health Block Grant:*** The Maternal and Child Health (MCH) Block Grant Program at the Health Resources and Services Administration (HRSA) is the only federal program exclusively dedicated to improving the health of *all* mothers and children. Nationwide, the MCH Block Grant Program provides preventive and primary care services to over 32 million women, infants, children, adolescents and children with special health care needs. In addition, the MCH Block Grant Program supports community programs around the country in their efforts to reduce infant mortality, prevent injury and violence, expand access to oral health care, and address racial and ethnic health disparities. Moreover, the MCH Block Grant Program includes efforts dedicated to addressing interdisciplinary training, services and research for adolescents' physical and mental health care needs, and supports programs for vulnerable adolescent populations, including health care initiatives for incarcerated and minority adolescents, and violence and suicide prevention. It also plays an important role in the implementation of the State Children's Health Insurance Program (SCHIP). One of the many successful MCH Block Grant programs is the *Healthy Tomorrows Partnership for Children Program*, a public/private collaboration between the MCH Bureau and the American Academy of Pediatrics. Established in 1989, *Healthy Tomorrows* has supported over 150 family-centered, community-based initiatives in almost all states, including Ohio, Wisconsin, New York, California, Rhode Island, and Maryland. These initiatives have addressed issues such as access to oral and mental health care, obesity, injury prevention, and enhanced clinical services for chronic conditions such as asthma. To continue to foster these and other community-based solutions for local health problems, in FY 2008 we strongly support an increase in funding for the MCH Block Grant Program to \$750 million.

***Family Planning Services:*** The family planning program, Title X of the Public Health Services Act, ensures that all teens have confidential access to valuable family planning resources. For every dollar spent on family planning through Title X, \$3 is saved in pregnancy-related and newborn care costs to Medicaid. Title X – which does not provide funding for abortion services – provides critically needed preventive care services like pap tests, breast exams, and STI tests to millions of adolescents and women. But over 9.5 million cases of sexually transmitted infection (STIs) (almost half the total number) are in 15-24 year olds, and over 30% of women will become pregnant at least once before age 20. Teen pregnancy rates continue to vary between racial and ethnic groups, and nearly half (48%) of all teens say that they want more information from – and increased access to – sexual health care services. Responsible sexual decision-making, beginning with abstinence, is the surest way to protect against sexually transmitted infections and pregnancy. However, for adolescent patients who are already sexually active, confidential contraceptive services, screening and prevention strategies should be available. We therefore support a funding level in FY 2008 of \$385 million for Title X of the Public Health Service Act.

***Mental Health:*** It is estimated that over 13 million children and adolescents have a mental health problem such as depression, ADHD, or an eating disorder, and for as many as six million this problem may be significant enough to impact school attendance, interrupt social interactions, and disrupt family life. Despite these statistics, the National Institute of Mental Health (NIMH) estimates that 75-80% of these children fail to receive mental health specialty services, due to stigma and the lack of affordability of care and availability of specialists. Grants through the Children's Mental Health Services program have been instrumental in achieving decreased utilization of inpatient services, improvement in school attendance and lower law enforcement contact for children and adolescents. We recommend that \$112 million be allocated in FY 2008 for the Mental Health Services for Children program to continue these improvements for children and adolescents with mental health problems.

***Child Abuse and Neglect:*** Recent research from the CDC's Adverse Childhood Experiences study and others demonstrates that childhood trauma may contribute significantly to the development of numerous adult health conditions, including alcoholism, drug abuse, heart disease and more. However, few federal resources are dedicated to bringing the medical profession into full partnership with law enforcement, the judiciary, and social workers, in preventing, detecting, and treating child abuse and neglect. We urge the Subcommittee to provide an increase of \$10 million in FY 2008 for the Center for Disease Control and Prevention's National Center for Injury Prevention and Control to establish a network of consortia to link and leverage health care professionals and resources to address – and ultimately prevent – child maltreatment. We also support the recommendation of the National Child Abuse Coalition to fund the Child Abuse Prevention and Treatment Act program at \$200 million.

***Health Professions Education and Training:*** Critical to building a pediatric workforce to care for tomorrow's children and adolescents are the Training Grants in Primary Care Medicine and Dentistry, found in Title VII of the Public Health Service Act. These grants are the only federal support targeted to the training of primary care professionals. They provide funding for innovative pediatric residency training, faculty development and post-doctoral programs throughout the country. For example, a pediatrician in New Jersey stated the following: "Reduction in Title VII funding would negatively impact all areas of our current activities, including recruitment of under-represented minority trainees and faculty, cultural competency initiatives, clinical experiences for aspiring health professionals and patient care for thousands of underserved urban infants, children and adolescents."

