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WASHINGTON REPORT

COMMITTEE ON NATIVE AMERICAN CHILD HEALTH

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Native American Child Health Services and Public Health Programs

Incoming CONACH Chair to Testify Before House Appropriators

In March 2016, incoming CONACH Chair Shaquita Bell, MD, FAAP, will testify on behalf of the AAP before the House Appropriations Subcommittee on Interior, Environment, and Related Agencies. The hearing is part of two days of open public hearings on American Indian/Alaska Native (AI/AN) issues. The Subcommittee has jurisdiction over discretionary funding for the Indian Health Service (IHS), which oversees public health and health services for AI/ANs. Dr. Bell’s testimony will emphasize key AAP priorities regarding AI/AN child health and the need for robust funding for the IHS. The AAP will continue advocating strongly for federal support of programs serving Native children’s health.

AAP Sponsoring Briefing on AI/AN Children’s Mental Health

On March 8, the AAP is sponsoring a Congressional briefing on AI/AN children’s mental health. The briefing will bring together perspectives from health care providers and Native youth who have experience with the impact of mental illness on their communities. AAP’s organizational co-sponsors for the briefing are: the American Academy of Child and Adolescent Psychiatry; the Center for Native American Youth; the National Indian Health Board; and the School-Based Health Alliance.

Moderated by AAP Committee on Native American Child Health (CONACH) member Nelson Branco, MD, FAAP, the briefing panel will comprise: Young Woodley, Member of the Eastern Shoshone Tribe from Portland, OR (Center for Native American Youth); Wiyaka Little Spotted Horse, Member of the Oglala Sioux Tribe from Pine Ridge Reservation (National Indian Health Board); Michael Storck, MD (American Academy of Child and Adolescent Psychiatry); and John Schlitt, CEO (School-Based Health Alliance).

AAP Supports Increased Medicaid Payment Rates for AI/AN Child Health

In November, the AAP submitted comments to a U.S. Centers for Medicare and Medicaid Services (CMS) Request for Comments on a proposed update to CMS’ reimbursement policy for Medicaid-eligible American Indian/Alaska Native (AI/AN) individuals. Payment for services providers offer Medicaid-eligible AI/ANs is currently eligible for robust federal reimbursement at a 100 percent Federal Medical Assistance Percentage (FMAP) rate. This rate is available for certain services Medicaid-eligible AI/AN individuals receive through a health facility that the IHS or a tribe operates. Many other services important to ensuring access to care, such as transportation services, do not receive this generous federal rate, instead receiving the
standard state-specific FMAP normally applicable in Medicaid, which ranges from 50 to 74 percent. In addition, although 70 percent of the AI/AN population lives in urban areas, Urban Indian Health Programs are not currently eligible for the 100 percent FMAP rate.

CMS’s proposed policy update would expand what is permissible for the 100 percent FMAP to include important services that support child health, including transportation services. In addition, CMS has proposed an update to allow those who contract with IHS and tribal facilities to receive the 100 percent FMAP, offering an opportunity to potentially include reimbursement for Urban Indian Health Programs. AAP’s letter highlights the important role of these changes in improving access to care for AI/AN children and suggests that CMS explicitly include Urban Indian Health Programs in the policy. AAP will continue advocating for policies that improve access to care for this vulnerable population.

AAP NOMINATES CONACH CHAIR TO NIHB TASK FORCE ON IHS OVERSIGHT

In February, the AAP nominated James Jarvis, MD, FAAP, CONACH Chair, to serve on the National Indian Health Board’s (NIHB) Task Force on IHS Oversight. NIHB is organizing this task force to make recommendations to IHS on improving care in response to high-profile incidents of poor care for Native patients. Recently in the IHS Great Plains Area, at least five Tribal members died of preventable causes while in care at IHS-operated hospitals. The U.S. Centers for Medicare and Medicaid Services (CMS) rescinded accreditation for Winnebago-Omaha Hospital and Rosebud Indian Hospital in 2015. NIHB is in the process of raising funds for the task force, and AAP will continue monitoring this effort.

