The West Virginia Chapter, American Academy of Pediatrics (WV AAP) is led by Pediatricians and welcomes physicians, nurse practitioners and physician assistants of our mountain state and contiguous areas. Our membership includes 261 private practitioners, generalists, specialists, medical school faculty, residents, public health practitioners, nurse practitioners, physician assistants, and administrators seeking the optimal health and well-being of all the children of our state. Our mission is to attain the optimal health and well-being of all infants, children, adolescents and young adults by uniting and educating Pediatricians and facilitating effective partnership between Pediatricians and other child experts and advocates. The WV AAP will continue to put kids’ health first. This is a critical time for Pediatricians to be a voice for vulnerable children and families in West Virginia. The following are legislative priorities impacting child health in our state.

Access to Care
Children’s health insurance coverage has reached historic levels in the U.S. and West Virginia, thanks to Medicaid, Children’s Health Insurance Program (CHIP), and the Affordable Care Act. Medicaid and CHIP serve West Virginia’s most vulnerable children and are critical to children’s healthy development and success in life.

Medicaid covers preventive services including well-child check-ups, immunizations, and dental care. Through the program’s definitive standard of care for children—known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)—Medicaid provides children with access to the care they need at a cost their parents can afford. EPSDT covers a comprehensive array of services for children, including developmental, vision and hearing screenings, so that health problems and developmental delays can be diagnosed and treated as early as possible, or averted altogether.

Medicaid’s EPSDT guarantee or the CHIP benefit package should be the benchmark plan for WV to ensure all children receive the care they need. The WV AAP continues to support protecting children’s health coverage through these vital programs.
Advancing Child Health by Maintaining Strong Immunization Laws
The AAP has long supported preventive care, including immunizations, in the medical home setting as a major component of pediatric health care and disease prevention, and believes economic barriers should not restrict access to immunizations or other forms of preventive care for children. Evidence-based studies have consistently shown that vaccines are safe; vaccines are effective; vaccines save lives. WV has one of the nation’s strongest school entry immunization requirements, in that we only allow medical exemptions for immunizations prior to school entry.

In many states that have weakened their immunization laws by allowing personal belief (nonmedical) exemptions to school immunization requirements, the number of unvaccinated children is increasing. When the number of unvaccinated students grows, it erodes community immunity and increases the likelihood of disease outbreaks. Compulsory immunizations for school are an important safety-net for children who have missed childhood immunizations. The WV AAP applauds the WV legislature for maintaining strong immunization practices and continues to support the current law requiring immunizations for schools. These laws are very effective at keeping immunization rates high, preventing disease outbreaks, and keeping students healthy and in school.

Firearm Injury Prevention
Every child has the right to live in a safe home, play in the safety of others’ homes and live without fear of firearms. Gun violence is a public health epidemic that profoundly affects children and must be addressed that way through evidence-based policies. Pediatricians see the devastating effects of firearms firsthand in the form of suicides and homicides, and by treating those who have been exposed to gun violence at school, in the community or at home. As pediatricians, we counsel parents on proper storage of firearms and do everything in our power to keep children safe – we also depend on our elected leaders to use the same common-sense approach to advance comprehensive gun violence and firearm injury prevention policies. We urge legislators to reject any legislation that weakens gun violence and firearm injury prevention laws and puts children’s safety at risk.

Obesity Prevention and Treatment
Prevention of childhood obesity remains a health priority for WV AAP, because obesity is the most prevalent chronic health condition in the pediatric population. Although many social sectors need to be mobilized to completely address this problem, pediatric primary care has a unique role to play, should be a resource for the community, and can be an integral part of the solution. In 2018 the WV AAP will be promoting the “Rethink Your Drink Campaign”. There is indirect or preliminary evidence that intake of sugar-sweetened beverages may lead to excess weight gain in children. Because there is no evidence for health benefits of sugar-sweetened beverages, health-promotion efforts in pediatric practice should aim at removing all sugar-sweetened beverages from children’s diets.

Opioid Epidemic/NAS
Opioid use disorders are a growing problem among young people. The rate of “nonmedical use” (i.e., use without a prescription or more than prescribed) of opioid medication by adolescents (aged 12-17) and young adults (aged 18-25) more than doubled between 1991-2012, and the rates of opioid use disorders, including heroin addiction, and fatal opioid overdoses increased in parallel. West Virginia leads the nation in opioid overdose deaths. The WV AAP supports increasing resources to improve access to medication-assisted treatments.

Neonatal Abstinence Syndrome (NAS) is another devastating consequence from the opioid epidemic that impacts the most vulnerable population in West Virginia. 1 in 7 babies are born exposed to substances, and among those, 1 in 3 are diagnosed with NAS. West Virginia has the highest prevalence rate in the country. WV AAP will continue to collaborate with state partners to ensure adequate care for children impacted by this epidemic.

Raise The Legal Age To Purchase Tobacco To 21 and Promote Tobacco Cessation
Preventing youth smoking initiation is an important strategy to reducing tobacco-related diseases. The vast majority of people who become addicted to nicotine start using tobacco products before the age of 21. Many high school students turn 18 during their senior year of high school and often purchase tobacco products for younger students. 18.8% of WV high school students smoke and 24.8% of WV adults smoke. WV AAP supports the minimum age to purchase tobacco and electronic nicotine device systems (ENDS) in West Virginia being increased to 21 years.