Through the continuing efforts of this subcommittee, Title VII has provided a vital source of funding for critically important programs that educate and train tomorrow's generalist pediatricians in a variety of settings to be culturally competent and to meet the special health care needs of their communities. We recommend FY 2008 funding of at least \$40 million for General Internal Medicine/General Pediatrics. We also join with the Health Professions and Nursing Education Coalition in supporting an appropriation of at least \$550 million in total funding for Titles VII and VIII. We support the Administration's increase in funding for Community Health Centers, a key component *with* Title VII to ensuring an adequate distribution of health care providers across the country; but we emphasize the need for continued support of the training and education opportunities through Title VII for health care professionals, including pediatricians, who provide care for our nation's communities.

***Independent Children's Teaching Hospitals:*** Equally important to the future of pediatric education and research is the dilemma faced by independent children's teaching hospitals. In addition to providing critical care to the nation's children, independent children's hospitals play a significant role in training tomorrow's pediatricians and pediatric subspecialists. Children's hospitals train 30% of all pediatricians, half of all pediatric subspecialists, and the majority of pediatric researchers. However, children's hospitals qualify for very limited Medicare support, the primary source of funding for graduate medical education in other inpatient environments. As a bipartisan Congress has recognized in the last several years, equitable funding for Children's Hospitals Graduate Medical Education (CHGME) is needed to continue the education and research programs in these child- and adolescent-centered settings. Since 2000, CHGME hospitals accounted for nearly 87 percent of the growth in pediatric subspecialty training programs and 68 percent of the growth in pediatric subspecialty fellows trained. We are extremely disappointed in the 63% reduction in funding proposed by the Administration for the CHGME program, and join with the National Association of Children's Hospitals to restore funding to \$330 million for the CHGME program in FY 2007. The support for independent children's hospitals should not come, however, at the expense of valuable Title VII and VIII programs, including grant support for primary care training.

## **QUALITY**

Access to health care is only the first step in protecting the health of all children and youth. We must ensure that the care provided is of the highest quality. Robust federal support for the wide array of quality improvement initiatives, including research, is needed if this goal is to be achieved.

***Emergency Services for Children:*** One program that assists local communities in providing quality care to children in distress is the Emergency Medical Services for Children (EMSC) grant program. There are approximately 30 million child and adolescent visits to the nation's emergency departments every year. Children under the age of 3 years account for most of these visits. Up to 20% of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birth weight, and bronchopulmonary dysplasia. In 2006, the Institute of Medicine's report *Emergency Care for Children: Growing Pains* acknowledged the many achievements of the EMSC program in improving pediatric emergency care and recommended that it be funded at \$37.5 million. In order to assist local communities in providing the best emergency care to children, we once again reject the Administration's proposed elimination of the EMSC program and strongly urge that the EMSC program be maintained and adequately funded at \$25 million in FY 2008

***Agency for Healthcare Research and Quality:*** Quality of care rests on quality research – for new detection methods, new treatments, new technology and new applications of science. As the

lead federal agency on quality of care research, the Agency for Healthcare Research and Quality (AHRQ) provides the scientific basis to improve the quality of care, supports emerging critical issues in health care delivery and addresses the particular needs of priority populations, such as children. Substantial gaps still remain in what we know about health care needs for children and adolescents and how we can best address those needs. Children are often excluded from research that could address these issues. The AAP and endorsing organizations strongly support AHRQ's objective to encourage researchers to include children and adolescents as part of their research populations. We also support increasing AHRQ's efforts to build pediatric health services research capacity through career and faculty development awards and strong practice-based research networks. Additionally, AHRQ is focusing on initiatives in community and rural hospitals to reduce medical errors and to improve patient safety through innovative use of information technology – an initiative that we hope would include children's hospitals as well. Through its research and quality agenda, AHRQ continues to provide policymakers, health care professionals and patients with critical information needed to improve health care and health disparities. We join with the Friends of AHRQ to recommend funding of \$350 million for AHRQ in FY 2008.

***National Institutes of Health:*** Over the years, NIH has made dramatic strides that directly impact the quality of life for infants, children and adolescents through biomedical and behavioral research. For example, NIH research has led to successfully decreasing infant death rates by over 70%, increasing the survival rates from respiratory distress syndrome, and dramatically reducing the transmission of HIV from infected mother to fetus and infant from 25 percent to just 1.5 percent. NIH is engaged in a comprehensive research initiative to address and explain the reasons for a major public health dilemma - the increasing number of obese and overweight children and adults in this country. Today U.S. teenagers are more overweight than young people in many other developed countries. And the Newborn Screening Initiative is moving forward to improve availability, accessibility, and quality of genetic tests for rare conditions that can be uncovered in newborns. The pediatric community applauds the prior commitment of Congress to maintain adequate funding for the NIH. We remain concerned, however, that the cumulative effect of several years of flat funding will stall or even set back the gains that were made under the years of the NIH's budget doubling. We urge you to begin to restore the funding lost over these last years. We support the recommendation of the Ad Hoc Group for Medical Research for a funding level in FY 2008 of \$30.8 billion an increase of 6.7% over the FY 2007 joint resolution for the NIH In addition, to ensure ongoing and adequate child and adolescent focused research, such as the National Children's Study (NCS) led by the National Institute for Child Health and Human Development (NICHD), we join with the Friends of NICHD Coalition in requesting \$1,337.8 billion in FY 2008. Moreover we recommend that the NCS be adequately funded in FY 2008 at \$110.9 million to allow for the continued implementation of the NCS and bring us closer to the first results from this landmark study. We are greatly disappointed by the Administration's failure to include the NCS in its budget proposal 2008. This large longitudinal study, authorized in the *Children's Health Act of 2000*, will provide critical research and information on major causes of childhood illnesses such as premature birth, asthma, obesity, preventable injury, autism, development delay, mental illness, and learning disorders.