AAP MAINTAINS SUPPORT FOR ADVANCE APPROPRIATIONS FOR THE INDIAN HEALTH SERVICE

In 2015, the AAP endorsed the bipartisan Indian Health Service Advance Appropriations Act of 2015 (H.R. 395). Sponsored by representatives Don Young (R-AK) and Ben Ray Lujan (D-NM), the bill would provide IHS with appropriations bills that cover a year out beyond the immediate fiscal year. The funds would not be available until the beginning of the fiscal year for which they are indicated. In this way, it would not add any cost to the current fiscal year, but would allow IHS facilities to better plan out the provision of services. The Veterans Health Administration (VHA) has received such advance appropriations since 2009. This policy would provide IHS budgeting continuity and would improve long-term planning. This would in turn improve recruitment and retention of pediatricians and the continuity of public health programs. AAP will continue advocating for enactment of this legislation in the 114th Congress.
AAP-ENDORSED COMMISSION ON NATIVE CHILDREN ACT NEEDS HOUSE APPROVAL

The AAP-endorsed *Alyce Spotted Bear and Walter Soboleff Commission on Native Children Act* (S. 246) passed the Senate this past summer, and now requires House approval. Sponsored by Senator Heidi Heitkamp (D-ND), the bill has bipartisan support. The legislation would create an 11-member bipartisan Commission on Native Children to conduct a comprehensive review and analysis of federal policies and programs affecting AI/AN children and offer proposals to improve them. The group would complete this work over three years, culminating in a report to Congress and the Administration offering solutions for improving the impact of federal policy on the lives of AI/AN children. AAP is advocating for House passage of the legislation and its enactment into law in the 114th Congress.

IHS LOAN REPAYMENT PROGRAM

The AAP has endorsed the *Indian Health Service Health Professions Tax Fairness Act of 2015* (S. 536/ H.R. 1842). The bipartisan bill would make student loan repayment for health professionals within IHS tax exempt. Nearly 30 percent of the IHS health professions account goes to taxes levied on loan repayment benefits. The bill would amend the tax code to make these funds exempt, saving IHS over $7 million and enabling IHS to fund over 100 additional loan repayment awards. This is the same protection provided to the National Health Service Corps for its loan repayment program. The AAP has engaged in advocacy outreach through DOFA and CONACH members urging additional bipartisan co-sponsorship of this legislation. AAP will continue to advocate for this change to support recruitment and retention of child health providers.

SPECIAL DIABETES PROGRAM FOR INDIAN (SDPI)

The Special Diabetes for Indians (SDPI) program received a two year reauthorization in April 2015, as part of the legislation to permanently repeal the flawed Sustainable Growth Rate (SGR). The reauthorization provides level funding of $150 million through the end of FY 2017 on September 30, 2017. AAP will continue to monitor efforts around longer-term reauthorization of the program.

Child Welfare

AAP ENDORSES FAMILY FIRST ACT POLICIES

In December 2015, the AAP endorsed the policies contained in the proposed bipartisan *Family First Act*. Sponsored by Senate Finance Committee Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR), the bill is designed to significantly reform and improve services
for children and families within the child welfare system. The bill aims to more appropriately balance incentives for states by allowing the use of funds previously allocated for foster care maintenance payments to go instead to services to prevent children from entering foster care, including parenting skills training, substance abuse treatment, and mental health services. In addition, the bill includes provisions to better ensure that the use of residential institutional foster care, known as congregate care, is appropriate and designed to meet children’s health needs. DOFA is actively engaged in this policy process with expert input from the Council on Foster Care, Adoption, and Kinship Care, and has been weighing in with Committee staff throughout the drafting process. AAP will continue actively engaging in this process to help advance the legislation.

AAP Endorses Health Insurance for Former Foster Youth Act

In October 2015, AAP endorsed the Health Insurance for Former Foster Youth Act (H.R. 3641). Sponsored by Reps. Karen Bass (D-CA) and Jim McDermott (D-WA), the bill would permanently and fully fix the existing glitch in the ACA that extends Medicaid eligibility to former foster youth up to age 26, but only if they apply for coverage in the state where they aged out of care. Senator Robert Casey (D-PA) is leading a companion bill in the U.S. Senate. AAP also continues to highlight this as a priority with the Centers for Medicare and Medicaid Services (CMS). AAP is closely monitoring this legislation and will continue to highlight the health disparities children in foster care and youth who age out of care face, and the importance of ensuring their access to care.

CAPTA Reauthorization

Authorization for the Child Abuse Prevention and Treatment Act (CAPTA) expired at the end of FY2015, which ran through September 2015. AAP Federal Affairs staff have been meeting with advocacy partners to discuss shared policy priorities for advocacy around reauthorization. AAP has also begun outreach to Congressional offices, including Spring meetings between AAP Committee and Section on Child Abuse and Neglect Executive Committee members and key Committee staff. Top AAP priorities will include ensuring liability protection for pediatricians providing consultation for suspected abuse and neglect, improved communication and coordination between health care providers and child protective services, and expanded funding for mandated reporter training.

