



## Pediatric Policy Council Update March 2018

The APS and SPR are members of the Pediatric Policy Council (PPC) which actively advocates for children and academic pediatrics at the federal level. APS representatives to the PPC are Drs. Scott C. Denne (incoming PPC Chair) and Jonathan M. Davis; Drs. Vivek Balasubramaniam and Shetal Shah represent the SPR.

The PPC also includes representatives from the Academic Pediatric Association (APA) and the Association of Medical School Pediatric Department Chairs (AMSPDC). The PPC is based in the Washington DC office of the American Academy of Pediatrics (AAP), who supplies staff and other support.

The latest advocacy developments are summarized by the PPC below.

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### PPC CAPITOL CONNECTION

March 15, 2018

#### What Matters Now in Washington:

- Congress passed a bipartisan budget deal paving the way for hundreds of billions of dollars in additional spending, but Congress continues work on a year-end spending bill to fund key child health policy priorities.
- The budget deal extended the Children's Health Insurance Program (CHIP) for an additional four years, for a total of ten.
- Gun violence prevention conversations advanced after Parkland shooting, with funding for research a possible area for bipartisan compromise.
- A permanent legislative solution for DREAMers has yet to come to fruition, and it's unclear how or when Congress may act.
- The Trump Administration has approved Medicaid work requirements for three states since it announced it would allow states to institute them.
- The All of Us Child Enrollment Scientific Working Group released a report detailing scientific opportunities that may arise from enrolling children in All of Us.
- A recent study found that the bulk of NIH funding has gone to senior pediatric physician-scientists in recent years.

**Bipartisan Budget Deal Enacted, BUT SPENDING BILL NEGOTIATIONS STILL PENDING.** In an impressive show of bipartisanship, [congressional Republicans and Democrats came together last month to pass a massive budget deal](#) busting through strict budget caps and funding a number of important child health policy priorities. The deal, the third of its kind over the last six years, [lifts the budget caps](#) put in place by the Budget Control Act of 2011 and will at last allow congressional appropriators to finish full-year spending bills for Fiscal Year (FY) 2018, which began on October 1 of last

year. Congressional appropriators have been developing spending bills for FY 2018 since early last year but risked triggering across-the-board spending cuts without an increase in discretionary caps. By raising the caps for defense and non-defense discretionary spending by nearly \$300 billion over the next two years, Congress will likely be able to realize the planned increase in funding for the National Institutes of Health (NIH). The House and Senate are both currently working through thorny policy issues in their FY 2018 omnibus spending bills, with the goal of having a final negotiated package enacted by March 23 when the government is set to run out of money.

**—A Decade of CHIP Following Long-Delayed Extension of Program.** In a turn of events all but unimaginable several months ago, Congress managed to act not just once but twice to extend funding for the Children’s Health Insurance Program (CHIP) after the program’s high-profile funding lapse was widely lambasted in the media as the height of congressional dysfunction. Funding for CHIP expired on September 30, and the lack of a funding renewal left states in dire straits as they scrambled to find money to keep their programs afloat. While Congress easily struck bipartisan agreement on the policy provisions to be included in a CHIP extension, a disagreement over how to pay for CHIP left Republicans and Democrats at an impasse. Following the repeal of the individual mandate in last year’s tax reform bill, however, the Congressional Budget Office (CBO) found that longer term extensions of CHIP were more cost effective for the federal government than initially projected. In January, Congress finally passed a six-year extension of CHIP, providing certainty to states and the families who depend on the program. By adding an additional four-year funding extension to the bipartisan budget deal, Congress was able to save the federal government money while securing a total of ten years of funding for the program. In addition to a decade of funding certainty, the CHIP renewal includes a reauthorization of the Pediatric Quality Measures Program and requires states to report on the core set of pediatric quality measures.

**—Budget Deal Renews Important Child Health Priorities.** Congress took the opportunity to fund a number of other expired child health policy priorities in the bipartisan deal. The deal extended funding for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) for five years, a program that funds evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten age, as well as two years of funding for Community Health Centers. Critically, the budget deal also included the Family First Prevention Services Act, which reforms the child welfare system in a way that emphasizes prevention instead of family separation. This bill represents the first major reform of the child welfare system in several decades. The bill also allocates funding to other important child health priorities, providing \$6 billion in additional funding to combat the opioid crisis and \$2 billion in funding increases for the NIH.

