September 12, 2014

Federal Legislative Update

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AAP Supports Medicaid Parity Act of 2014

Yesterday, the AAP sent a letter of support to Representative John Lewis (D-Md.) who on July 31, 2014, introduced the Medicaid Parity Act of 2014 (H.R. 5353) to extend the Medicaid payment increase for five years until January 1, 2020. Medicaid is a critical program for children, who constitute more than half of all enrollees. Unfortunately, historically low payment rates in Medicaid, which, on average, have paid only two-thirds of Medicare rates, have created substantial barriers to accessing various health care services.

In order to urge your federal legislators to support H.R. 5353 as well as the Senate version of the bill, Ensuring Access to Primary Care for Women & Children Act, please visit federaladvocacy.aap.org and click on “Extend the Medicaid Payment Increase and CHIP” under the Advocacy Action Center.

Appropriations Update

House introduces “clean” continuing resolution

On Wednesday, the House introduced a stop-gap spending measure known as a continuing resolution (H.J. Res. 124) to fund the federal government through December 11, 2014. Since Congress has not approved any Fiscal Year (FY) 2015 appropriations bills yet, the legislation must be enacted by Sept. 30, 2014, in order to avoid a federal government shutdown. The continuing resolution is considered to be “clean,” because it does not contain controversial policy provisions or major changes to existing federal policy that would delay passage in the House or Senate; rather, it mostly extends the discretionary spending levels from FY 2014 through the beginning of FY 2015.
However, the resolution does contain some changes to existing law, known as “anomalies,” that are needed to prevent detrimental changes to certain government programs and to address current national or global crises. Included in these anomalies is $88 million in funding to fight the Ebola outbreak. Of the $88 million in funding to fight the Ebola virus, $30 million is designated for the Center for Disease Control and Prevention’s (CDC) efforts to trace the spread of the disease in Africa, and $58 million will go to the Biomedical Advanced Research and Development Authority to accelerate the production of drugs to fight the disease.

The measure totals $1.012 trillion, which remains under the federal spending caps set by the Bipartisan Budget Act of 2013. Unfortunately, to remain under the caps, the resolution contains an across the board cut of 0.0554% to both defense and non-defense discretionary programs in order to pay for the anomalies. The resolution also does not include any funding for the current crisis of unaccompanied children crossing the U.S. border.

Although the House intended to vote on the measure this week, President Obama made a request to appropriators to include authority for the United States to aid Syria in their defense against ISIL. If the House is able to come to an agreement, it will vote on the measure next week, at which point the Senate will need to act quickly so that the legislation can be sent to the president for signature before the Sept. 30 deadline.

Pediatrician Speaks at Toxic Stress Briefing

On Wednesday, AAP Associate Executive Director, V. Fan Tait, MD, FAAP, spoke at a briefing on adverse childhood experiences, toxic stress and early interventions to promote resilience. Organized and moderated by the Robert Wood Johnson Foundation, the event was sponsored by the Co-Chairs of the House Baby Caucus Reps. Rosa DeLauro (D-Conn.) and Duncan Hunter (R-Calif.). The event featured remarks from Reps. DeLauro and Hunter on the importance of investing in early childhood policies and programs.

During her remarks, Dr. Tait discussed the impact of toxic stress on development and health, the importance of fostering the development of resilience and policy priorities for a toxic stress-informed federal policy agenda.

Key Child Health Bills Advance in the House and Senate

Emergency Medical Services for Children Reauthorization Act

On Wednesday, the Senate passed unanimously the Emergency Medical Services for Children (EMSC) Reauthorization Act (S. 2154), introduced by Senators Bob
Casey (D-Pa.) and Orrin Hatch (R-Utah). S. 2154 would reauthorize the EMSC program for five years at $20,213,000 per year, its most recent appropriated level. The current authorization for the EMSC program expires on Sept. 30, 2014.

Earlier in the week, the House passed by voice vote its version of the EMSC reauthorization bill, H.R. 4290, authored by Representatives Jim Matheson (D-Utah) and Peter King (R-N.Y.). H.R. 4290 would reauthorize the EMSC program for five years at $30,387,656, its current authorization level. It is anticipated that the House will consider and pass S.2154 next week, so that the EMSC program can be reauthorized before Sept. 30.

EMSC is the only federal program focused on ensuring that children and adolescents receive emergency medical care designed specifically for them in times of immediate need.

**Sudden Unexpected Death Data Enhancement and Awareness Act**

On Tuesday, the House approved the *Sudden Unexpected Death Data Enhancement and Awareness Act* (H.R. 669). The bill directs the CDC to continue and expand surveillance efforts around sudden unexpected infant death (SUID) and sudden unexplained death in childhood (SUDC). The bill also directs CDC to develop standard protocol for SUID death scene investigations and SUID and SUDC autopsies to improve data collection for use in improving public health interventions.

AAP endorsed the original version of the legislation, which has since been amended. The original version included funding to support these activities as well as the work of child death review teams. The Senate has an identical companion bill that they may consider before the end of the 113th Congress.

