



2017 State Advocacy Outlook

2017 will be a year of transition and change across the country—new state legislators, governors, and other key policymakers, and a new administration in our nation's capital will make decisions about children's health and the future of pediatric practice. The pediatrician's voice in this discussion is vital.

AAP Chapters, in partnership with families and other stakeholders, are powerful advocates. Whether the top issues and trends are part of a shared agenda or unique to one state, the AAP supports the advocacy work of chapters and members.

This 2017 State Advocacy Outlook resource shares key AAP priorities, reflects opportunities and challenges for chapters, and identifies state trends to help you craft your state advocacy agenda.

CHILDHOOD IMMUNIZATIONS

Childhood immunizations are vital to the health of children as individuals and to supporting community immunity. Outbreaks of vaccine preventable diseases like measles and pertussis have shown how important it is to shield the community with vaccines, and what can happen when vaccination rates fall below community immunity thresholds. However, the delivery and administration of immunizations in our evolving health care landscape presents a series of challenges to the integrity of the pediatric medical home and the children served by it. And while most parents protect their children with vaccines, a small number do not, and in doing so, place their own children—and their communities—at risk.

Issues to Consider

- Implementing [new AAP policy recommendations](#) to eliminate nonmedical exemptions to school entry immunization requirements.
- Ensuring that vaccine purchasing and delivery systems support pediatricians providing vaccines in the medical home setting.
- Making school vaccination rates and nonvaccination rates transparent by making them publicly available to parents.
- Enhancing interoperability of immunization registries/Immunization Information Systems (IIS) across state lines.

AAP Resources

- [State AdvocacyFOCUS | Childhood Immunizations](#)
- [AAP Immunization Initiatives](#)

MEDICAID PAYMENT AND PAYMENT/SYSTEM REFORMS

Inadequate Medicaid payment for pediatric services remains a policy challenge in many states. While 16 states maintained the Affordable Care Act (ACA) 2013-2014 Medicaid payment increase with state funds into 2016 (to at least some higher percentage of Medicare), other states struggle with low Medicaid payment and related access issues. The final federal Medicaid Access Rule provides states an opportunity to document access to care in the Medicaid fee-for-service environment, but questions remain about whether the rule will result in changes to state practices that truly affect access. The final Medicaid Managed Care Rule also provides an opportunity for strengthening of consumer protections. Meanwhile, a growing number of state Medicaid programs are trying new value based or other alternate payment models, and acting as true drivers of delivery system change by establishing Accountable Care Organizations (ACOs) or other structures.

Issues to Consider

- Advocating for appropriate Medicaid payment to ensure access.
- Experimenting with payment and delivery system reforms that include: a transition to population health, an emphasis on social determinants of health, value based payment and other alternate payment models, and system restructuring such as the creation of Accountable Care Organizations (ACOs).
- Activities to ensure that these new models of paying for and delivering care are optimized for children and pediatrics.

AAP Resources

- [State AdvocacyFOCUS | Medicaid Payment Increase](#)
- [Medicaid Access Rule | Advocacy Action Guide for AAP Chapters](#)
- [Medicaid Managed Care | Advocacy Action Guide for AAP Chapters](#)

- [AAP State Health Care System Transformation Resources](#)

NETWORK ADEQUACY AND BALANCE BILLING

Recently, health insurance plans have offered more "narrow" networks, which limit access to physicians, hospitals, and other health care providers in an attempt to keep costs low. Narrow networks can create barriers for children and families as they try to access needed pediatric primary, medical subspecialty, and surgical specialty care. The inability to access necessary care for children can also result in families incurring higher out of pocket costs if they are forced to obtain out-of-network care. In addition to the debate over the adequacy of networks, states are beginning to consider laws on surprise or balance billing of families when they inadvertently receive out-of-network care at in-network facilities.

Issues to Consider

- Ensuring that state regulation of health plan provider network adequacy appropriately includes pediatric primary, specialty, and subspecialty care.
- Requiring the use of objective measures by which to document network adequacy, such as time and distance standards and provider/covered person ratios for pediatric primary, specialty, and subspecialty care.
- Addressing how payment for out-of-network care at in-network facilities will be adjudicated, with an emphasis on protecting families from surprise balance bills.

AAP Resources

- [Network Adequacy | Advocacy Action Guide for AAP Chapters](#)
- [AAP Annotated Bibliography | Benefits of Pediatric v Adult Specialty Care](#)

POVERTY AND CHILD HEALTH

Although the child poverty rate decreased in 2015, there are still more than 19 million children that live in poverty in the US. Children living in poverty face increased health, education, and socioeconomic risks. In recent years, states have focused on efforts to improve the lives of those children and their families by addressing related issues. In 2016, California and New York increased their minimum wage levels and New York adopted paid family leave. States can take measures to assist children living in poverty by ensuring access to care, access to early education services, strengthening state public benefit programs, and supporting strategies that not only help children in poverty but also work to ensure their parents and family members have access to programs and services that help to improve their health, education, and socioeconomic status.

