



State Advocacy Wrap-Up

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Chapter Advocacy in Action

Success

2019 was a year of many advances for child health across the country. AAP chapter advocacy efforts were a driving force in this success. Challenges are always part of the process, but thoughtful and intentional work by chapters to put children at the center of state policymaking resulted in victories that should be celebrated. This resource examines progress on child health priorities and serves as a guide for chapters in crafting advocacy blueprints for 2020.

2019 State Legislative Sessions

In 2019, all 50 states and Washington, DC convened regular legislative sessions. State legislators have considered almost 160,000 bills to date and more than 38,000 have been enacted. Looking ahead to 2020, 46 states and DC will hold regularly scheduled legislative sessions. The legislatures in Montana, Nevada, North Dakota, and Texas will hold not hold regular sessions in 2020. With new introductions and carryover legislation from 2019, more than 168,000 bills are expected to be taken under consideration by states in 2020.

State Budgets

With FY20 budgets in place and increases in revenue generation, 2020 marks the 10th straight year of growth in state budgets. While there have been spending increases in policy and program areas including health, well-being, and education, states are also committing revenue to rainy day funds to buffer themselves in the event of an economic downturn.

2020 State Elections

In 2020, more than 6,800 legislative seats in 46 states, and 11 governors will be on the ballot along with national races for Congress and the presidency. The AAP will be undertaking a robust effort to engage members in the process of promoting child health priorities to candidates for office and to ensure that they vote.

Chapter Blueprints and Advocacy Agendas

In 2019, 30 AAP chapters (including District II and District IX) developed a blueprint for children or similar chapter advocacy agenda, compared to just 9 states in 2016. Many agendas share common themes, including access to care and Medicaid related issues, immunizations and vaccines, gun violence prevention, prevention of youth tobacco use, and access to behavioral health and mental health services.

For more from the AAP, see our [Chapter Advocacy Agenda Planning Toolkit](#) and find your [chapter's blueprint template](#) for 2020.

Chapter Advocacy Days

This year, 33 AAP chapters, AAP District II (New York), and AAP District IX (California) held successful advocacy days at their state capitols. These well-attended events strengthen chapter relationships with legislators and other policymakers and offer a venue to highlight chapter blueprints and advocacy agendas.

For more from the AAP, see our [Chapter Advocacy Day Planning Guide](#).

Pediatricians in State and Local Public Service

There are hundreds of pediatricians serving in elected, appointed, and career public service positions in states across the country. Participating in their inaugural session as state legislators, Yadira Caraveo, MD, FAAP in Colorado, and Beth Liston, MD, FAAP in Ohio, have worked tremendously hard, becoming strong advocates for children's health and well-being. Dr Caraveo and Dr Liston join California State Senator Richard Pan, MD, FAAP and New Hampshire State Representative Skip Berrien, MD, FAAP who were reelected to their respective offices.

In addition to these state legislators, several other pediatricians have taken on high profile duties in state government this year, including:

- Lily Lou, MD, FAAP | Chief Medical Officer, Alaska Department of Health and Social Services
- Nadine Burke Harris, MD, FAAP | California Surgeon General
- Scott Rivkees, MD, FAAP | Florida Surgeon General
- Patricia Purcell, MD, FAAP | Medical Director, Office of Children with Special Health Care Needs, Kentucky Cabinet for Health and Family Services
- Amy Belisle, MD, FAAP | Chief Pediatrician, Maine Department of Health and Human Services
- Deborah Shropshire, MD, FAAP | Director, Oklahoma Child Welfare Services
- Ryan Van Ramshorst, MD, FAAP | Chief Medical Officer, Texas Health and Human Services Commission

Children's Cabinets/State Governance Entities

The new governors of Maine and New Mexico acted this year to reestablish children's cabinets. The Maine Children's Cabinet will be overseen by Amy Belisle, MD, FAAP, in her role as the state's first chief pediatrician. North Dakota enacted a new law creating the state's first children's cabinet, and Ohio's governor created a cabinet level Office of Children's Initiatives to focus on increasing access to and improving services for young children.

For more from the AAP, see our [State Children's Cabinets and Other Related Governance Entities](#) resource and our Webinar [Partners in Progress | AAP Chapters and State Children's Cabinets](#).

Immunizations

In response to the outbreak of more than 1,100 measles cases in 28 states, AAP chapters established state immunization policy reform as a top priority. Maine and New York fully repealed their nonmedical exemptions statutes, after a series of legislative twists and turns in both states. New York's new law, now in effect, requires all children to be fully vaccinated as medically indicated as a condition of school entry. Maine's law takes effect in advance of the 2021 school year. In addition, Washington state repealed the personal exemption specifically for the MMR vaccine.