**Global Health Update**

**Convention on the Rights of the Child**

This month, the AAP signed onto a letter to President Obama, requesting him to send the Convention on the Rights of the Child to the Senate for ratification. Before this can be done, the U.S. Department of State will need to complete its internal review of the 25-year-old treaty. The Clinton administration signed onto the treaty in 1995, but it has never been sent to the Senate for consideration, leaving the United States as one of two countries (along with Somalia) that has yet to ratify the treaty. A resolution adopted at the 2014 AAP Annual Leadership Forum called on the Academy to support U.S. ratification.

**Save the Dates: Upcoming AAP Advocacy Training Opportunities**

**2015 AAP Legislative Conference**

Mark your calendar! The AAP Legislative Conference will be held April 12-14, 2015, in Washington, DC. Participants will have the opportunity to develop their federal advocacy skills through interactive workshops, learn about timely child health policy topics, hear from several guest speakers from Congress and the Administration and visit with their legislators on Capitol Hill. If you are interested
in attending and would like to be notified when registration opens, please email LegislativeConference@aap.org. For more information, please visit aap.org/legcon.

Advocacy Day Trainings: Date change

The AAP will be hosting two Advocacy Day trainings in Washington, DC, on Monday, October 27, 2014, and Friday, January 23, 2015 (changed from February 9, 2015). Beginning with an in-depth training session on how to advocate to members of Congress led by pediatrician federal policy experts and AAP staff, the day will culminate with in-person visits to federal legislators on Capitol Hill. The October training will take place at the Hilton Garden Inn located at 1225 First Street NE, Washington, DC 20002. There is no cost to attend the Advocacy Day trainings other than travel to and from Washington, DC. If you are interested in attending either of the trainings, please email Devin Miller at dmilleraap.org.

Advocate of the Week Spotlight

Dr. Shah shares her federal advocacy experience in new video

Anita Shah, DO, is a first year hospital medicine fellow at Cincinnati Children’s Hospital Medical Center and the AAP District IV coordinator. Two years ago, Shah spent one month interning in the AAP Department of Federal Affairs for her rotation on advocacy, and she shares her experience in Washington, DC, in a new video about the value of AAP membership.

How did you become interested in child health advocacy?
Before medical school, I worked with the Illinois Campaign for Better Health Care and was disappointed in the gaps in our health care system. I learned about a child who was held at gunpoint, had no access to mental health support, and was still expected to attend school. Then, as a trainee, I started hearing these stories first hand, and they motivated me to become a voice for children.

Why does advocacy matter to you?
My role as a physician does not end with the clinic visit. There are so many children that have needs that may be outside my 15 minute window that I know I can impact. Advocacy is the vehicle I use to address those needs. We have the privilege of being familiar with the day-to-day health issues that affect children. As physicians, we can be liaisons to the policymakers who directly impact children’s health.

What are your plans to continue advocating for children in the future?
I just started a hospital medicine fellowship at Cincinnati Children’s because I wanted to further develop my advocacy skills. I plan to connect with the AAP Ohio Chapter to help work on community issues and continue working with the AAP Section on Medical Students, Residents and Fellowship Trainees on the yearly advocacy campaign. Also, I will spend the latter two years of my fellowship
working on projects directly related to how socioeconomic factors can impact health care, and working on ways to improve them.

What We’re Reading

- A letter to the editor published in The Washington Post by Ankoor Shah, MD, “Stopping the need for preschool suspensions”
- An op-ed published in The Advocate, “Congress should fund child health insurance”
- An op-ed published by Dipesh Navsaria, MD, MPH, MSLIS, FAAP, Amy Shriver, MD, FAAP and Nwando Anyaoku, MD, FAAP, on the importance of reading to children from infancy
- A new report from First Focus showing how children in rural areas increasingly rely on Medicaid and state child health insurance programs for health insurance
- An article from The Washington Post, “Federal order provides more coverage for low-income children with autism”

This Week in Washington: Rhyming Recap

Congress returned from August vacation  
And will soon pass EMSC reauthorization  
They should also extend funding for CHIP  
So that with good coverage every child is equipped  
What about ACA’s higher Medicaid payment rates?  
Those shouldn’t just continue in a few select states  
A federal spending bill is needed as well  
Will the government shut down? Time will tell  
EPA is working to ensure kids breathe clean air  
CPSC is banning dangerous magnets from stores everywhere  
In short, lots is happening for kids this September  
So if you want to advocate, please remember  
There are trainings in Washington, DC  
Where you can learn to speak up for kids easily  
We hope to see you this fall, winter or spring  
A passion for advocacy is all you need to bring!

Follow us on Facebook and Twitter!
September 5, 2014

Federal Legislative Update

In this update:
- Immigration Reform and Unaccompanied Children Humanitarian Crisis
- AAP Urges Congress to Extend the Medicaid Payment Increase & CHIP
- President Obama Signs Autism CARES Act
- Pediatrician Provides Comments on Child Health Concerns Related to Sunscreen Ingredients
- Save the Dates: Upcoming AAP Advocacy Training Opportunities
- What We’re Reading
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Immigration Reform and Unaccompanied Children Humanitarian Crisis

While prospects for further congressional action on comprehensive immigration reform are dim, immigration advocates are awaiting a decision by President Obama on whether or not the White House will pursue various administrative actions to provide relief from deportation for additional undocumented immigrants and reform the current immigration enforcement system. In June, the president announced his intention to act swiftly on administrative actions to reform the immigration system in the absence of congressional action. However, the timing of those actions are now in question as key democratic congressional races have tightened and the midterm elections are about two months away.