AAP Engages Commission to Eliminate Child Abuse and Neglect Fatalities

The AAP continues to weigh in with the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). Established by the AAP-endorsed Protect Our Kids Act of 2012, the
Commission is finalizing its report on Congress and the Administration on ending child maltreatment-related fatalities, based on two years of meetings it held around the country. AAP’s interactions with CECANF have highlighted important priorities, including: the need to expand coordination between child welfare and the medical home; improving protections for consulting physicians and training for mandated reporters; funding and supporting the child abuse pediatric workforce; funding and supporting child death review teams; and improving postpartum depression screening. CECANF’s final report is anticipated for release in March 2016.

Environmental Health

**SCOTUS STAYS IMPLEMENTATION OF MAJOR AAP-SUPPORTED CLIMATE CHANGE EFFORT**

In February, the U.S. Supreme Court issued an order staying implementation of the U.S. Environmental Protection Agency’s (EPA) AAP-supported Clean Power Plan (CPP) to address climate change through strong limits on carbon pollution from fossil fuel-fired power plants. The Supreme Court issued the order as multiple court challenges against the CPP advance in federal court, including a challenge by 29 states.

The stay delays federal implementation of the CPP until final judicial action. States may continue their work to meet the regulation’s requirements but are not required to do so during the stay. The U.S. Court of Appeals for the District of Columbia Circuit will consider the case on June 2nd, and it is likely to ultimately go before the Supreme Court. The AAP expressed dismay at the ruling through its social media channels, and will continue advocating for implementation of this important child health policy, including likely participation in an amicus curiae brief supporting the CPP.

Injury, Violence, and Poison Prevention

**PRESIDENT SIGNS AAP-CHAMPIONED NICOTINE POISONING PREVENTION LAW**

In January, President Barack Obama signed the *Child Nicotine Poisoning Prevention Act* into law. Championed by the AAP and pediatrician advocates, this law will make great strides in keeping children safe by requiring child-resistant packaging on liquid nicotine containers used to refill e-cigarettes.

According to the American Association of Poison Control Centers, there were 3,067 reported exposures to e-cigarettes and liquid nicotine in 2015, with over half occurring in children.
under the age of six. Tragically, one child in upstate New York died from liquid nicotine exposure in 2014. Despite the toxicity of these products, there were no federal requirements for child-resistant packaging of liquid nicotine refills.

Now, within six months of the law’s enactment, the U.S. Consumer Product Safety Commission will enforce requirements for liquid nicotine containers to have child-resistant packaging, similar to other common household products that are dangerous to children like bleach and prescription medicines. Since the bill’s introduction, the Academy and pediatricians have been advocating for its swift passage so that one more child is not exposed to dangerous liquid nicotine.

**TRANSPORTATION SAFETY**

In December, President Obama signed into law a reauthorization (P.L. 114-94) of the surface transportation legislation, which includes funding for vehicle and pedestrian safety programs. The law includes increased funding for the Tribal Transportation Program (TTP) through 2021, which would improve road safety for AI/AN communities. Previous funding for the program remained flat at $450 million, but the law will increase the funding by $15 million in FY 2016 and $10 million each subsequent year, up to $505 million in FY 2020. The law also includes an AAP-championed provision to collect improved data at the National Highway Transportation Safety Administration (NHTSA) on car seats in vehicle crashes. The provision will require the collection of data that indicates whether a child safety seat was a booster or a five-point harness, and if it is a five-point harness whether it was forward or rear facing. AAP guidelines recommend rear-facing seats until age two.

**Mental Health**

**US PREVENTATIVE SERVICES TASK FORCE**

For the first time, the US Preventative Services Task Force recommended in January that women should be screened for depression during pregnancy and after birth. The task force gave the recommendation a grade of B, meaning that all insurers will be required to cover depression screenings without cost-sharing under the Affordable Care Act’s list of preventive services.

