



Pediatric Policy Council Update August 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 Balasubramanian 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

PPC CAPITOL CONNECTION

August 17, 2018

What Matters Now in Washington:

- Despite a July deadline to reunite all families separated at the southern border, nearly 500 children remain separated from their parents. [More...](#)
- The fate of DACA is in the hands of the courts, and conflicting rulings over whether to continue or end the program may soon emerge. [More...](#)
- The Trump administration is expected to advance a proposal to deny lawful permanent residence to legal immigrants who use programs like Medicaid and CHIP. [More...](#)
- NIH is expected to receive its fourth multi-billion dollar funding increase in the coming fiscal year. [More...](#)
- NICHD is seeking public input in its newly launched strategic planning process. [More...](#)
- PPC authored policy commentaries in *Pediatric Research* exploring the intersections of child health policy, advocacy, and pediatric research. [More...](#)

TRUMP ADMINISTRATION MISSES COURT-IMPOSED DEADLINE TO REUNITE FAMILIES. The federal government [missed the July 26th deadline](#) by which it was required to reunify all children and parents that had been separated at the southern border. As of that deadline, which was mandated as a result of [rapid legal proceedings](#) brought by the American Civil Liberties Union (ACLU) on behalf of separated immigrant families, the Trump administration had reunified 1,442 children with their parents, out of a total of more than 2,000 separated families. [Nearly 500 children remain separated](#) from their parents, in most instances because the parents of these children had already been deported or because the government was unable to identify the parents of a child in its custody. In early August, the judge presiding over the legal proceedings [expressed disappointment in the government's progress](#) reunifying families and ordered the government to choose a representative to lead the reunification effort. Efforts continue to ensure all children separated from their parents under the “zero tolerance” immigration enforcement policy are reunited.

UNCERTAINTY REMAINS AS FIGHT OVER DACA CONTINUES IN COURT ROOMS. Following the Trump administration's September 2017 decision to terminate the Deferred Action for Childhood Arrivals (DACA) program, which provides temporary deportation relief and work authorization to immigrants brought to the U.S. illegally as children, attention has turned to the courts as the [judiciary weighs the future of the program](#).

—**Federal Judge Rules DACA Termination Unlawful.** Judge John D. Bates of the U.S. District Court for the District of Columbia ruled on Friday, August 3, that the [administration's termination of DACA is unlawful](#). An April ruling from Judge Bates ordered the original memo ending DACA vacated, which would allow the program to go back into effect, but [gave the government 90 days](#) to better explain its view that DACA is unlawful. In his more recent ruling, Judge Bates made clear that he found the government's explanation unsatisfactory and [gave the government until August 23](#) to appeal the ruling. This is the third ruling in favor of DACA and comes after courts in California and New York placed nationwide injunctions on the termination of the program, allowing current DACA recipients to continue to renew their status.

—**Texas, Other States Sue Over DACA'S Legality.** Just days after Judge Bates' favorable ruling on DACA, a [federal judge in Texas heard oral arguments](#) in a challenge to the Obama-era program's constitutionality. The challenge, brought by Texas and a handful of other states, contends that DACA as a whole is unconstitutional and [seeks to end the program in its entirety](#). Last Wednesday, Judge Hanen heard from Texas and eight other states requesting that he issue a preliminary injunction ending the program. The Trump administration declined to defend DACA against this challenge, leaving the State of New Jersey and immigration advocates to intervene in defense of DACA. While a ruling has yet to be issued, Judge Hanen is [expected to rule against DACA](#); it was his ruling in 2015 that blocked a parallel program created by the Obama administration to provide deportation relief for parents of American citizens and lawful permanent residents. This raises the possibility that the government could soon be under conflicting orders, one to continue DACA and another to end it. Should that happen, the [Supreme Court is likely to step in](#) and rule on the matter sooner rather than later.