Among the administrative actions under consideration by the White House is a proposal that would defer action on the immigration proceedings of undocumented immigrants, either through a new program or through an expansion of the Deferred Action on Childhood Arrivals (DACA) program. Since the DACA program was announced two years ago, more than 680,000 immigrant youth have applied for DACA and, as of July, more than 587,000 applications have been approved. However, based on the policy announced by President Obama, youth found eligible for DACA are barred from accessing federal or state health insurance exchanges, tax credits or Medicaid and CHIP. Earlier in August, the AAP joined other organizations in sending a letter to President Obama, urging him to rescind the restrictions on health care access for DACA youth, and to allow any future recipients of administrative relief from deportation to access health coverage programs.

Prior to the August recess, Congress failed to act on the president’s emergency supplemental request to provide federal agencies with additional funding to address the unaccompanied minor crisis. Debate over whether and how much additional funding to include in a future appropriations vehicle, such as a continuing resolution, will resume once Congress is back in session.
AAP Urges Congress to Extend the Medicaid Payment Increase & CHIP

During the August congressional recess, the AAP Department of Federal Affairs worked to educate Congress about the importance of the Medicaid payment increase and the Children’s Health Insurance Program in ensuring children have access to timely, quality health coverage. If you had the opportunity to schedule meetings in your district or state about these issues, please email kids1st@aap.org to share your experiences or feedback.

August recess may be over but state governors have until the end of October to respond to the Senate Finance and House Energy and Commerce Committees’ bipartisan letter requesting information on whether and how CHIP should be extended, and what additional policy changes should be made related to the program. Before the deadline, please consider speaking with your state governors to urge them to voice their support for CHIP.

For information on the bills currently advancing in Congress to extend CHIP and the Medicaid payment increase, please visit the August Recess advocacy webpage at http://federaladvocacy.aap.org/CHIPMedicaid.

President Obama Signs Autism CARES Act

On August 8, President Obama signed the Autism Collaboration, Accountability, Research, Education, and Support Act—otherwise known as the Autism CARES Act—into law. The AAP was an early supporter of the bill, and was active in advocating for its passage. The Autism CARES Act is a reauthorization of the Combating Autism Act (CAA), which was originally enacted in 2006, and was designed to address public and congressional concerns about the increasing prevalence of Autism Spectrum Disorder (ASD) and to strengthen federal efforts around the issue. The Autism CARES Act will help ensure sustained planning and evaluation of autism research conducted at the National Institutes of Health, increase surveillance, awareness and outreach at the Centers for Disease Control and Prevention and expand the training of health care professionals through the Health Resources and Services Administration, particularly its Leadership in Neurodevelopmental and Related Disabilities program. With the signing of the Autism CARES Act, these important programs have been reauthorized through September 30, 2019.

Pediatrician Provides Comments on Child Health Concerns Related to Sunscreen Ingredients

On Thursday, Marissa Perman, MD, FAAP, FAAD, member of the AAP Section on Dermatology, provided oral comments before the U.S. Food and Drug Administration’s (FDA) Nonprescription Drugs Advisory Committee on child health concerns related to active ingredients in sunscreens. The advisory committee held the meeting to support the development of their recommendations to FDA on how to set testing standards for sunscreen ingredients and facilitate FDA decision-making on sunscreen ingredient safety and efficacy. FDA has not approved new ingredients for use in sunscreens in more than a decade, including some already approved for use in Europe.
Dr. Perman’s comments highlighted particular areas of concern for testing the use of sunscreen in infants, children, young adults, and pregnant and lactating women, including the absorption of sunscreen ingredients into the body and their potential endocrine disrupting effects; the need to examine actual sunscreen use as opposed to recommended use; the potential health risks posed by spray sunscreens; the potential health effects of nanotechnology used in sunscreens; and the need to communicate that sunscreen should not be the only form of sun protection.

**Save the Dates: Upcoming AAP Advocacy Training Opportunities**

**2015 AAP Legislative Conference**

Mark your calendar! The AAP Legislative Conference will be held **April 12-14, 2015**, in Washington, DC. Participants will have the opportunity to develop their federal advocacy skills through interactive workshops, learn about timely child health policy topics, hear from several guest speakers from Congress and the Administration and visit with their legislators on Capitol Hill. If you are interested in attending and would like to be notified when registration opens, please email LegislativeConference@aap.org. For more information, please visit aap.org/legcon.

**Advocacy Day Trainings**

The AAP will be hosting two Advocacy Day trainings in Washington, DC, on **Monday, October 27, 2014**, and **Monday, February, 9, 2015**. Beginning with an in-depth training session on how to advocate to members of Congress led by pediatrician federal policy experts and AAP staff, the day will culminate with in-person visits to federal legislators on Capitol Hill. The October training will take place at the Hilton Garden Inn located at 1225 First Street NE, Washington, DC 20002. There is no cost to attend the Advocacy Day trainings other than travel to and from Washington, DC. If you are interested in attending either of the trainings, please email Devin Miller at dmiller@aap.org.