AAP chapters in these states played a key role in these positive outcomes. In New York, chapter members met with over 30 legislative offices on the bill, and in Maine, the chapter helped to foster a new partnership with parents in support of immunizations and established a hotline for legislators with questions about vaccines.

A new California law, sponsored by Senator Richard Pan, MD, FAAP, requires use of a standardized medical exemption certification form and allows the state's Department of Public Health to investigate doctors who grant more than 5 medical exemptions per year.

More than 300 bills addressing childhood immunizations were introduced in state legislatures in 2019. Of these, 14 states introduced bills to fully eliminate nonmedical exemptions to school entry immunization requirements—a substantial increase over prior years. Additional actions to strengthen state immunization policies are expected in the 2020 state legislative sessions.

For more from the AAP, see our [Childhood Immunizations State Advocacy FOCUS](#) resource and our interactive infographic [Child Vaccination Across America](#).

Family First Act Implementation

Twenty-two (22) states (AZ, AR, CA, CO, GA, HI, IA, KS, KY, MD, ME, MN, MT, NH, ND, OK, OR, TX, VA, WA, WI, and WY) enacted laws in 2019 related to the implementation the Family First Prevention Services Act. Generally, these new laws focus on aligning the state's background checks for child welfare works with the requirements found in Family First, providing a definition of a qualified residential treatment program, appropriating funding for implementation, or creating legislative entities to study implementation of Family First. To date, 5 states (AR, KS, KY, NE, and UT) have taken the most significant steps toward full implementation of Family First, including the submission of a Title IV-E Prevention Program plan and the commitment of state matching funds to draw down available federal monies.

For more from the AAP, see our [Family First Advocacy Toolkit](#), [Family First State Legislation Tracker](#), and [Implementing the Family First Prevention Services Act: A Technical Guide for Agencies, Policymakers, and Other Stakeholders](#).

Gun Violence Prevention

Most AAP chapters identified gun violence prevention as a 2019 state advocacy priority, with many focusing on efforts to remove guns from the environment of those at risk of harm. With the passage of laws this year in Colorado, Hawaii, Nevada, New York, and Washington, 17 states and DC have now enacted Extreme Risk Protection Order (ERPO) or "Red Flag" laws. These laws establish a legal mechanism whereby families or police officers can petition a judge to temporarily take possession of firearms from persons deemed to be a risk to themselves or others.

In addition, Connecticut, Delaware, New York, and Nevada strengthened their existing safe storage of firearms laws by enhancing civil or criminal penalties for failing to secure a firearm responsible for unintentional injuries, suicides, and homicides.

For more from the AAP, see the our [Extreme Risk Protection Orders \(ERPO\)](#) and [Extreme Risk Protection Orders \(ERPO\)| Preventing Youth Suicide](#) advocacy infographics and our [Extreme Risk Protection Orders \(ERPO\) or "Red Flag" Laws State Advocacy FOCUS](#) resource.

Medicaid Expansion

To date, 36 states and DC have expanded Medicaid for adults with incomes up to 138% of the federal poverty level (FPL), and 3 additional states (ID, NE, and UT) have adopted Medicaid expansion but not yet implemented. Medicaid expansion in Idaho, Nebraska, and Utah came about by means of voter approved ballot measures, however legislatures in these states acted to amend these initiatives.

In Utah, legislators added a work requirement, limited income eligibility to 100% FPL, capped enrollment for the expansion population, and imposed a per capita cap on federal funding. The state has received federal approval for the work requirement and enrollment cap while the enhanced federal match for partial expansion has been denied. The per capita cap on federal funding is currently under review by the Centers for Medicare and Medicaid Services (CMS).

Lawmakers in Idaho and Nebraska have proposed implementation of work reporting requirements for the newly covered populations. Such conditions have been shown to be a barrier to accessing care. Both states have also put forward proposals which would serve to limit benefits and offer higher out of pocket costs for expansion populations.

New governors in Kansas and Wisconsin have discussed the possibility of future Medicaid expansions and other states are considering expansion ballot initiatives for the coming year.

For more from the AAP, see our [Medicaid Expansion State Advocacy FOCUS](#) resource.

Medicaid Payment

Since the 2015 end of the ACA Medicaid primary care payment increase, 17 states (AL, CA, CO, CT, DE, GA, HI, IA, IN, ME, MD, MI, MS, NE, NV, NM, and SC) have increased Medicaid payment rates using state dollars. These increases have been achieved either through inclusion in the state budget or via legislative or regulatory action, spurred by AAP chapter advocacy.

For more from the AAP, see our [Medicaid Payment State Advocacy FOCUS](#) resource.