We commend this committee's ongoing efforts to make pediatric research a priority at the highest level of the NIH. We urge continued federal support of NIH efforts to increase pediatric biomedical and behavioral research, including such proven programs as targeted training and education opportunities and loan repayment. We recommend continued interest in and support for the Pediatric Research Initiative in the Office of the NIH Director and sufficient funding to continue the pediatric training grant and pediatric loan repayment programs both enacted in the

Children's Health Act of 2000. This would ensure that we have adequately trained pediatric researchers in multiple disciplines that will not come at the expense of other important programs.

Finally, as clinicians, we know first-hand the considerable benefits for children and society in securing properly studied and dosed medications. Proper pediatric safety and dosing information reduces medical errors and adverse events, ultimately improving children's health and reducing health care costs. But there is little market incentive for drug companies to study generic or off-patent drugs - older drugs that are widely used therapies for children. The Research Fund for the Study of Drugs, created as part of the *Best Pharmaceuticals for Children Act of 2002*, provides support for these critical pediatric testing needs, but unfortunately is currently funded at an amount sufficient to test only a fraction of the NIH and FDA-designated "priority" drugs. Therefore, we urge the Subcommittee to provide the NIH with sufficient funding to fund the study of generic (off-patent) drugs for pediatric use.

## **IMMUNIZATION**

Pediatricians, working alongside public health professionals and other partners, have brought the United States its highest immunization coverage levels in history – over 92% of children received all vaccinations by school age in 2004-2005. We attribute this, in part, to the Vaccines for Children (VFC) Program, and encourage Congress to maintain its commitment to ensuring the program's viability. The VFC program combines the efforts of public health and private pediatricians and other health care professionals to accomplish and sustain vaccine coverage goals for both today's and tomorrow's vaccines. It removes vaccine cost as a barrier to immunization for some and reinforces the concept of vaccine delivery in a "medical home." Additional section 317 funding is necessary to provide the pneumococcal conjugate vaccine (PCV-7), a vaccine that prevents an infection of the brain covering, blood infections and approximately seven million ear infections a year, to those remaining states that currently do not provide it. Increased Section 317 funding also is needed to purchase the influenza vaccine - now recommended for children between the ages of six months and 5 years of age. This age cohort is increasingly susceptible to serious infection and the risk of hospitalization. And an increase in funding is needed to purchase the recently recommended rotavirus vaccine, tetanus-diphtheria-pertussis (Tdap) vaccine for adolescents and the meningococcal conjugate vaccine (MCV). Meningococcal disease is a serious illness, caused by bacteria, with 10-15% of cases fatal and another 10-15% of cases resulting in permanent hearing loss, mental retardation, or loss of limbs. And additional funding is important to provide the HPV vaccine recommended by the ACIP.

The public health infrastructure that now supports our national immunization efforts must not be jeopardized with insufficient funding.. For example, adolescents continue to be adversely affected by vaccine-preventable diseases (e.g., chicken pox, hepatitis B, measles and rubella). Comprehensive adolescent immunization activities at the national, state and local levels are needed to achieve national disease elimination goals. States and communities continue to be financially strapped and therefore, many continue to divert funds and health professionals from routine immunization clinics in order to accommodate anti-bioterrorism initiatives or now pandemic influenza. Moreover, continued investment in the CDC's immunization activities must be made to avoid the reoccurrence of childhood vaccine shortages by providing and adequately funding a national six month stockpile for all routine childhood vaccines - stockpiles of sufficient size to insure that significant and unexpected interruptions in manufacturing do not result in shortages for children.

While the ultimate goal of immunizations clearly is eradication of disease, the immediate goal must be prevention of disease in individuals or groups. To this end, we strongly believe that CDC's efforts must be sustained. In FY 2008, we recommend an overall increase in funding to

\$802.4 million \$257.5 million over the President's request to ensure that the CDC's National Immunization Program has the funding necessary to accommodate vaccine price increases, new disease preventable vaccines coming on the market, global immunization initiatives - including funds for polio eradication and the elimination of measles and rubella - and to continue to implement the recommendations developed by the IOM.

## **CONCLUSION**

We appreciate the opportunity to provide our recommendations for the coming fiscal year. As this Subcommittee is once again faced with difficult choices and multiple priorities we know that as in the past years, you will not forget America's children and adolescents.