**What We’re Reading**

- The AAP News Washington Report column on the Academy’s global health advocacy at the federal level and an article on how pediatricians are helping children at the border
- An editorial published in the Houston Chronicle, “CHIP merits support”
- An article from The Journal of the American Medical Association, “AAP: Toxic Stress Threatens Kid’s Long-Term Health”
- An article from The Hill on the Academy’s endorsement of legislation to protect children from the dangers of liquid nicotine

**This Week in Washington: Rhyming Recap**

Soon Congress returns  
Pediatricians are there  
Speaking up for kids
Follow us on Facebook and Twitter!
August 1, 2014

**Federal Legislative Update**

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- Save the Dates: Upcoming AAP Advocacy Training Opportunities
- Key Child Health Bills Move Through House and Senate
- Medicaid Payment Increase Extension Bill Introduced in Senate
- Pediatrician Presents Award at 30th Anniversary Event for Emergency Medical Services for Children
- CHIP Update
- IOM Recommends Reforms to Graduate Medical Education Funding
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**Emergency Supplemental to Address Unaccompanied Children Humanitarian Crisis Stalls in House and Senate**

This week, the Senate took several procedural votes to allow for consideration of S. 2468, the senate emergency supplemental funding bill. The bill would provide $2.7 billion in resources to address the humanitarian crisis on the southwestern border. Ultimately, the bill failed to garner the necessary 60 votes on a procedural motion and Majority Leader Harry Reid (D-Nev.) was forced to pull the bill from the Senate floor, delaying consideration of emergency funding for the humanitarian crisis until after the August congressional recess.

In the House, Speaker John Boehner (R-Ohio) brought H.R. 5230, a $659 million emergency supplemental bill to the House floor, but was forced to pull the bill when it became clear that there were not enough Republican votes to pass the measure. The bill was unlikely to garner Democratic votes because the legislation contains controversial immigration reform related provisions such as a change to the 2008 *Trafficking Victims Protection Reauthorization Act* (TVPRA) that would treat unaccompanied minors from non-contiguous countries the same as unaccompanied minors from Mexico for purposes of expedited deportation. Additionally, Democrats argued that the bill contains inadequate funding for agencies like the Office of Refugee Resettlement at the Department of Health and Human Services (HHS).

The House Republican Caucus is meeting this morning to discuss whether there is a package that could pass with Republican support prior to the August congressional recess. Even if that were to occur, Senate action would still be necessary. Therefore, there will not be an emergency supplemental funding
measure signed by President Obama prior to the August recess, and Congress will have to decide whether to take it up when they return next month.

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**Key Child Health Bills Move Through House and Senate**

**Victims of Child Abuse Reauthorization Act of 2013**

On Monday, the House approved the AAP-endorsed *Victims of Child Abuse Reauthorization Act of 2013* (S. 1799) by voice vote under a suspension of the rules. Previously approved in the Senate, the bill now goes to President Obama for enactment into law. The bill reauthorizes the * Victims of Child Abuse Act* through FY 2018 and authorizes $22.5 million annually for children’s advocacy centers (CACs), the key programs supported by the bill. CACs bring together multi-disciplinary teams to conduct child abuse investigations and connect children to needed medical care. The AAP advocated for enactment of this legislation throughout its congressional consideration.

**Autism Collaboration, Accountability, Research, Education, and Support Act of 2014**

On Thursday, the Senate passed the *Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act* (S. 2449) by unanimous consent. The House has already passed an identical version of the bill, so the legislation will now go to the president’s desk for signature.

The AAP has been a long-time supporter and a strong proponent of the *Autism CARES Act*, which reauthorizes current federal autism programs authorized by the previous version of the bill, the *Combating Autism Act*, for an additional five years through September 30, 2019. The bill will help ensure sustained planning and evaluation of the important autism research conducted at the National Institutes of Health, increase surveillance, awareness and outreach at the Centers for
Disease Control and Prevention and expand the training of health care professionals through the Health Resources and Services Administration, particularly its Leadership in Neurodevelopmental and Related Disabilities program.

In a statement praising the passage of the bill through the Senate, AAP President James M. Perrin, MD, FAAP, stated that the provisions of the Autism CARES Act will “help boost research on the causes and treatments for autism, help pediatricians diagnose the condition at even earlier ages and begin treatment and interventions early in life, and help families provide and care for their children with autism, especially as they grow into adulthood.”

**Achieving a Better Life Experience Act**

Also on Thursday, the House Ways and Means Committee marked up and passed the Achieving a Better Life Experience (ABLE) Act (H.R. 647). The bill, which AAP has endorsed, would amend Section 529 of the Internal Revenue Code so that families could create tax-free savings accounts that help pay for education, medical bills and other expenses for their disabled children. The accounts would be structured so that beneficiaries would still be eligible for Medicaid and Supplemental Security Income benefits if the balance remains below $100,000. Currently, the legislation has 74 sponsors in the Senate and 367 in the House.

The ABLE Act is expected to be taken up in the Senate and House this fall, and the AAP will continue to urge its passage.

**Medicaid Payment Increase Extension Bill Introduced in Senate**

On Wednesday, Senators Patty Murray (D-Wash.) and Sherrod Brown (D-Ohio) introduced the Ensuring Access to Primary Care for Women & Children Act (S. 2694), which would extend the Medicaid payment increase of 2013 and 2014 by two additional years. The AAP sent a letter of support to Senators Murray and Brown and issued a press statement following the introduction of the bill.