**BRINGING POSTPARTUM DEPRESSION OUT OF THE SHADOWS ACT**

In November, Sens. Dean Heller (R-Nev.), Kirsten Gillibrand (D-N.Y.), Kelly Ayotte (R-N.H.) and Ed Markey (D-Mass.) introduced the *Bringing Postpartum Depression Out of the Shadows Act of*
2015 (S. 2311). The bipartisan legislation provides targeted, federal funding to screen and treat maternal depression. The bill builds upon successful state and local efforts to develop and implement programs that connect patients with timely and quality screening, care, and treatment for their depression. An identical bill was introduced in the House earlier this year by Reps. Katherine Clark (D-Mass.) and Ryan Costello (R-Pa). AAP, along with several partner organizations, sent a letter to the bill sponsors thanking them for introducing legislation that aims to improve the identification and treatment of postpartum depression.

**Helping Families in Mental Health Crisis Act**

Reps. Tim Murphy (R-Pa.) and Eddie Bernice Johnson (D-Texas) have reintroduced the *Helping Families in Mental Health Crisis Act*, H.R. 2646. The legislation, which is expected to serve as the comprehensive mental health legislative package in the House, was originally introduced by Rep. Murphy, a child psychologist, in 2013. Rep. Murphy’s first introduction of the bill came after the House Energy and Commerce Committee Oversight and Investigations Subcommittee’s examination of mental health programs and federal resources available to individuals with serious mental illnesses following the school shooting tragedy in Newtown, Conn. The updated version of the bill aims to improve access, expand behavioral health parity, and overhaul dated programs.

Additionally, the legislation would create a new leadership post at HHS, called the assistant secretary for mental health and substance-abuse disorders, and would create a national mental health policy research center, which would work to develop new care models.

The new version of the bill addresses some of the controversial provisions of the 2013 legislation, but several prominent House Democrats and organizations-- including some in the disability rights community-- are still opposing this draft. The bill is intended to address individuals with serious mental illness and is has very little focus on early identification and intervention.

**Comprehensive Behavioral Health Reform and Recovery Act of 2016**

In February, several House Democrats on the U.S. House of Representatives’ Energy and Commerce Committee introduced their comprehensive mental health bill, an alternative to Rep. Tim Murphy’s (R-Pa.) *Helping Families in Mental Health Crisis Act*. The *Comprehensive Behavioral Health Reform and Recovery Act of 2016* increases investments in services and resources across the spectrum of mental health care.
The legislation underscores partisan differences over patient privacy, assisted outpatient treatment programs, and the future of the Substance Abuse and Mental Health Services Administration.

**Mental Health Reform Act of 2015**

Sens. Chris Murphy (D-Conn.) and Bill Cassidy (R-La.) have introduced the Mental Health Reform Act of 2015, S. 1945, which is the Senate’s approach to comprehensive reform of the mental health system. The Cassidy-Murphy bill aims to promote the integration of physical and mental health care, establish grant programs for early intervention, strengthen enforcement of mental health parity, and improve mental health services within Medicare and Medicaid. The AAP has worked closely with both senators’ offices to relay the important role that pediatric primary care providers and pediatric medical subspecialists play in behavioral health screening and services for children and adolescents. The bill includes a new federal grant program modeled after the child psychiatry access programs operating in more than half of all states, such as the Massachusetts Child Psychiatry Access Project, championed by the AAP.

**Mental Health Awareness and Improvement Act**

The Senate has passed Sens. Lamar Alexander (R-Tenn.) and Patty Murray (D-Wash.) Mental Health Awareness and Improvement Act (S. 1893), a targeted bill that reauthorizes and makes minor changes to programs administered by the U.S. Department of Health and Human Services related to awareness, prevention and early identification of mental health conditions, as well as the promotion of linkages to services for children. Specifically, the bill would reauthorize the Garrett Lee Smith Memorial Act and the National Child Traumatic Stress Initiative. AAP has joined other advocates in supporting the legislation.

**Substance Abuse**

**Smoking in Multi-Unit Housing**

On Jan. 19, the AAP, along with 36 other public health and medical organizations, submitted comments to the U.S. Department of Housing and Urban Development (HUD) supporting its proposed rule requiring all public housing agencies across the country to implement smoke-free policies for all indoor areas. When finalized, this rule will protect more than 1 million Americans, including 760,000 children, from the dangers of secondhand smoke in the home. In addition to discussing the health implications of secondhand smoke for child health and well-being, the comments recommended that HUD publish a rule finalizing its smoke-free policy in public housing as soon as possible and that the agency include electronic cigarettes and hookah
in the final rule, apply the same smoke-free policy for public housing to playgrounds, and extend its smoke-free policy to all public housing, including all federally supported housing.