Medicaid Waivers

States continue to consider Medicaid Section 1115 waivers as a means of reshaping the program. Medicaid waivers are powerful policy mechanisms that can have positive and negative effects on those who rely on the program for insurance coverage. A challenging trend in states is the proposal of waivers that ultimately limit access to care for children, such as the elimination of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) protections for 19- and 20-year olds or denial of coverage of nonemergency medical transport (NEMT). Other waivers have focused on the imposition of a work requirement for adults as a condition of maintaining program coverage.

Recognizing the important effects adult coverage has on children's coverage, AAP chapters have been at the forefront of opposition to these proposals. Chapters in more than 20 states have filed proposal comments with state and federal officials, citing the potential harms to children and their families that would likely stem from waivers, if approved. These comments have been the cornerstone of advocacy efforts to protect children and families insured by Medicaid and have been the foundation of related legal challenges.

Arkansas was the first state to fully implement a Medicaid work requirement and, within months, more than 18,000 adults lost their coverage. However, earlier this year, a federal judge struck down both the Arkansas and Kentucky Medicaid work requirement waivers. An AAP amicus brief filed in support of children and families was cited in the Kentucky ruling. Both lawsuits are currently being appealed.

Meanwhile, states continue to propose Medicaid work requirements and the US Department of Health and Human Services (HHS) continues to approve related waivers. New Hampshire halted implementation of a work requirement there after 17,000 adults were found to be out of compliance in the first month of required reporting. The same federal court that acted on the Arkansas and Kentucky matters also subsequently struck down New Hampshire's waiver, and a new lawsuit was filed in late 2019 challenging Michigan's Medicaid work requirement. Indiana, also facing a work requirement lawsuit, has recently taken steps to postpone its work requirement, as has Arizona.

Although several nonexpansion states have applied for waivers, to date HHS has only approved work requirements for those that have expanded Medicaid to adults. However, a few nonexpansion states have also applied for waivers for their adult populations.

For more from the AAP, please see the [AAP Principles on Waivers](#) and [State Waivers Could Significantly Alter Coverage and Care for Children](#).

Mental and Behavioral Health

According to 2017 data from the Centers for Disease Control and Prevention (CDC), suicide remained 2nd leading cause of death for children and adolescents ages 10-24. To address this growing epidemic, states have enacted legislation to require schools to have suicide prevention plans in place. This year lawmakers in Arizona, Hawaii, New Hampshire, Nevada, and Ohio acted to require suicide prevention training for school personnel. Thirty-one (31) states now require this training for school personnel with an additional 13 that encourage schools to adopt such programs. New laws in California, Louisiana, and Oregon require inclusion of the National Suicide Prevention Hotline number on student ID cards.

To support states, the Health Resources and Services Administration (HRSA) awarded \$12.4 million this through 2 programs designed to support the mental health of women and children.

- The Pediatric Mental Health Care Access Program provided \$7.9 million to 18 states (AL, AK, CO, DE, IA, MI, MS, MO, MT, NE, NV, NH, NJ, NC, ND, RI, VA, WI) with the goal of integrating behavioral health into pediatric primary care using telehealth care.
- An additional \$4.5 million was awarded to FL, KS, LA, MT, NC, RI, VT through the Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program, which will support psychiatric consultation, care coordination, and training that will help frontline providers screen, assess, refer, and treat pregnant and postpartum women for depression and other behavioral health conditions.

The Center for Medicare and Medicaid Innovation (CMMI) also announced 2 new models of care designed to address issues related to access to behavioral health and the opioid epidemic for children and mothers.

- The Integrated Care for Kids (InCK) model promotes a new pediatric-centered local service delivery and state payment model for children and youth enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). The program aims to improve child health, reduce avoidable inpatient stays, and create sustainable pediatric Alternative Payment Models (APMs) by integrating care coordination and case management across physical and behavioral health systems.
- The Maternal Opioid Misuse (MOM) Model is designed to support coordinated care delivery, including a coverage and payment strategy, for pregnant and postpartum women with opioid use disorder (OUD) and their infants enrolled in Medicaid or CHIP in order to improve quality of care and outcomes for this population. It is anticipated that CMMI will be providing state Medicaid agencies grant awards to implement these models in early 2020.

For more from the AAP, see our [InCK and MOM Model Resource](#).

Opioids

Following the 2016 Massachusetts law limiting initial opioid prescriptions to 7 days, more than half of states enacted prescribing limitations. This year lawmakers in 4 states (CO, MT, TX, and WY) passed similar measures. All 50 states and DC now allow opioid antagonist medications to be prescribed to friends and family of individuals at risk of overdose. In 2019, 5 states (OR, RI, SD, VA, and WA) enacted legislation that would require or allow schools to stock opioid antagonist medication and administer in case of a suspected overdose.