The legislation would also expand the alignment in payments to include certain providers who are especially important to women’s health, including obstetricians and gynecologists, certified nurse-midwives, nurse practitioners and physician assistants. For additional information on the bill, please see a [Dear Colleague letter](#) from the bill’s two sponsors as well as a [one-page fact sheet](#).

**Pediatrician Presents Award at 30th Anniversary Event for Emergency Medical Services for Children**
On Wednesday, Joan Shook, MD, MBA, FAAP, chair of the AAP Committee on Pediatric Emergency Medicine, spoke at the annual meeting of the Emergency Medical Services for Children (EMSC) Program, which celebrated the 30th anniversary of the program. At the event, Dr. Shook presented Pat DeLeon, PhD, chief of staff to the late Senator Daniel Inouye (D-Hawaii), with the AAP President’s Certificate for Outstanding Service for his leadership in supporting the EMSC Program over the past 30 years.

Dr. Shook spoke about the 30-year partnership between the AAP and the EMSC Program, and received a Certificate of Appreciation from the Administrator of the Health Resources and Services Administration Mary Wakefield, PhD, RN, in recognition and appreciation of the Academy’s support for the emergency medical care of children.

Pictured left to right: Head of HRSA’s Maternal and Child Health Bureau Michael Lu, Dr. Shook and Administrator Wakefield

CHIP Update

CHIP extension bill introduced in the House

Yesterday, Representatives Henry Waxman (D-Calif.) and Frank Pallone (D-N.J.) introduced legislation to reauthorize funding for the Children’s Health Insurance Program (CHIP) for four more years. The AAP issued a press statement commending Reps. Waxman and Pallone for introduction of the bill.

Congress asks governors about CHIP

On Tuesday, the Senate Finance and House Energy and Commerce Committees, which have jurisdiction over CHIP and Medicaid, sent a bipartisan, bicameral letter to all 50 state governors. In the letter, the committee leaders requested information from governors regarding the question of if and how CHIP should be extended, as well as their recommendations on additional policy changes that should be made to the program. Funding for the program expires at the end of federal Fiscal Year (FY) 2015.

“Because CHIP is a federal/state partnership, it is critical for Members of Congress to receive analysis and insights on CHIP from our state partners,” the bipartisan group wrote in the letter to governors. The letter asks six detailed questions about the relative success of the program, adequacy of existing funding and duration of additional funding and how CHIP coverage compares to coverage available through state employers or the state exchange. The lawmakers asked for a response by the end of October.
IOM Recommends Reforms to Graduate Medical Education Funding

On Tuesday, the Institute of Medicine (IOM) released a long-awaited report making recommendations on the future governance and financing of graduate medical education (GME). Based on key findings concerning the current physician workforce population and GME financing, the 21-member IOM committee that released the report, chaired by Gail Wilensky, PhD, and Donald Berwick, MD, FAAP, recommended significant modifications both to the GME payment model and the GME policy infrastructure. These reforms would require congressional action.

The committee recommended that a GME policy council be established at the Department of Health and Human Services to develop a strategic plan for future GME funding and to sponsor research on the physician workforce, in addition to recommending a GME center within the Centers for Medicare and Medicaid Services to implement the policy council’s funding decisions for GME. The committee also recommended that the indirect and direct GME funding streams that currently exist be consolidated into one stream for organizations sponsoring residency slots, and that the Medicare GME funding pool would be split into a GME Operation Fund that would maintain support for currently approved residency slots and a GME Transformation Fund that would finance new and innovative GME programs.

Although not a major focus of the report, the committee did propose moving both the Children’s Hospital Graduate Medical Education and Teaching Health Center Graduate Medical Education programs out of the annual congressional appropriations process and into the Medicare GME funding stream. The report was inconclusive on the issue of whether there would be a future physician workforce shortage, and therefore recommended maintaining existing levels, rather than expanding overall levels of GME funding. The AAP Committee on Pediatric Workforce is in the process of reviewing the recommendations.

August Recess Advocacy Opportunities

The AAP Department of Federal Affairs is gearing up for August congressional recess. Members of the House and Senate will be leaving Washington, DC, and heading to their home states and districts from August 4 through September 5. Please look out for a Key Contact advocacy action alert on how you can engage your federal legislators on key child health access issues during the recess.

During the August congressional recess, the AAP Department of Federal Affairs will not be sending out a weekly Federal Legislative Update. The update will resume on Friday, September 5.