For nearly a decade, the AAP, in partnership with other public health stakeholders including the American Lung Association (ALA), have advocated that all housing owned or subsidized by the federal government be smoke-free. A recent study by the Centers for Disease Control and Prevention (CDC) found that two in five children living in federally subsidized housing are exposed to secondhand smoke, which can lead to a higher incidence of ear infections, tooth decay, headaches, and respiratory problems, including bronchitis and pneumonia. The study also indicated that the estimated annual cost savings of $497 million if all government-subsidized housing was smoke-free.

In addition to establishing a smoke-free policy in these facilities, the proposed rule would also require a smoke-free perimeter of 25 feet around these facilities and would require that PHAs enforce the rule no later than 18 months after publication of the final rule. Although a major step forward in protecting children from the harms of tobacco in the home, the proposed rule only applies to combustible tobacco products, exempting electronic cigarettes from the rule as it is currently written.

Previously, although HUD has issued notices to PHAs in the past recommending the adoption of voluntary smoke-free policies, there were no federal regulations prohibiting smoking in government-subsidized housing.

**Neonatal Abstinence**

On Nov. 25, President Obama signed the AAP-supported Protecting Our Infants Act into law. The legislation, cosponsored by Reps. Katherine Clark (D-Mass.) and Steve Stivers (R-Ohio) in the House and Sens. Mitch McConnell (R-Ky.) and Bob Casey (D-Pa.) in the Senate, directs the Secretary of Health and Human Services to identify and make available recommendations for the diagnosis and treatment of neonatal abstinence syndrome (NAS), evaluate and coordinate federal efforts to research and respond to NAS, and assist state health agencies with their data collection efforts.

NAS refers to medical complications associated with drug withdrawal in newborns due to exposure to opioids or other drugs in utero. Babies born with NAS often need to be hospitalized for weeks, are difficult to console, and can suffer from seizures and other complications. There are no standardized guidelines for diagnosis and treatment for these
newborns, and there is an urgent need for more research to optimize the identification and treatment of babies with NAS to determine any long-term health impacts.

The AAP, along with the American College of Obstetricians and Gynecologists and the March of Dimes, worked closely with champions in both the House and Senate to craft the legislation. All three organizations endorsed the bill. The AAP will continue to work with the administration on implementation of the legislation.

**FY 2017 Appropriations**

In FY 2016, the IHS received enacted appropriations of $4.8 billion, a $145 million increase from FY 2015. President Obama’s proposed budget for FY 2017 would provide $5.2 billion for IHS, a $377.4 million increase over current levels. The proposal includes an expansion of the Substance Use and Suicide Prevention Program (formerly the Methamphetamine and Suicide Prevention Initiative), as well as a permanent authorization of SDPI, tax exemption of scholarship and loan repayment, Medicare-like rates for PRC, and extension of expanded FMAP to all Indian Health programs. The House and Senate are beginning their budget and appropriations development processes, and AAP will continue engaging in advocacy for important IHS programs serving child health.

**114th Congress Makeup and Leadership**

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<th>Party</th>
<th>House</th>
<th>Senate</th>
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<tr>
<td>Democrats</td>
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<td>Nancy Pelosi (CA)</td>
<td>Harry Reid (NV)</td>
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*1 vacancy
**includes two independents
Save the Date: Legislative Conference 2016

REGISTER TODAY! ATTEND THE 2016 AAP LEGISLATIVE CONFERENCE

The 25th AAP Legislative Conference will take place April 3-5, 2016, in Washington, DC. Participants will have the opportunity to develop their advocacy skills through interactive workshops, hear firsthand from policy experts and leaders about child health priorities, network with advocates from across the country and go to Capitol Hill to urge Congress to support children's health.

The 2016 conference is also piloting a new Pediatric Subspecialty Advocacy Track of specific legislative and skills building workshops uniquely focused on the interests and needs of pediatric medical and surgical subspecialists.

This year’s pilot will feature a group of participants from the AAP Section on Developmental and Behavioral Pediatrics who are joining the conference, but participation in the pilot is open to all pediatric subspecialty fellows and clinicians.

To apply for the track:

1) register for the conference at www.aap.org/legcon, and
2) email with your name, title, subspecialty to LegislativeConference@aap.org and indicate you interest in the Pediatric Subspecialty Advocacy Track.

Visit the legislative conference website for more information on the conference, the track and how to register.