**In the Wake of Parkland Tragedy, A New Narrative on Gun Violence Prevention Emerges.** Following the school shooting in Parkland, Florida, that claimed the lives of 17 students and educators, survivors of this horrific event have stepped up to take the lead in calling for stronger gun violence prevention measures from elected leaders in Washington. The articulate and compelling case that these high school students have presented the nation has helped to change the narrative around gun control and has allowed a dialogue to begin among policymakers about gun violence prevention measures. These students are driving an organic, student-led movement to build the sustained pressure that may help create policy change. While the public policy debate around firearms remains contentious, the debate following Parkland has been characterized by a decidedly different tone than those following prior mass casualty shootings. Despite this, decisive legislative action on gun violence prevention measures is no guarantee.

**—Gun Violence Prevention Research May Provide Common Ground.** There has been a renewed interest on both sides of the aisle in expanding the federal government’s role in funding research into gun violence to better inform the public policy debate. For over twenty years, the federal government has funded hardly any research into the causes of gun violence due to the Dickey amendment, an

appropriations rider that prevents the Centers for Disease Control and Prevention (CDC) from using federal funds to advocate or promote gun control. While the Dickey amendment's language does not preclude CDC from funding research on the public health effects of gun violence, it has had a [chilling effect on public health agencies' willingness to fund gun violence research](#). Members of Congress are taking a closer look at this issue and at providing additional dollars to fund such research. Academic pediatricians are urging Congress to encourage the study of gun violence as a public health issue and considering ways to highlight the unique impact of gun violence on child health in the ongoing debate. [Paul Chung, MD, MS, chair of the Pediatric Policy Council, was quoted recently in the Denver Post, urging Congress to meet this epidemic of violence with rigorous scientific research.](#)

**With End of DACA on Hold, Permanent Legislative Fix for DREAMers Remains Elusive.** Advocates for undocumented individuals brought to the U.S. as children, also known as DREAMers, jumped into urgent action following President Trump's announcement terminating the Deferred Action for Childhood Arrivals (DACA) program last September. According to his initially announced timeline, all DACA work permits would expire on March 5, 2018, leaving nearly 800,000 individuals without work authorizations and vulnerable to deportation. Advocates and some members of Congress insisted a permanent fix be enacted by the deadline to give DREAMers certainty. [But after two judges ruled that DACA must remain in place](#) while litigation over the legality of President Trump's decision to end the program proceeds, [members of Congress were left without a hard deadline](#) to come up with a permanent legislative fix for DACA; [March 5 came and went without any solution from Congress](#). Senate Majority Leader Mitch McConnell (R-KY) did allow several immigration proposals to come to a vote in mid-February. While some received bipartisan support, [none garnered the 60 votes needed to pass](#). Since then, Congress has yet to take any meaningful action on DACA, and it is still unclear when a deal may move.

**Trump Administration oks work requirements in Three States with More Approvals Expected.** Since the [Trump Administration announced](#) it would allow states to institute [work requirements for certain non-disabled adults](#) and erect other barriers to Medicaid eligibility, [Kentucky, Indiana, and Arkansas](#) have all gained approval for their 1115 Medicaid waiver proposals. Each of these states will require work or employment activities as a condition of Medicaid eligibility. Already, the National Health Law Program and other organizations have [filed suit on behalf of individuals likely to be impacted](#) in order to block Kentucky's Medicaid work requirements. Work requirements are likely to cause many non-disabled adults to lose health coverage. [When parents are enrolled in health coverage, their children are more likely to be enrolled in coverage and receive essential care](#). Many of the individuals that would be subject to this work requirement are parents.

**All of Us Releases Report on Child Enrollment.** The Child Enrollment Scientific Vision Working Group (CESVWG), a working group of the All of Us Research Program, [released a report in January outlining key scientific opportunities](#) that may be enabled by the inclusion of children from diverse backgrounds in the program. The [report](#) outlines key themes that encompass a variety of scientific opportunities relevant to child health. It also highlights the importance of the inclusion of children for addressing critical child health issues, as well as for better understanding the developmental origins of adult disease. The report comes as the All of Us Research Program looks to embark on the path toward enrolling at least one million Americans to advance precision medicine.

**Pediatric Physician-Scientists Struggle for Funding, Study Finds.** A [recent study in JAMA Pediatrics found](#) that most NIH grants awarded to pediatrics researchers over the last five years have been limited to physicians in senior positions at a small number of institutions. Overall, the findings indicate a downward trend in funding for pediatric research, particularly among younger researchers. The findings come at a time when NIH is working to increase the number of early-stage investigators who receive funding to conduct research in an attempt to bolster the research pipeline.

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