What We’re Reading

- An op-ed published on The Hill’s Congress Blog by Samantha Ahdoot, MD, FAAP, member of the AAP Council on Environmental Health, on the Environmental Protection Agency’s (EPA) proposed rule to reduce carbon emissions from existing fossil-fuel fired power plants
- An article from Kaiser Health News on the Medicaid payment increase extension
• The AAP News Washington Report column on protecting children from the dangers of e-cigarettes and a guest column from EPA Administrator Gina McCarthy
• A new report from the Wakely Consulting Group, “Comparison of Benefits and Cost Sharing in Children’s Health Insurance Programs to Qualified Health Plans”
• A new fact sheet, “Lack of Comparability Between CHIP and ACA Qualified Health Plans”
• A report from the Kaiser Family Foundation, “Children’s Health Coverage: Medicaid, CHIP and the ACA”

This Week in Washington: Rhyming Recap

Congress may be gone
But advocacy goes on
Speak up in August

Follow us on Facebook and Twitter!
July 25, 2014

**Federal Legislative Update**

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- House Budget Committee Chairman Unveils Poverty Proposal
- Save the Dates: Upcoming AAP Advocacy Training Opportunities
- Key Child Health Bills Move Through House and Senate
- Global Health Update
- Senate Committees Hold Hearings on Issues Important to Children’s Health
- Health Reform Implementation Update
- Defense Health Agency Releases TRICARE Report
- AAP Prepares for August Recess Advocacy Opportunities
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**Senate Committee and House Working Group Unveil Proposals on Unaccompanied Children Humanitarian Crisis**

This week, Senate Appropriations Committee Chairwoman Barbara Mikulski (D-Md.) released a draft of the emergency supplemental funding bill that would provide $2.7 billion in resources to address the humanitarian crisis on the southwestern border, approximately $1 billion less than President Obama’s request. Chairwoman Mikulski’s proposal includes $1.2 billion for the Department of Health and Human Services (HHS) for the unaccompanied children program. The proposal seeks to allow HHS to continue to expand shelter capacity and provide critical service for unaccompanied children through the end of 2014. It also contains $1.1 billion for the Department of Homeland Security for Immigration and Customs Enforcement and Customs and Border Protection (CBP) operations including transportation for unaccompanied minors; the Alternatives to Detention program; improvements at CBP facilities for children (e.g. meals, clothing, child care supplies, laundry and shower facilities and medical supplies and support); enforcement and disruption activities to break up smuggling and trafficking rings; and Office of Inspector General site visits to detention facilities.

The proposal contains $124.5 million for the Department of Justice for new immigration judge teams, legal representation services and other legal protection programs. Lastly, the proposal includes $300 million for the Department of State and U.S. Agency for International Development to address the contributing causes of migration from Central America, inform Central Americans of the dangers of the journey and support the safe repatriation and reintegration of migrants from Central America. The proposal only contains funding. It does not include any immigration-related legislative proposals.
In the House, a Republican working group on the border, chaired by Representative Kay Granger (R-Texas) and supported by House Republican leadership, unveiled its recommendations for dealing with current crisis. While the proposal and its path forward were not immediately clear, House Appropriations Committee Chairman Harold Rogers (R-Kent.) told his caucus that about $1.5 billion is what can “feasibly and sensibly be spent before the end of the calendar year.” The working group’s recommendations include but are not limited to the following:

- Deploy the National Guard to the border to assist border patrol agents.
- Require the Homeland Security Department to craft and implement a plan to "gain operational control" of the southwest border.
- Create repatriation centers to help families and unaccompanied minors once they return to their home country.
- Implement messaging campaigns, which are already underway in Honduras, Guatemala, and El Salvador, aimed at exposing the dangers of the journey to the United States and dispelling the myth that children will be permitted to enter the country.
- Process family units within five to seven days. Children should have a fast-tracked immigration-court hearing within seven days after a child welfare official's screening. Additional judge teams and temporary judges would be added.
- Create tough penalties for smugglers and disassemble transnational criminal organizations.

It is not clear whether the proposal will include any additional resources for HHS.

One of the major sticking points for action on a supplemental funding request in both the House and Senate is whether or not changes should be made to the 2008 Trafficking Victims Protection Reauthorization Act to treat unaccompanied minors from non-contiguous countries the same as unaccompanied minors from Mexico for purposes of expedited deportation.

Bicameral action on a supplemental funding request that would provide additional resources to the Administration to address the current humanitarian crisis appears unlikely before August recess.

**House Budget Committee Chairman Unveils Poverty Proposal**

On Thursday, House Budget Committee Chairman Paul Ryan (R-Wis.) unveiled his plan to address poverty at a speech during the American Enterprise Institute. In conjunction with the speech, he also published an op-ed in USA Today. Chairman Ryan proposed a budget neutral Opportunity Grant pilot program, which would consolidate 11 federal programs including the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), the Child Care Development Fund, housing assistance and the Temporary Assistance for Needy Families into one block grant to the states.

While the proposal would expand the earned income tax credit by increasing the maximum credit for childless workers and lowering the eligibility age, it would pay for those changes by eliminating the Fresh Fruits and Vegetables Program, the Social Services Block Grant, the Farmers’ Market Nutrition Program and other programs. The proposal would turn Head Start into a block grant and permit
states to modify their assessments for students with significant developmental disabilities.

Chairman Ryan’s proposal has not been introduced as legislation. AAP staff will continue to monitor the proposal and keep AAP members informed of any updates.

Save the Dates: Upcoming AAP Advocacy Training Opportunities

2015 AAP Legislative Conference

Mark your calendar! The AAP Legislative Conference will be held April 12-14, 2015, in Washington, DC. Participants will have the opportunity to develop their federal advocacy skills through interactive workshops, learn about timely child health policy topics, hear from several guest speakers from Congress and the Administration and visit with their legislators on Capitol Hill. If you are interested in attending and would like to be notified when registration opens, please email LegislativeConference@aap.org. For more information, please visit aap.org/legcon.