Issues to Consider

- Advocating for state policies that can help alleviate poverty among children and their families, including minimum wage increases, access to paid sick leave and paid family leave, creating or strengthening state child and dependent care tax credits and state earned income tax credits.
- Supporting efforts to alleviate poverty by connecting and working with state and local antipoverty organizations.

AAP Resources

- [Poverty and Child Health State Advocacy Resources](#)
- [AAP Poverty and Child Health](#)

FIREARMS RESEARCH AND DATA SURVEILLANCE

With current limitations on Centers for Disease Control and Prevention (CDC) research on firearms, states are beginning to address the gaps in firearm research themselves. The National Violent Death Reporting System (NVDRS) is a state-based, CDC-funded surveillance system that links data from multiple state agencies including law enforcement, coroners and medical examiners, vital statistics, and crime laboratories to assist each participating state in targeting interventions. Thirty-two (32) states currently participate in the program and data are used by state and local violence prevention practitioners to guide their programs and policies, to identify trends and patterns in violence, and help devise strategies for prevention. States are also considering using state funding to conduct firearm research. California became the first state to fund a firearm research center in the country at University of California-Davis Medical Center.

Issues to Consider

- Addressing the need for more research on gun violence prevention by supporting efforts to include their state in the National Violent Death Reporting System (NVDRS).
- Supporting other efforts to coordinate gun violent prevention research through state agencies and state universities.
- Using state child death review (CDR) data to illustrate how gun violence disproportionately affects children.

AAP Resources

- [AAP Policy | Firearm-Related Injuries Affecting the Pediatric Population](#)
- [State Advocacy Engagement on Firearm Data Collection](#)

TOBACCO 21

The majority of tobacco and/or electronic nicotine device systems (ENDS) users began use of the products before the age of 21. The 2015 Institute of Medicine (IOM) report *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products* notes that raising the minimum legal age of purchase of tobacco products would reduce youth smoking initiation, particularly among children ages 15 to 17, leading to substantial reductions in tobacco use, improve the health of Americans across lifespan, and save millions of lives.

Issues to Consider

- Advocating for laws that raise the minimum purchase age of tobacco and Electronic Nicotine Device Systems (ENDS) products to 21.

AAP Resources

- [State Advocacy FOCUS | Raising the Tobacco and ENDS Purchase Age to 21](#)
- [AAP Policy Statement | Public Policy Strategies to Protect Children From Tobacco, Nicotine, and Tobacco Smoke](#)
- [AAP Policy Statement | Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke](#)
- [AAP Julius B Richmond Center of Excellence](#)

ZIKA VIRUS

Travel-related and local transmission of the Zika virus in the US is continuing. In addition to ongoing federal efforts to support a response, states have taken action. Numerous policy responsibilities on Zika—from sharing patient lab results to aerial spraying—are within the policy jurisdiction of state and local governments. With the risk of microcephaly and other more subtle developmental issues for infants, pediatricians and AAP Chapters have an essential role to play in state Zika response.

Issues to Consider

- Assisting state level efforts on disaster and emerging disease preparedness to ensure that the needs of children are being considered, and emphasizing the importance of a strong and well-funded public health infrastructure.
- Enhancing access to outpatient management and early intervention services for babies testing positive for Zika or believed to be exposed to the virus in utero.
- Engaging in dialogue with state and local health officials about 2017 preparation efforts, including prevention, education, surveillance, environmental health impact, public response efforts, and care and treatment.

AAP Resources

- [Zika Resources from the AAP Disaster Preparedness Advisory Council \(DPAC\)](#)

PRESCRIPTION DRUG COSTS

The recent focus on the very high cost of epinephrine autoinjectors has brought prescription drug costs to the forefront of state policy, but the same market dynamics influence the price of other pediatric prescription drugs. Increases in cost sharing requirements in many health plans have magnified these cost increases and further burdened families with unexpected out of pocket expenses. While industry led efforts to provide rebates or other cost savings for patients, inflated drug prices are ultimately absorbed by insurers and passed back onto insureds in the form of higher insurance premiums.

Issues to Consider

- Establishing legislative commissions or requiring state agencies to study the issue.
- Advocating for caps on copays for prescription drugs or requiring price transparency when prescription drug costs increase.
- Urging the state attorneys general and/or consumer protection agencies to take action through existing or new authority.

AAP Resources

- [State Advocacy Engagement on Epinephrine Autoinjector Costs](#)

Additional Resources

- [National Conference of State Legislatures | Pharmaceutical Costs and Access](#)
- [Consumers Union | Promoting Access to Affordable Prescription Drugs](#)