The AAP is closely monitoring the emerging national prescription opiate litigation which aims to consolidate more than 2,000 individual lawsuits brought forth by individuals, as well as local, tribal, state governments. The defendants in these lawsuits include large opioid manufacturers and distributors as well as prescribers. As the litigation advances, the AAP will work with chapters and other stakeholders to help ensure that funds allocated to local and/or state governments are used for prevention and treatment of substance use disorders and other services to children affected by the opioid epidemic.

Protecting LGBTQ Youth From Conversion Therapy

Four (4) states (CO, MA, ME, and NY) enacted laws in 2019 to protect LGBTQ youth by prohibiting the practice of conversion therapy for minors. Puerto Rico’s governor issued an executive order banning the use of conversion therapy with LGBTQ minors and North Carolina’s governor directed the state health department to take steps to prohibit state payment for conversion therapy services. At the local level, the practice was banned in Cudahy, WI; Denver, CO; Alachua County, FL; Racine, WI; Sheboygan, WI; Superior, WI; Glendale, WI; East Lansing, MI; Columbia, MO; Ferndale, MI; Kansas City, MO; and Minneapolis, MN.

Eighteen (18) states (CA, CO, CT, DE, HI, IL, MA, MD, ME, NH, NJ, NM, NY, NV, OR, RI, VT, and WA), DC, PR, and 64 local governments now prohibit conversion therapy for minors.

For more from the AAP, see our policy statement [Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth](#) and our policy statement [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#).

Tobacco 21

Twelve (12) states (AR, CT, DE, IL, MA, MD, NY, OH, TX, UT, VT, and VA) acted this year to prohibit sales of tobacco and other nicotine containing products to anyone younger than 21, bringing the total number of states with Tobacco 21 laws to 18. Advocates have expressed concern about tobacco industry involvement in Tobacco 21 legislation, citing the Arkansas and Virginia measures which maintained penalties for underage youth possession of tobacco products, thereby placing the burden of enforcement on youth targeted by tobacco and e-cigarette marketing, instead of the industry itself.

For more from the AAP, see our [Raising the Purchase Age of Tobacco and E-Cigarettes State Advocacy FOCUS](#) resource and our [Advocating for Tobacco21 in Your State](#) advocacy infographic.

Vaping

As survey data continue to show dramatic year-over-year increases in youth e-cigarette use, there is a growing sense of urgency among policymakers to take action to address these epidemic levels of youth use. A recent outbreak of vaping-related lung injury that has sickened over a thousand and killed 2 dozen has also driven policymakers to act. In response, governors in 4 states (MI, MT, NY, and RI) have used their executive power to ban the sale of flavored nicotine vaping products. In addition, governors in Oregon and Washington have banned flavored nicotine and THC products and the governor of Massachusetts issued an order prohibiting all flavored and unflavored vaping products. An emergency executive order by the governor of Utah limits the sales of flavored nicotine products to vaping shops. Though important steps to protect public health, these emergency measures will expire. Massachusetts enacted a law at the end of 2019, making the state's ban on flavored e-cigarettes permanent, however, lawmakers in other states must act to ensure these temporary public health orders are made permanent.

In related efforts, California's governor set aside \$20 million dollars to fund public education and pledged stronger enforcement efforts on counterfeit vaping devices. Authorities in at least 6 states (HI, MO, NY, OK, TN, and WI) have issued public health advisories about the dangers of e-cigarettes and other vaping products. In addition, Michigan enacted a ban on sales of e-cigarettes to anyone younger than 21 but the measure does not cover the full range of tobacco products.

For more from the AAP, see our [E-Cigarettes State Advocacy FOCUS](#) resource.

The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

AAP state advocacy work is a partnership between chapters, committees, councils, sections, and the national organization. Consultation, technical assistance, and strategic guidance on state advocacy activities is provided by the state advocacy team located at the AAP headquarters in Itasca, Illinois.

To facilitate networking among national and chapter leaders and staff involved in state advocacy, the state and federal advocacy teams, together with the Committee on State Government Affairs (COSGA) and Committee on Federal Government Affairs (COFGA), provide advocacy learning and engagement opportunities throughout the year. The AAP advocacy group aims to achieve alignment of advocacy priorities and to amplify the powerful voice of pediatricians as they speak up for children.

The [State Advocacy Team](#) monitors and analyzes state policy and legislation to keep chapter leaders, executive directors, and lobbyists informed about policy trends. Our communications and resources include:

- [State Advocacy FOCUS Resources](#)
- [StateView-A Look at Advocacy Around the Country](#)
- [Advocacy Action Guides for AAP Chapters](#)
- [Advocacy Infographics](#)
- [2020 AAP Chapter Blueprint Templates](#)
- [Chapter Advocacy Agenda Planning Toolkit](#)
- All resources and information available at aap.org/stateadvocacy

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