Advocacy Day Trainings

The AAP will also be hosting two Advocacy Day trainings in Washington, DC, on Monday, October 27, 2014, and Monday, February, 9, 2015. Beginning with an in-depth training session on how to advocate to members of Congress led by pediatrician federal policy experts and AAP staff, the day will culminate with in-person visits to federal legislators on Capitol Hill. If you are interested in attending either of the trainings, please email kids1st@aap.org.

Key Child Health Bills Move Through House and Senate

Emergency Medical Services for Children Reauthorization Act

On Wednesday, the Senate Health, Education, Labor and Pensions (HELP) Committee marked up and passed the Emergency Medical Services for Children (EMSC) Reauthorization Act (S. 2154). Following the committee’s passage, AAP President James M. Perrin, MD, FAAP, issued a press statement supporting the legislation. Unfortunately, due to Senate Republicans’ opposition to bills that authorize levels of funding that are higher than the most recent appropriated amount, a change was made to S. 2154 to reduce the authorization level over the next five fiscal years from $30.4 million to $20.2 million, the most recent funding level for EMSC. The legislation now heads to the Senate floor.

AAP staff are working closely with Senate and House staff to determine the most expeditious path forward to ensure that an EMSC reauthorization bill can reach the president’s desk by September 30.

Promoting Physical Activity for Americans Act

Also on Wednesday, the Senate HELP Committee approved the Promoting Physical Activity for Americans Act (S.531) in an executive session. The legislation requires HHS to develop and disseminate science-based physical activity guidelines at least every 10 years. The bill would also establish an approval process for other federal
agencies to submit any physical activity proposal to HHS before disseminating it to the general public.

The House has not yet taken up its version of the bill (H.R. 2179), which the AAP has endorsed.

**Preventing Sex Trafficking and Strengthening Families Act**

The House approved the bipartisan and AAP-endorsed *Preventing Sex Trafficking and Strengthening Families Act* (H.R. 4980) by voice vote on Wednesday. The bill's sponsors include Sens. Ron Wyden (D-Ore.) and Orrin Hatch (R-Utah) and Reps. Dave Camp (R-Mich.) and Sander Levin (D-Mich.), the chairmen and ranking members for the Senate Finance Committee and the House Ways and Means Committee, respectively. The bill combines several major initiatives related to the child welfare system, including efforts to address sex trafficking of children, improvements to the foster care system and reauthorization of the adoption incentives program.

The bill would require state child welfare agencies to identify, document and determine appropriate services for children who are, or who are at-risk of becoming, victims of sex trafficking. The legislation would also expand involvement of adolescents ages 14 and older in their foster care case planning, and also require provision of important documents to youth aging out of foster care, including their health records and insurance information. In addition, the bill would eliminate legal barriers to facilitating increased participation in age-appropriate extracurricular activities by foster youth, and includes provisions to reduce reliance on long-term foster care for children under 16 years old. Additionally, the bill would reauthorize the adoption incentives program and update its terms to provide incentive payments for increased adoption rates, rather than total numbers.

The Congressional Budget Office has reported that the bill will save $19 million over 10 years. The bill now moves to the Senate, which is expected to vote on the bill before adjourning for August recess.

**Global Health Update**

*Pediatricians head to Capitol Hill to defend global immunization*

On Wednesday, James H. Conway, MD, FAAP, professor of pediatrics at the University of Wisconsin School of Medicine & Public Health, and Dean A. Blumberg, MD, FAAP, associate professor and chief of pediatric infectious diseases at UC Davis Children’s Hospital, visited 12 congressional offices to urge support for a new bipartisan House resolution supporting the role of the United States in ensuring that children in poor countries have access to vaccines and immunization through the GAVI Alliance. The AAP partnered on the Hill advocacy day with the Global Poverty
Project, a nonprofit grassroots mobilization organization.

*Pictured left to right: Dr. Conway and Dr. Blumberg after their meeting with the office of Representative André Carson (D-Ind.)*

**Senate Committees Hold Hearings on Issues Important to Children’s Health**

**School meal programs**

On Wednesday, the Senate Agriculture Committee held its second hearing related to child nutrition reauthorization. The hearing, “Meeting the Challenges of Feeding America’s School Children,” examined school meal programs across the country – from purchasing and procurement to planning and preparation – and discussed opportunities to continue strengthening these programs to better support America’s school children. Witnesses described the success of the new nutritional standards for school meals that were passed as part of the *Healthy, Hunger-Free Kids Act*, and addressed new findings from the Robert Wood Johnson Foundation showing that 70% of elementary school leaders nationwide reported that students like the healthier school lunches implemented in fall 2012. A witness from the School Nutrition Association pressed Congress to provide more flexibility for schools and delays in implementing the new nutritional standards.

The Academy is in close contact with congressional staff and partner organizations as lawmakers and advocates prepare for child nutrition reauthorization in 2015.

**Achieving a Better Life Experience Act**

The Senate Finance Committee held a hearing on Wednesday on the *Achieving a Better Life Experience (ABLE) Act* (S. 313/H.R. 647). The bill, which AAP has endorsed, would amend Section 529 of the Internal Revenue Code so that families could create tax-free savings accounts that help pay for education, medical bills, and other expenses for their disabled children. The accounts would be structured so that beneficiaries would still be eligible for Medicaid and Supplemental Security Income benefits if the balance remains below $100,000. Currently, the legislation has 74 sponsors in the Senate and 367 in the House.