AS CONCERNING CHANGES TO LEGAL IMMIGRATION PROCESS LOOM, IMMIGRANT FAMILIES FEAR SEEKING HEALTH CARE, OTHER SERVICES. In a long-anticipated rulemaking process, the Trump administration is [expected to redefine a decades-old immigration law concept](#) in a move expected to have devastating [impacts on access to health care](#) for immigrant children and families. The concept, known as “public charge,” is a test used by immigration authorities when a person seeks entry to the

U.S. or lawful permanent residence (a green card) in order to determine whether someone is likely to become dependent on the government for subsistence. Public charge has long been narrowly applied to the use of direct cash assistance, such as Supplemental Security Income (SSI), or government-paid long-term care. Rumored proposed changes, which are expected to appear soon for public comment, would [dramatically expand the concept](#) to include programs such as premium subsidies under the Affordable Care Act, Medicaid and CHIP coverage, the Supplemental Nutrition Assistance Program (SNAP), and the Earned Income Tax Credit. The proposal would also allow immigration authorities to consider family members' use of services in determining whether someone can lawfully enter or remain in the United States, including U.S. citizen children of immigrant parents.

—**Initial Evidence Suggests Changes to Public Charge Will Decrease Access to Care.** A recent piece in the *New England Journal of Medicine* found that these changes to public charge could [drive up the uninsured rate by 1 million](#), as legally residing immigrants forgo coverage under Medicaid and the Children's Health Insurance Program. Already, the policy has had a [chilling effect on immigrants' use of health care services](#), as immigrants fear that use of government programs or even going to the doctor may prevent them from obtaining a green card or lead to other negative consequences. This hesitancy to seek health care services or use other critical government programs extends to citizen children, whose parents worry that any contact with the government could prevent them from residing permanently in the United States.

HOUSE AND SENATE COMMITTEES CONTINUE INVESTMENTS IN BIOMEDICAL RESEARCH AS APPROPRIATIONS PROCESS MOVES FORWARD. In late June, the [Senate Appropriations Committee advanced its Labor, Health and Human Services, and Education appropriations bill](#) for Fiscal Year (FY) 2019, which begins October 1. The bill provides a \$2 billion funding increase for the National Institutes of Health (NIH), which, if enacted, would make for the fourth consecutive increase in NIH funding; NIH received a \$3 billion increase in FY 2018 and \$2 billion increases in the two preceding fiscal years. This funding level includes proportionate funding increases for each of the Institutes and Centers, including an additional \$55 million for the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development. Under the bill, the Children's Hospital Graduate Medical Education (CHGME) program, which funds training for approximately half of all primary care and subspecialty pediatricians in the United States, would see a \$10 million increase. The Emergency Medical Services for Children (EMSC) program would see level funding of \$22 million as compared to FY 2018. The full Senate is expected to vote on the spending bill this month, with the House voting on their own bill when members return in September.

NICHD EMBARKS ON STRATEGIC PLANNING PROCESS. The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) has [launched a collaborative process](#) to revise and update its strategic plan. Through this process, NICHD and stakeholders will reevaluate the Institute's research portfolio to ensure it is best aligned with current public health crises, including the opioid epidemic and Zika, and takes into account new technologies and scientific breakthroughs that will drive advancements in basic and translational science. A formal [Strategic Planning Working Group](#) has been convened to inform the process, and NICHD invites public feedback as the process moves forward.

PPC POLICY COMMENTARY. Members of the PPC have authored commentaries detailing the policy implications of research published in *Pediatric Research*. You can read these PPC-authored commentaries online:

- [Cherishing family values: let us not let immigration policy harm children](#) by Scott Rivkees, MD, and Pediatric Policy Council
- [Improving Pharmaceutical Trials for Children: A Call to the Pediatric Academic Community](#) by Scott Denne, MD, and Jonathan Davis, MD
- [The missing link in autism spectrum disorder: a specific cause and the practitioner](#) by Scott Rivkees, MD, and Valerie Oipari, MD

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