During the hearing, Sens. Bob Casey (D-Pa.), Richard Burr (R-N.C.) and Mike Enzi (R-Wyo.) expressed their strong support and optimism for passage of this legislation. Each of the panelists at the hearing attested to the importance of the bill for allowing families to better save and plan for their special needs children.

The bill is expected to be taken up in the Senate and House this fall.

**Health Reform Implementation Update**

**Appellate decisions split on tax credits in ACA federal exchanges**

On Tuesday morning, the U.S. Court of Appeals for the District of Columbia Circuit handed down a decision in *Halbig v. Burwell*. Two judges ruled that Affordable Care Act (ACA) provision allowing federally-facilitated exchanges to issue premium tax credits to individuals with household incomes between 100 and 400% of the
federal poverty level was invalid. Approximately two hours later, the Fourth Circuit Court of Appeals in Richmond, Virginia, \textit{unanimously upheld the IRS rule} in \textit{King v. Burwell}.

The Halbig decision is automatically put on hold until seven days after the expiration of the 45-day period the government has to request a rehearing by all 11 judges of the DC Circuit, in addition to the two senior judges who were on the panel. If the government requests such “en banc” review (as it has said that it will), the entire court will likely set aside the three judge panel decision and rehear the case itself; this will likely take several months. Depending on the decision issued by the full DC Circuit Court, the case could go to the Supreme Court.

\textbf{Alliance for Health Reform briefing on network adequacy}

On Monday, the Alliance for Health Reform held a briefing on Capitol Hill focused on the network adequacy issues that have increased since coverage began in the health insurance marketplaces on January 1, 2014. Some new health plans sold in the insurance marketplaces are offering consumers networks that exclude certain doctors, hospitals and other medical providers. While some claim that these networks hamper provider access and choice, others contend that this approach, if done correctly, helps consumers by creating competition and controlling costs. A transcript, materials and full archived webcast of the briefing are available \textit{here}.

\textbf{Defense Health Agency Releases TRICARE Report}

Last week, the Office of the Secretary of Defense submitted a report analyzing pediatric health care coverage under TRICARE to the House and Senate Armed Services Committees. The report titled, “Study on Health Care and Related Support for Children of Members of the Armed Forces,” was a requirement of Section 735 of the Fiscal Year (FY) 2013 \textit{National Defense Authorization Act} (NDAA), which directed the Secretary of Defense to conduct a study on the health care provided to dependent children of members of the armed forces. AAP endorsed the original legislation that contained the idea for the study.

The report largely concluded that the Military Health System is meeting the needs of children, but acknowledges that there were certain data limitations in many of the areas examined. In addition, the report also lists several “gaps” or “areas for clarification” that require further analysis.

Among its findings, the report establishes that although early child care under TRICARE aligns with the basic tenets of \textit{Bright Futures}, there is a gap for children ages 6 to 21 for preventative services. It also acknowledges that the TRICARE definition of medical necessity may differ from the broader healthcare system, and that a review of the TRICARE medical necessity criteria compared with standards used in the larger community could be warranted. Additionally, while the report found that TRICARE’s payment for pediatric care was adequate, it does acknowledge concerns raised by the AAP, and affirms the department’s commitment to “modifications and/or exemptions” to existing reimbursement systems.

AAP and its partner organizations in the TRICARE for Kids working group will draft a unified response to this report and plan to meet with staff from the House and Senate Armed Services committees to discuss possible legislative responses to
some of the “gaps” and “areas of clarification” included in the report. The coalition also plans to meet with the Defense Health Agency (DHA) to review the Unified Legislation and Budgeting Process, and changes DHA might propose in this process that would not require additional legislation.

**AAP Prepares for August Recess Advocacy Opportunities**

The AAP Department of Federal Affairs is gearing up for August congressional recess. Members of the House and Senate will be leaving Washington, DC, and heading to their home states and districts from August 4 through September 5. Please look out for a Key Contact advocacy action alert on how you can engage your federal legislators on key child health access issues during the recess.

**What We’re Reading**

- A Huffington Post article by Claire McCarthy, MD, FAAP, “The Children at the Border Are...Children”
- A New York Times article, "Obama to Urge Central American Leaders to Slow Wave of Immigrants”
- A letter to the editor published in the San Antonio Express-News by Ryan Van Ramshorst, MD, about unaccompanied children crossing the U.S. border
- A Reuters piece featuring an article published by Aimee Grace, MD, MPH FAAP, Wendy Macias Konstantopoulos, MD, MPH and Roy Ahn, MPH, ScD, titled, “Integrating Curricula on Human Trafficking Into Medical Education and Residency Training”
- New public service announcements from the Centers for Medicare & Medicaid Services as part of the Connecting Kids to Coverage National Campaign
- A new study from the New England Journal of Medicine showing that 10.3 million people gained coverage under the ACA
- Friday Funny: an article from The Onion, “Obama To Cut Costs By Packing Lunch Every Day for U.S. Populace”

**This Week in Washington: Rhyming Recap**

Recess approaching
Much needs to be done for kids
Advocate today!

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